Benefits Survey

Participant Company Information

______________________________________
Company Name

______________________________________
Street Address

____________________  __________  __________
City                State                Zip

______________________________________
Person Completing Survey

______________________________________
Title of Person Completing Survey

(       )

____________________
Phone Number

____________________
Email Address

SOURCE: hrVillage.com
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 ________________________________________________________________

SOURCE: hrVillage.com
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__________________________________________

SOURCE: hrVillage.com
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______________________________

SOURCE: hrVillage.com
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 ____________________

SOURCE: hrVillage.com
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?  ________________

SOURCE: hrVillage.com
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

SOURCE: hrVillage.com
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

SOURCE: hrVillage.com
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 _________

**SOURCE:** hrVillage.com
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? ____________
Miscellaneous Benefits

Does your company provide any of the 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 your 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

SOURCE: hrVillage.com