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| Employee Health Benefits Satisfaction Survey This is a sample, of an Employee Benefits Satisfaction Survey. This sample contains items that question employees about concepts like "availability of participating physicians for my health plan in my area", and "employee short-term disability plan" to determine the satisfaction level your employees have with the current benefits the company offers and to assist you in making adjustments in plan components in the future.  *Disclaimer: The template includes suggested questions on a given topic and is intended to assist you in conducting information gathering surveys to improve your employee relations. The survey templates have not been tested for validity and reliability. They are presented as survey design samples only. The questions are provided as possible examples of the type of questions you might want to include, without warranty for reliability or validity.* |

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|  |  | |  | | --- | | Please tell us how much you agree or disagree with the following statements: | | **1) The employee deductible is reasonable and fair.** Strongly Disagree Disagree Undecided Agree Strongly Agree | | **2) There is good availability of participating physicians for my health plan in my area.** Strongly Disagree Disagree Undecided Agree Strongly Agree | | **3) Insurance claim forms are understandable and easy to file.** Strongly Disagree Disagree Undecided Agree Strongly Agree | | **4) Reimbursement of insurance claims are received in a timely manner.** Strongly Disagree Disagree Undecided Agree Strongly Agree | | **5) A human resource (HR) representative is available to answer questions about benefits.** Strongly Disagree Disagree Undecided Agree Strongly Agree | | **6) The cost of family coverage is reasonable and affordable.** Strongly Disagree Disagree Undecided Agree Strongly Agree | | **7) Employee life insurance coverage is adequate and affordable.**  Strongly Disagree Disagree Undecided Agree Strongly Agree | | **8) Please tell us how satisfied you are with the employee short-term disability plan.** Very Dissatisfied Dissatisfied Undecided Satisfied Very Satisfied | | **9) Please tell us how satisfied you are with the employee long-term disability plan.** Very Dissatisfied Dissatisfied Undecided Satisfied Very Satisfied | | **10) Please tell us how we can improve our employee benefit package.** | |  |