

Dear Employee,

We are exploring a variety of benefits and options and need your input. Please take a few minutes and fill out this survey before the end of the day and return it to: _____

Please rank the following benefits in order of importance to you (1 being the most important):

- ___ health insurance
- ___ dental insurance
- ___ disability insurance
- ___ legal insurance
- ___ vision care
- ___ accident insurance
- ___ life insurance
- other _____

1. How much money are you willing to contribute each month toward the cost of coverage?

- a. \$10 a month
- b. \$25 a month
- c. \$35 a month
- d. \$50 a month
- e. \$100 a month
- f. \$150 or more
- g. \$0

2. What type of insurance coverage do you currently have? (Circle all that apply).

- a. medical
- b. dental
- c. vision
- d. disability
- e. accident
- f. life insurance
- g. legal insurance
- other _____

3. Who provides the coverage you have?
- a. spouse
 - b. partner
 - c. parents
 - d. myself
 - other _____
4. How would you rank the importance of having some insurance coverage?
- a. very important
 - b. important
 - c. not really important
5. Does having better insurance coverage make you want to remain with the company longer?
- a. yes
 - b. no
 - c. maybe
6. If you could design your ideal benefits package, what would it include?
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7. Anything else we should know before developing a list of potential benefits?
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Thank you for your time!