Employee Satisfaction Survey: General Benefits

To improve Company Benefit Package, we need feedback from you on the quality and types of benefits currently offered. Please answer as many questions as you can, basing your answers on actual experiences you have had. All of your responses are strictly confidential. Once you have completed the survey, place it in the box marked “SURVEY RESPONSES” located in the first floor lobby. Those of you who are not located at the (name location) office, please fax your completed survey to (XXX) XXX-XXXX. Please return the survey by (date). Thank you in advance for your cooperation.

I. Using a scale from 1 to 5 where “5” means very satisfied, “1” means very dissatisfied and “N/A” means you are not using the benefit, please circle the number that indicates your overall satisfaction with the individual benefits from our Plan.

Not

Very Dissatisfied Very Satisfied Applicable

401(k) Retirement Plan 1 2 3 4 5 N/A

Health Insurance 1 2 3 4 5 N/A

Dental Insurance 1 2 3 4 5 N/A

Prescription Drug Card 1 2 3 4 5 N/A

Short Term Disability 1 2 3 4 5 N/A

Vision Plan 1 2 3 4 5 N/A

Holidays 1 2 3 4 5 N/A

Sick Leave 1 2 3 4 5 N/A

Vacation Leave 1 2 3 4 5 N/A

Floating Holiday 1 2 3 4 5 N/A

Flexible Spending Account 1 2 3 4 5 N/A

Jury Duty Leave (1 day) 1 2 3 4 5 N/A

Group Life Insurance 1 2 3 4 5 N/A

Dues for Professional Memberships/Subscriptions 1 2 3 4 5 N/A

Credit Union 1 2 3 4 5 N/A

Discount Movie Tickets 1 2 3 4 5 N/A

Discount Tickets for Sporting Events (via credit union) 1 2 3 4 5 N/A

II. What would you improve about the benefits offered by Company?

401(k) Retirement Plan:_____

Health Insurance:_____

Dental Insurance :_____

Prescription Drug Card:_____

Short Term Disability:_____

Vision Plan:_____

Holidays:_____

Sick Leave:_____

Vacation Leave:_____

Floating Holiday :_____

Flexible Spending Account:_____

Jury Duty Leave (1 day) :_____

Group Life Insurance:_____

Dues for Professional Memberships/Subscriptions:_____

Credit Union:_____

Discount Movie Tickets:_____

Discount Tickets for Sporting Events:_____

III. From the following list of new and improved benefits, pick the top 3 that you would like added to the Company Benefits Plan, where number "1" is your first choice and number 3 is your last.

___ 3 Weeks Vacation After 5 Years ___ 2 Personal Days

___ More Paid Holidays ___ 2 Floating Holidays

___ Educational/Tuition Reimbursement ___ Professional Development Opportunities

___ Vacation Time Accrues Upon Start Date ___Corporate Credit Card

___ Flex Time ___ Stock Options

___ Profit Sharing ___ Dependent/Elder Care Programs

___ 4.5-Day Work Week For Summer (4 9-hour work days) ___Increase Number of Sick Days

___ Compressed Work Week (4 10-hour work days) ___ Stress Reduction Program

___ 401(k) Vesting Period Reduced ___ Increase Employer Match on 401(k)

___ Company Newsletter ___ Travel Accident Insurance

___ Accidental Death & Dismemberment Insurance ___Mass Transit/Carpool Reimbursement

___ Wellness Program, Resources & Information ___ Health Club Membership Subsidiary

___ Employee “Computer” Purchase Assistance (Loans)

___ Formalized Orientation Program For New Employees

___ Other (please describe)_____

___ Other (please describe)_____

Thank you!