

BENEFITS SURVEY QUESTIONNAIRE

General

1. Does your company offer benefits to your regular full-time employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. When does a new employee become eligible for benefits?	<input type="checkbox"/> 1 st of the month following date of hire (DOH) 2a <input type="checkbox"/> 1 st of the month following 30 days from DOH 2b <input type="checkbox"/> 1 st of the month following 60 days from DOH 2c <input type="checkbox"/> 1 st of the month following 90 days from DOH 2d <input type="checkbox"/> Other _____ 2e

Medical

3. Does your company provide group medical coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. What type do you offer (Check those that apply)?	<input type="checkbox"/> HMO 4a <input type="checkbox"/> PPO 4b <input type="checkbox"/> POS 4c <input type="checkbox"/> Indemnity 4d <input type="checkbox"/> Self funded 4e <input type="checkbox"/> Other _____ 4f
5. What is the employer contribution?	<input type="checkbox"/> Employee _____ % 5a <input type="checkbox"/> Dependent _____ % 5b
6. Does your health plan offer a prescription drug program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. If yes, what is the lowest prescription drug co-pay benefit?	Generic _____ 7a Brand _____ 7b Mail Order _____ 7c
8. Are non-formulary drugs covered?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dental

9. Does your company offer group dental benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. What type of dental benefit(s) does the company offer?	<input type="checkbox"/> DMO 10a <input type="checkbox"/> DPO 10b <input type="checkbox"/> Indemnity 10c <input type="checkbox"/> Other _____ 10d
11. What is the % the dental plan will pay against URC for out of network benefits?	_____ % 11a
12. What is the employer contribution?	<input type="checkbox"/> Employee _____ % 12a <input type="checkbox"/> Dependent _____ % 12b
13. What is the annual maximum for the DPO Plan?	\$ _____ 13a <input type="checkbox"/> NA 13b
14. What is the annual maximum for the Indemnity Plan?	\$ _____ 14a <input type="checkbox"/> NA 14b
15. Does the plan pay for Adult Orthodontic coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Does the plan pay for Child Orthodontic coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Life Insurance

17. Does your company offer group life insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. If yes, is the group life employer paid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. What is the life insurance schedule?	Flat Amount _____ 19a Earnings Schedule _____ 19b

Group Retirement Plan

20. Does your company offer a Retirement Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. If yes, what type of plan?	<input type="checkbox"/> 401(k) 21a <input type="checkbox"/> Profit Sharing 21b <input type="checkbox"/> Money Purchase 21c <input type="checkbox"/> Defined Benefit Program 21d <input type="checkbox"/> Other 21e
22. Does the company make matching contributions?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what it is it? _____ 22b
23. Does company make additional contributions?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what it is it? _____ 23b
24. What is the waiting period for participation?	<input type="checkbox"/> No Wait 24a <input type="checkbox"/> 90 days 24b <input type="checkbox"/> 180 days 24c <input type="checkbox"/> Other _____ 24d

Paid Vacation

25. Does your company offer paid vacation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	PTO (Paid Time OFF)
26. If PTO, is vacation and sick combined?	Yes	No	
27. If paid vacation or PTO is offered, what is the accrual schedule?	Less than one year	_____	days per year 27a
	1 to 2 years	_____	days per year 27b
	3 to 5 years	_____	days per year 27c
	5 years	_____	days per year 27d
	10 years and more	_____	days per year 27e
28. Can unused vacation time (PTO) be carried over into new year?	Yes	No	
29. If yes, what is the maximum carry over amount?	_____ hrs _____ days		

Sick Leave (Does not apply if PTO is combined.)

30. Does your company offer paid sick leave?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
31. If yes, what is the accrual schedule?	Less than one year	_____	days per year 31a
	1 to 2 years	_____	days per year 31b
	3 to 5 years	_____	days per year 31c
	5 years	_____	days per year 31d
	10 years and more	_____	days per year 31e
32. Can unused sick leave be carried over into new year?	Yes	No	
33. If yes, what is the maximum carry over amount?	_____ hrs _____ days		

Fringe Benefits

34. Does your company offer education reimbursement?	Yes	No
35. If yes, what is the maximum reimbursement amount per year?	_____ \$	
36. Does your company offer bereavement pay?	Yes	No
37. If yes, how many days per event is allowed?	_____ days	
38. Number of total employees.	_____	

Name of Company: _____

Contact Name: _____ Phone Number: _____

Address to send results: _____