



214 FAYETTE STREET, SUITE 1
CONSHOHOCKEN, PA 19428
PHONE: (610) 941-6900
FAX: (610) 834-1490

CONFIDENTIAL EMPLOYEE BENEFITS PERCEPTION & VALUES QUESTIONNAIRE

COMPANY NAME: _____ YOUR NAME: _____

WHAT IS YOUR BIGGEST BENEFITS ISSUE? _____

HAVE YOU TRIED TO FIX THAT? **Yes No**

DID IT WORK? **Yes No** _____

DO YOU THINK THERE MIGHT BE A SOLUTION OUT THERE? **Yes No**

HAVE YOU TRIED TO MAKE THE EMPLOYEES AN ACTIVE PART OF THE BENEFITS PROCESS? **Yes No**

DO THEY PAY A LOT TOWARDS THEIR BENEFITS? **Yes No** HOW MUCH? _____

HAVE YOU EVER SURVEYED YOUR EMPLOYEES TO SEE HOW THEY FEEL? **Yes No**

DO YOU HAVE ANNUAL MEETINGS TO DISCUSS BENEFITS WITH THE EMPLOYEES? **Yes No**

IF NOT HOW DO YOU COMMUNICATE ISSUES? _____

IS YOUR BENEFITS PROGRAM A WELL-RECEIVED ASSET TO YOUR COMPANY, MORE LIKE A BIG EXPENSE YOUR EMPLOYEES DON'T APPRECIATE, OR DON'T PARTICIPATE IN? _____

IS YOUR CURRENT BROKER A TRUSTED ADVISOR, COUNSELOR, PARTNER, A GENERAL ASSET IN DECISION MAKING PROCESS FOR YOUR COMPANY? **Yes No**

HAVE YOU TRIED TO PIN DOWN WHAT EACH PIECE OF THE BENEFITS PUZZLE COSTS THE COMPANY AND EACH EMPLOYEE? **Yes No**

WHAT DO YOU THINK IS THE MONTHLY COST IN LOST TIME AND \$ TO YOUR COMPANY? _____

DO YOU TAKE FULL ADVANTAGE OF THE TAX DEDUCTIONS OFFERED TO EMPLOYEES AND EMPLOYERS FOR SPONSORING BENEFITS? **Yes No** _____

IS YOUR BENEFITS PROGRAM COMPREHENSIVE, COHESIVE, AND BASED ON AN ANNUAL BUDGET? **Yes No**

DO YOU OFFER HEALTH INSURANCE COVERAGE CONTINUATION TO EMPLOYEES WHO LEAVE YOUR COMPANY? **Yes No** DO YOU WANT TO? **Yes No** DO YOU HAVE TO BY LAW? **Yes No**

CAN YOUR EMPLOYEES BUY DENTAL, VISION, LIFE, AND DISABILITY INSURANCE AND PAY FOR IT THEMSELVES? **Yes No**

IS THE COVERAGE'S QUALITY, APPRECIATED AND PROFESSIONALLY OFFERED? **Yes No**

DO YOU OFFER ANY OF THESE BENEFITS ON AN EMPLOYEE PAID BASIS? **Yes No**

IF SO, WHICH ONES? **DENTAL VISION LIFE DISABILITY (PLEASE CIRCLE ALL THAT APPLY)**

DO YOU KNOW THE COST OF YOUR RETIREMENT PLAN INCLUDING FEES, LOADS, MORTALITY CHARGES, ADMINISTRATIVE COSTS AND COMMISSIONS? **Yes No**

IS THE PLAN USER FRIENDLY? **Yes No**

HOW DO INVESTMENT OPTIONS SEEM TO BE PERFORMING RELATIVE TO THEIR PEERS? _____

DO YOU HAVE AN EMPLOYEE MANUAL, COMPREHENSIVE HIRING PROCESS, AND A DOCUMENTATION PROCESS FOR LATE, ABSENT, AND UNDER PERFORMING EMPLOYEES? **Yes No** _____

DO YOU AND YOUR COMPANY HAVE INTEREST IN ADDRESSING SOME OF THESE ISSUES? **Yes No**

WHAT WOULD YOU LIKE US TO DO? _____