

# Benefits Survey

---

## Participant Company Information

---

Company Name

---

Street Address

---

City

State

Zip

---

Person Completing Survey

---

Title of Person Completing Survey

---

( )

Phone Number

---

Email Address

# Survey Questions Insurance

---

## Cafeteria Plan

Which of the following insurance premiums are eligible to be deducted as pretax dollars under a section 125 cafeteria plan?

Medical Plan       Dental Plan       Optical Plan       None       Other \_\_\_\_\_

## Medical Insurance

Does your company offer or provide medical insurance coverage for your employees?       Yes       No

What length of service is required before employees are eligible for medical insurance?

Hire Date       End Probation       One Month       Two Months       Three Months       Other \_\_\_\_\_

Are all employees eligible for coverage?       Yes       No

If no, which employees are not eligible?       Part Time       Other Please explain \_\_\_\_\_

Is coverage paid for by the Company?       Yes       No      If yes, what percentage is company paid? \_\_\_\_\_%

Is dependent coverage paid for by the Company?       Yes       No      If yes, what percentage is company paid? \_\_\_\_\_%

What is the monthly cost to the employee for:      Employee coverage? \$\_\_\_\_\_      Dependent coverage? \$\_\_\_\_\_

What type of insurance do you offer?       Major Medical       PPO       HMO       Other \_\_\_\_\_

What is the annual deductible?      \$\_\_\_\_\_      What is the employee's maximum out-of-pocket expense?      \$\_\_\_\_\_

Which of the following cost containment features does your plan utilize?

Second Opinion       Pre-Certification       Utilization Review       None       Other \_\_\_\_\_

How many employees are currently insured on your plan? \_\_\_\_\_      Is your company self-insured?       Yes       No

Are employees responsible to pay the company portion of the premium during leaves or other extended absences?       Yes       No

If yes, please explain \_\_\_\_\_

# Survey Questions Insurance Continued

---

## Dental Insurance

Does your company offer or provide dental insurance coverage for your employees?  Yes  No

What length of service is required before employees are eligible for dental insurance?

Hire Date  End Probation  One Month  Six months  Other \_\_\_\_\_

Are all employees eligible for coverage?  Yes  No

If no, which employees are not eligible?  Part Time  Other Please explain \_\_\_\_\_

Is coverage paid for by the Company?  Yes  No If yes, what percentage is company paid? \_\_\_\_\_%

Is dependent coverage paid for by the Company?  Yes  No If yes, what percentage is company paid? \_\_\_\_\_%

What is the monthly cost to the employee for: Employee coverage? \$\_\_\_\_\_ Dependent coverage? \$\_\_\_\_\_

What type of insurance do you offer?  Traditional  DMO  Other \_\_\_\_\_

What is the annual deductible? \$\_\_\_\_\_

What is the annual maximum benefit?  \$1,000  \$1,500  \$1,750  No Annual Limit  Other \_\_\_\_\_

How many employees are currently insured on your plan? \_\_\_\_\_ Is your company self-insured?  Yes  No

Are employees responsible to pay the company portion of the premium during leaves or other extended absences?  Yes  No

If yes, please explain \_\_\_\_\_

# Survey Questions Insurance Continued

---

## Optical Insurance

Does your company offer or provide optical insurance coverage for your employees?  Yes  No

What length of service is required before employees are eligible for optical insurance?

Hire Date  End Probation  One Month  Six months  Other \_\_\_\_\_

Are all employees eligible for coverage?  Yes  No

If no, which employees are not eligible?  Part Time  Other Please explain \_\_\_\_\_

Is coverage paid for by the Company?  Yes  No If yes, what percentage is company paid? \_\_\_\_\_%

Is dependent coverage paid for by the Company?  Yes  No If yes, what percentage is company paid? \_\_\_\_\_%

What is the monthly cost to the employee for: Employee coverage? \$\_\_\_\_\_ Dependent coverage? \$\_\_\_\_\_

Is there a deductible?  Yes  No If yes, what is the annual deductible? \$\_\_\_\_\_

Please check all components covered under your plan?  Annual Eye Exam  Prescription Glasses  Prescription sun glasses  
 Prescription Safety Glasses  Contacts  Other \_\_\_\_\_

Is there a maximum benefit level?  Yes  No

How many employees are currently insured on your plan? \_\_\_\_\_ Is your company self-insured?  Yes  No

Are employees responsible to pay the company portion of the premium during leaves or other extended absences?  Yes  No

If yes, please explain \_\_\_\_\_

# Survey Questions Insurance Continued

---

## Life Insurance

Does your company offer or provide life insurance coverage for your employees?  Yes  No

What length of service is required before employees are eligible for Life Insurance?

