



Employee Benefits Survey

Turner County Board of Education strives to provide valuable, comprehensive and affordable benefit programs for our employees.

This year, the TCBOE employee insurance committee, is evaluating providers, plans, networks and most importantly - your costs on the dental, vision, life and disability programs!

We need your input and help to determine what changes you think are needed as we review our current programs, obtain carrier proposals and move the process forward.

In exchange for your valued assistance, every TCBOE employee that completes a survey will be included in a tax free drawing for a **\$150 Shopping Spree** at your choice of these retailers; *Target, Lowes or Walmart.*

Please take a few moments to complete this survey and help us with our annual benefits review process. Your input is important to us regardless of whether or not you currently participate in any of the programs.

Please return the completed survey to Paula Scott in the Human Resources Department TCBOE.

Thank you.

1. Are you currently enrolled in the employee dental plan?

- Yes
- No

2. If you answered no to question 1, are you:

- Covered under spouse's plan?
- Cost too high
- Covered under another plan?
- Other - Please Explain: _____

3. Are you currently enrolled in the employee vision care plan?

- Yes
- No

4. If you answered no to question 3, are you:

- Covered under spouse's plan?
- Cost too high
- Covered under another plan?
- Other - Please Explain: _____

5. How would you rate the information you receive about your benefit plans?

- Excellent
- Above average
- Average
- Below average
- Poor

6. What is your preferred method for receiving benefits communication?

- Employee Meetings
- Website
- Personalized Employee Kits / Written Materials
- Email
- Other—please explain

7. When you want detailed information about how your benefits work, where would you turn? Please rank your answers as 1 being the first place you would turn and 5 being the last place you would turn.

- _____ Supervisor
- _____ HR department
- _____ Website
- _____ Insurance broker
- _____ Benefits booklet

8. How well do you currently understand how your benefits work? (1 meaning very well and 5 meaning not at all.)

- 1 2 3 4 5
-

9. How well do you want to understand how well your benefits work? (1 meaning very well and 5 meaning not at all.)

- 1 2 3 4 5
-

10. Which benefits are most important to you? Rank the following benefit plans in order of importance, with number 1 being most important, and number 6 being least important.

- _____ Dental plan
- _____ Vision plan
- _____ Life Insurance plan
- _____ Short Term Disability Program
- _____ Long Term Disability Program
- _____ Other: _____

11. Please mark the answer that best describes your overall feeling about the indicated benefit plans or plan elements under your current plan.

	<u>Poor</u>	<u>Below Average</u>	<u>Average</u>	<u>Above Average</u>	<u>Excellent</u>
Dental Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Plan Provider Network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision Plan Provider Network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-term Disability Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term Disability Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. If we were to add additional lines of voluntary **group** coverage to the benefits program which plans below would you be interested in. (Check which ones are important to you).

- _____ Whole Life Insurance
- _____ Group Legal
- _____ Critical Illness Insurance
- _____ Cancer Insurance
- _____ Accident

13. Would you like the opportunity to meet one-on-one with a licensed insurance broker to discuss your personal life / disability insurance plans and how the potential changes to this program could impact your overall life / disability insurance coverages.

- _____ Yes
- _____ No

14. Please provide any additional comments on how we can improve upon our employee benefit plans, or how we can better meet your personal needs.

Name: _____ (To be used for the \$150 Shopping Spree Entry)

Thank you.

Please return the completed survey to Paula Scott in the Human Resources Department TCBOE.