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| Employee Benefits Survey questionnaire | your logo here |

To help us provide benefits that meet your needs, please complete this survey and return it to [Employee Name] in Human Resources by [click to select date].

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Statement | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| Health Benefits | | | | | |
| I am satisfied with my health plan options. |  |  |  |  |  |
| I am satisfied with my dental plan options. |  |  |  |  |  |
| I am satisfied with my vision plan options. |  |  |  |  |  |
| I am satisfied with my long-term disability insurance. |  |  |  |  |  |
| I am satisfied with my short-term disability insurance. |  |  |  |  |  |
| I am satisfied with my options for life insurance. |  |  |  |  |  |
| Overall, I am satisfied with my health benefits. |  |  |  |  |  |
| Financial Benefits | | | | | |
| I am satisfied with my retirement plan. |  |  |  |  |  |
| I am satisfied with my salary. |  |  |  |  |  |
| I am satisfied with the Employee Stock Purchase Program. |  |  |  |  |  |
| I am satisfied with my opportunities for promotion, raises, and bonuses. |  |  |  |  |  |
| Overall, I am satisfied with my financial benefits. |  |  |  |  |  |
| Paid Time Off | | | | | |
| I am satisfied with the number of vacation, sick, and personal days that I receive. |  |  |  |  |  |
| Overall, I am satisfied with my paid time off. |  |  |  |  |  |
| Additional Benefits | | | | | |
| I am satisfied with my continuing education and training opportunities. |  |  |  |  |  |
| I am satisfied with my tuition reimbursement options. |  |  |  |  |  |
| Overall, I am satisfied with my additional benefits. |  |  |  |  |  |
| Overall | | | | | |
| I understand my benefit options. |  |  |  |  |  |
| I know where to find information about my benefits. |  |  |  |  |  |
| I know whom to call if I have questions about my benefits. |  |  |  |  |  |
| Overall, I am satisfied with my employee benefits. |  |  |  |  |  |
| Additional Comments: | | | | | |
|  | | | | | |