

INSERT COMPANY LOGO HERE

## Employee Benefit Survey

As you may know, effective 1/1/2014, the Federal Government, through the Affordable Care Act, requires all citizens to cover yourself and your family under a qualified medical plan. If not, you may be required to pay a penalty to the IRS. As a result, {INSERT COMPANY NAME} wants to know your thoughts about employer sponsored benefit programs, to include health insurance. Please fill out the following questionnaire as we consider appropriate potential benefit offerings for our company. Once completed, please submit to your supervisor.

Name _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>						
Age: 18-24 <input type="checkbox"/>	25-30 <input type="checkbox"/>	31-35 <input type="checkbox"/>	36-40 <input type="checkbox"/>	41-45 <input type="checkbox"/>	46-50 <input type="checkbox"/>	51-55 <input type="checkbox"/>	55-60 <input type="checkbox"/>	61-65 <input type="checkbox"/>

1. Would you enroll in an employer sponsored medical plan if the **Employee Only, per paycheck** premium was:

**NOTE:**  
Higher premiums would equate to stronger benefits

- \$25.00 to \$30.00? Yes  No   
\$30.00 to \$35.00? Yes  No   
\$35.00 to \$45.00? Yes  No   
\$45.00 to \$55.00? Yes  No   
\$55.00 to \$65.00? Yes  No

2. Are you currently covered by a medical plan now? Yes  No

a. If yes, who do you cover under your plan:

Employee Only

Employee + Spouse

Employee + Child(ren)

Family

b. If yes, would you keep your current coverage or move to the company sponsored program?

Keep Coverage  Move

3. Are you currently covered by a Dental or Vision Plan? Yes  No

a. If not, would you be interested in one for either yourself or your family?

Dental - Yes  No

Vision - Yes  No

4. Would 24/7 access to an over the phone doctor service be of interest to you or your family? Yes  No

5. Are there any benefits or programs that you would be interested in as an employee that we have not mentioned that would bring value to our organization? If so, please write in your thoughts / concerns in the space provided below:

### NOTICE...

**This is a survey only.**

**It in no way constitutes an offer for health care benefits of any kind.**

*Your information will be kept confidential.*  
**Please return this sheet to your Supervisor**