

EMPLOYEE SURVEY TEMPLATE A4 FORMAT



To help us provide benefits that meet your needs, please complete this survey and return it to HR department

STATEMENT	CLIMAX OF AGREEMENT				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Health Benefits					
I am satisfied with my health plan options		✓			
I am satisfied with my dental plan options		✓			
I am satisfied with my vision plan options		✓			
I am satisfied with my long-term disability insurance	✓				
I am satisfied with my short-term disability insurance	✓				
I am satisfied with my options for life insurance	✓				
Overall, I am satisfied with my health benefits				✓	
Financial Benefits					
I am satisfied with my retirement plan					✓
I am satisfied with my salary			✓		
I am satisfied with the employee stock purchase program			✓		
I am satisfied with my opportunities for promotion, raises and bonuses		✓			
Overall, I am satisfied with my financial plans		✓			
Paid Time Off					
I am satisfied with the number of vacation, sick and personal days that I receive				✓	
Overall, I am satisfied with my paid time off				✓	
Additional Benefits					
I am satisfied with my continuing education and training opportunities	✓				
I am satisfied with my tuition reimbursement options		✓			
Overall, I am satisfied with my additional benefits	✓				
Overall					
I understand my benefits options			✓		
I know where to find information about my benefits		✓			
I know whom to call if i have questions about my benefits					
Overall, I am satisfied with my employee benefits				✓	

ADDITIONAL COMMENTS

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