Hire Date  End Probation  One Month  Six months  Other \_\_\_\_\_

Are all employees eligible for coverage?  Yes  No

If no, which employees are not eligible?  Part Time  Other Please explain \_\_\_\_\_

Is coverage paid for by the Company?  Yes  No If yes, what percentage is company paid? \_\_\_\_\_%

Is dependent coverage paid for by the Company?  Yes  No If yes, what percentage is company paid? \_\_\_\_\_%

What is the monthly cost to the employee for: Employee coverage? \$\_\_\_\_\_ Dependent coverage? \$\_\_\_\_\_

What is benefit amount based on?  Salary  Multiple of salary \_\_\_\_\_  Fixed amount \_\_\_\_\_

# Survey Questions Insurance Continued

---

## Short Term Disability

Does your company offer or provide short term disability coverage for your employees?  Yes  No

What length of service is required before employees are eligible for short term disability?

Hire Date  End Probation  One Month  Six months  Other \_\_\_\_\_

Are all employees eligible for coverage?  Yes  No

If no, which employees are not eligible?  Part Time  Other Please explain \_\_\_\_\_

Is coverage paid for by the Company?  Yes  No If yes, what percentage is company paid? \_\_\_\_\_%

What percentage of income does the employee receive? \_\_\_\_\_%

What is the elimination period before disability is paid?  None  5-7 days  2 weeks  30 days  Other \_\_\_\_\_

What is the maximum number of weeks the employee is covered for? \_\_\_\_\_

## Long Term Disability

Does your company offer or provide long term disability coverage for your employees?  Yes  No

What length of service is required before employees are eligible for long term disability?

Hire Date  End Probation  One Month  Six months  Other \_\_\_\_\_

Are all employees eligible for coverage?  Yes  No

If no, which employees are not eligible?  Part Time  Other Please explain \_\_\_\_\_

Is coverage paid for by the Company?  Yes  No If yes, what percentage is company paid? \_\_\_\_\_%

What percentage of income does the employee receive? \_\_\_\_\_%

What is the elimination period before disability is paid?  None  Three Months  Six Months  Other \_\_\_\_\_

What is the maximum length of benefit? \_\_\_\_\_

# Survey Questions Paid Time Off

---

## Vacation Pay

Does your company provide paid vacation days to your employees?  Yes  No

What length of service is required before employees are eligible for vacation?

Hire Date  End Probation  30 days  Six months  One year  Other \_\_\_\_\_

Do all employees receive paid vacation days?  Yes  No

If no, which employees are not eligible?  Part Time  Other Please explain \_\_\_\_\_

How many years of service are required to earn one week vacation time? \_\_\_\_\_

How many years of service are required to earn two weeks vacation time? \_\_\_\_\_

How many years of service are required to earn three weeks vacation time? \_\_\_\_\_

How many years of service are required to earn four weeks vacation time? \_\_\_\_\_

What is the maximum number of weeks vacation granted? \_\_\_\_\_

How is vacation scheduled?  By employee  Based on seniority  By First Request  Other \_\_\_\_\_

By Company  Company wide shut down  Other \_\_\_\_\_

How much advance notice is required? \_\_\_\_\_

Are employees allowed to schedule half or partial days of vacation?  Yes  No

Are employees allowed to be paid in lieu of taking time off?  Yes  No

Are employees allowed to carry over unused vacation time?  Yes  No

If yes, how many days can be carried over? \_\_\_\_\_

Do all days carried over have to be taken the following year?  Yes  No

# Survey Questions Paid Time Off

---

## Sick Pay

Does your company provide paid sick days to your employees?  Yes  No

What length of service is required before employees are eligible to be paid for sick days?

