



## 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!