

Employee Health Benefits Survey



We seek to provide affordable health benefits that meet our employees' needs. Your responses will help us understand what is important to you and will provide the information we need to get accurate pricing.

1 How important is it that your employer provides health benefits to you?

- ☐ Very important
- ☐ Somewhat important
- ☐ Less important
- ☐ Not important at all

2 Please rank which benefits are most important to you, where **1** is most important and **6** is least important.

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Long-term disability |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Short-term disability |
| <input type="checkbox"/> Life | <input type="checkbox"/> Vision |

3 List any benefits not included above that are of interest to you.

4 How much would you be willing to spend each month for health insurance coverage? \$ _____

5 Which scenario do you prefer?

- ☐ Spending less each month for insurance, but paying more when you see a doctor.
- ☐ Spending more each month for insurance, but paying less when you see a doctor.

6 An insurance company's network is the doctors and hospitals you can choose from. Which statement below best describes your needs?

- ☐ I am comfortable with a smaller, local network of doctors, specialists and hospitals.
- ☐ I would prefer to have a larger local network of doctors, specialists and hospitals.
- ☐ I would prefer to have a national network of doctors, specialists and hospitals.

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7 Please list any doctors and/or medical facilities that it is important for you/your family to have in-network, when possible.

8 To get accurate pricing, please provide the following information for each family member you plan to cover, including yourself.

First and last name	Relationship to you	Date of birth (MM/DD/YEAR)	Gender (M/F)	SSN

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