Hire Date  End Probation  3 Months  6 Months  One year  Other \_\_\_\_\_

Do all employees receive paid sick days?  Yes  No

If no, which employees are not eligible?  Part Time  Other Please explain \_\_\_\_\_

How many sick days are earned after one year of service? \_\_\_\_\_

How many sick days are earned after two years of service? \_\_\_\_\_

What is the maximum number of sick days granted? \_\_\_\_\_

Are employees eligible to accrue unused sick days?  Yes  No

If yes, how many days can be accrued? \_\_\_\_\_

Are employees allowed to use sick days for half or partial days?  Yes  No

Besides employee illnesses, which of the following qualify for sick time under your policy?

Illness family member  Doctor appointment  Personal Reasons  No explanation required  None



# Survey Questions Paid Time Off

---

## Holiday Pay

Does your company provide paid holidays to your employees?  Yes  No

What length of service is required before employees are eligible to be paid for holidays?

Hire Date  End Probation  One Month  Two Months  Six months  Other \_\_\_\_\_

Do all employees receive paid holidays?  Yes  No

If no, which employees are not eligible?  Part Time  Other Please explain \_\_\_\_\_

How many holidays per year does your company grant?  6 days  8 days  10 days  12 days  Other \_\_\_\_\_

Which of the following are paid holidays?

- New Year's Day  ML King Birthday  President's Day  Good Friday  Memorial Day  
 Independence Day  Labor Day  Columbus Day  Veteran's Day  Thanksgiving  
 Day after Thanksgiving  Christmas Eve  Christmas Day  New Year's Eve  State/Local Holiday  
 Employee Birthday  Employee Floating Holiday  Company Floating Holiday

Are employees required to work the day before and the day after to be eligible for holiday pay?  Yes  No

---

## Personal Days

Does your company provide paid personal days to your employees?  Yes  No

What length of service is required before employees are eligible to be paid for personal days?

Hire Date  End Probation  One Month  Two Months  Six months  Other \_\_\_\_\_

Do all employees receive paid personal days?  Yes  No

If no, which employees are not eligible?  Part Time  Other Please explain \_\_\_\_\_

How many personal days per year does your company grant?  1 day  2 days  3 days  Other \_\_\_\_\_

# Survey Questions Retirement

---

## 401(K) Plan and Pension Plan

Does your company provide the following ?       401(K) Plan       Pension Plan       None

What length of service is required before employees are eligible for your retirement plan?

Hire Date       End Probation       3 Months       6 Months       One year       Other \_\_\_\_\_

Are all employees eligible for your retirement plan?

Yes       No

If no, which employees are not eligible?     Part Time     Other Please explain \_\_\_\_\_

## 401(K) Plan

Does your plan provide for a company match?       Yes       No      If yes, what percentage is matched? \_\_\_\_\_%

How many years until an employee is fully vested?     Immediately     One     Five     Ten     Other \_\_\_\_\_

How many investment options does your plan offer?     None     2 – 4     3 – 5     5 - 8     More than 8

## Pension Plan

How many years of service are required to earn a pension?       10 years       20 years     30 years     Other \_\_\_\_\_

What is the maximum percentage of pay received under the plan?       100%       70%       66%       Other \_\_\_\_\_

Does your benefit formula utilize?     Salary and Service (combination)     Flat dollar amount

Is there an age plus service requirement?       Yes       No      What is the minimum retirement age under the plan? \_\_\_\_\_

# Survey Questions Miscellaneous Benefits

---

## Miscellaneous Benefits

Does your company provide the any of following amenities on site?

Child Day Care     Health Club     Cafeteria with food service     ATM     None     Other \_\_\_\_\_

Does your company provide any of the following?

ESOP Plan     Stock     Stock Options     None

Does your company provide educational assistance?

Yes     No

Does you company provide an EAP plan?

Yes     No

Does your company have a severance plan?

Yes     No

Does your company have a casual attire day?

Yes     No

Does your company offer employees the option of flexible time?

Yes     No

Does your company offer employees the option to work at home?

Yes     No