

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

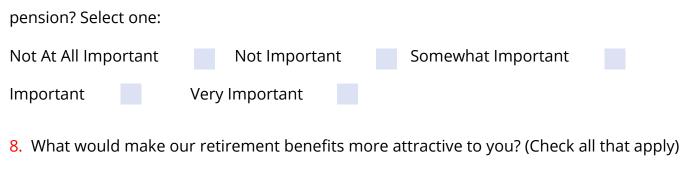
1.	What is your department or role at the company?						
2.	How long have you been with the company?						
3.	3. Are you a full-time or part-time employee? full-time or part-time						
He	ealth and Wellness Benefits						
4. How satisfied are you with the current health insurance plan options offered by the com							
	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



- 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?



## 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 Importa	nt	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?

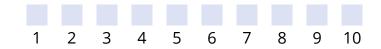
## **Other Benefits and Perks**

- 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?



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?