

## **Employee Benefits Satisfaction Survey Template**

We are committed to providing benefits that support your health, financial security, and overall well-being. Your feedback is critical to understanding what's working and where we can improve. This survey is confidential and takes approximately 10 minutes to complete. Your input helps shape future benefit offerings, vendor relationships, and company policies.

SECTION 1: BENEFIT PRIORITIZATION					
Which three benefits do you currently value the most? Please include bot	h existin	g and de	sired op	tions.	
Which there is a fit and in the second of th					
Which three benefits are least important or least relevant to your needs?					
SECTION 2: UNDERSTANDING & SATISFACTION		,			
Please rate the following on a scale from 1 (Strongly Disagree) to 5 (Stron	gly Agre	e):			
I clearly understand the benefits provided to me.	1	2	3	4	5
The health insurance options meet my needs.	1	2	3	4	5
The cost of health insurance is reasonable (premiums, deductibles, etc.)	1	2	3	4	5
The benefits package meets the needs of my family.	1	2	3	4	5
SECTION 3: RETIREMENT, PTO, AND FLEXIBILITY					
Retirement Plan Satisfaction	1	2	3	4	5
What features or changes would improve this plan?					
Delit Time Off (DTO) Certification			$\bigcirc$	<b>(4</b> )	(F)
Paid Time Off (PTO) Satisfaction	(1)	2	3	4)	(5)
Any feedback on PTO usage, accural, or flexibility?					
How important are flexible work options (remote, hybrid, flexible hours)	(1)	2	3	<b>(4)</b>	(5)

## **SECTION 4: COMMUNICATION & CULTURE**

Which of the following contribute to a positive workplace culture? (Select all that apply):											
Recognition programs	○ Wellness init	iatives	0	Team-building events							
○ Work-life balance support	Flexible sche	eduling	$\circ$	Career growth opportunities							
Other											
On a scale of 1-5, how satisfied are yo	u with our communicatior	about benefits?	1	2	3 4	5					
How could communication be improve	d?										
Were your benefits clearly explained d	luring onboarding?				○ Yes	○ No					
Do you know who to contact with questions about your benefits?						○ No					
	<b>,</b>				○ Yes						
SECTION 5: OPEN ENROLLMENT	EXPERIENCE										
On a scale of 1-5, how would you rate	your last open enrollment	experience?	1	2	3 4	5					
What worked well?											
What could be improved for next year	?										
Were there any issues with the techno	logy or tools used during	enrollment?			○ Yes	○ No					
Were there any issues with the testine	negy or tools used during	om omnere.			0 103	O NO					
SECTION 6: COMPETITIVENESS	& OVERALL PERCEP	TION									
Do you feel our benefits are competitive	ve with similar organizatio	ns?			○ Yes	○ No					
On a scale of 1–10, how likely are you t	o recommend our benefit	s package to a frier	nd or colle	ague?							
1 2 3	<b>4 5</b>	6 7	)	8	9	10					
Are there any additional benefits or im	provements you'd like us	to consider offering	g?								
Any final comments or concerns abou	t your employee benefits?	•									

Thank you for your time and feedback. Your input will help us make meaningful updates to support your health, satisfaction, and success at work.