

Basic Information (Optional if your employees are comfortable giving it)

1. What is your department or role at the company?

2. How long have you been with the company?

3. Are you a full-time or part-time employee? full-time or part-time

Health and Wellness Benefits

4. How satisfied are you with the current health insurance plan options offered by the company?

Select one:

Very Dissatisfied Somewhat Dissatisfied Neither Satisfied Nor Dissatisfied
Somewhat Satisfied Very Satisfied

5. What additional health-related benefits would you find valuable? (Check all that apply)

- a. Dental Coverage
- b. Vision Coverage
- c. Mental Health Services
- d. Wellness Programs (Gym Memberships, Health Screenings)
- e. Telemedicine Access

6. Would you be interested in alternative healthcare options, such as a health savings account (HSA) or flexible spending account (FSA)?

Yes

No

Financial and Retirement Benefits

7. How important to you is it that the company offers retirement benefits such as 401(k) or pension? Select one:

Not At All Important Not Important Somewhat Important
Important Very Important

8. What would make our retirement benefits more attractive to you? (Check all that apply)

- a. Employer Matching Contributions
- b. Financial Planning Sessions
- c. Investment Education

Would you like to see additional financial wellness benefits, such as student loan assistance or financial counseling?

Yes
No

Work-Life balance and flexibility

9. How satisfied are you with the current work-life balance policies?

Select one:

Very Dissatisfied Somewhat Dissatisfied Neither Satisfied Nor Dissatisfied
Somewhat Satisfied Very Satisfied

10. Which of the following would most improve your work-life balance? (Check all that apply)

- a. Flexible start and end times
- b. Option to work from home
- c. Additional paid time off
- d. Sabbaticals or extended leave options

11. Are there specific challenges you face with work-life balance that you feel could be addressed through benefits?

Personal and Family Benefits

12. Would family-related benefits make a significant difference in your decision to stay with the company long term?

- Yes
- No

13. Which of the following benefits would you like to see for family and dependents? (Check all that apply)

- a. Paid Parental Leave
- b. Childcare support or subsidies
- c. Family health coverage option
- d. Pet insurance
- e. Other

Professional Development

14. How important are professional development benefits to you?

Select one:

- Not At All Important Not Important Somewhat Important
Important Very Important

15. Would you like the option to have dedicated time for learning and development during work hours?

- Yes
No

16. Which of the following would be most valuable to your career growth? (Check all that apply)

- a. Workshops, seminars, or online courses
- b. Paid certification programs
- c. Tuition reimbursement
- d. Other?

Other Benefits and Perks

17. Which of these additional perks would you find valuable? (Check all that apply)

- a. Company sponsored social events
- b. Commuter benefits or transportation subsidies
- c. Discounts on products or services
- d. Volunteer time off

18. Are there any other unique benefits not currently offered that you would find valuable?

Overall satisfaction and suggestions

19. Overall, how satisfied are you with the company's benefits package?

1 2 3 4 5 6 7 8 9 10

20. If you could change one thing about the company's benefits package, what would it be?

21. Do you feel that the benefits offered are competitive with other employers in the industry?

Yes

No

22. Is there anything else you would like us to know about your needs or preferences regarding employee benefits?