

# Employee Benefits Satisfaction Assessment Form

Name

Department

Email

## 1. Overall Satisfaction with Benefits

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

## 2. Please rate your satisfaction with the following benefits:

Health Insurance

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Retirement Plan

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Paid Time Off

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Other (Specify)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

## 3. What do you like most about our benefits program?

## 4. What improvements would you suggest?

## 5. Additional comments

