

## Group Insurance Benefit Survey

In order for us to understand what benefits and features are the most important to you please complete the following survey.

### **Section 1:**

1. Extended health benefits are \_\_\_\_\_ to me.  
 Very important     Important     Neutral     Unimportant     Very Unimportant
  
2. Employee Group Benefit Plan is an important part of my overall compensation?  
 Yes             No
  
3. I would require the following coverage.  
 Single             Family             None
  
4. I am presently covered or have the opportunity to be covered by my spouse's company Health and Dental plan?  
 Yes             No             Not Applicable
  
5. In the event of a prolonged Disability (greater than 4 months), replacement income would be:  
 Important             Not Important
  
6. Having adequate Health and Dental benefit coverage that meets the majority of my Health and Dental needs is:  
 Important             Not Important
  
7. I am familiar with how the following Government Programs integrate with an Employee Group Benefit Plan?  
MSP                     Yes             No  
WCB                     Yes             No  
E.I. Disability         Yes             No  
CPP                      Yes             No



**Section 2:**

Listed below, are various plan design options that are available to a company of our size. Please rank the importance of the following features from 1-5 (1=least important / 5=most important) as part of an Employee Benefit Plan:

<b>MSP</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> ?
<b>Pay Direct Prescription Drug Card</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> ?
<b>Vision Care*</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> ?
<b>Employee Life Insurance</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> ?
<b>Dependent Life Insurance</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> ?
<b>Optional Life Insurance</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> ?
<b>Critical Illness Insurance*</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> ?
<b>Long Term Disability</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> ?
<b>Paramedical Services*</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> ?
<b>Out of Country/Province medical</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> ?
<b>Extended Health Care</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> ?
<b>Dental*</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> ?
<b>Child Orthodontics</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> ?
<b>Adult Orthodontics</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> ?
<b>Medical Facilities Access*</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> ?

**\* Notes:**

**Vision** – eyeglasses/contacts

**Critical Illness** - (provides a lump sum benefit of \$15,000-\$30,000 in the event of a serious illness such as cancer, heart attack or stroke)

**Paramedical Services** - physiotherapy, chiropractor, massage therapy, acupuncture, psychologist, etc.

**Dental** - cleanings, fillings, crowns, bridges

**Medical Facilities Access** - Access to world class medical facilities and leading specialists in the event of a life threatening illness

Throughout the workplace and industries of various natures it is very common for an employer and the employees to share in the cost of an Employee Group Benefit Plan. Assuming the cost is within reason, I would be willing to share in the cost via payroll deduction towards an Employee Group Benefit Plan:

- Yes
- No



**Section 3:**

1. What benefits are you not interested in or do not use?

2. Is there a benefit your company does not offer you would like included in your employee benefits?

3. What benefit would you like more coverage for?

4. I would be interested in attending an employee meeting to better understand the details of an Employee Group Benefit Package?

- Yes       No

5. Other Comments - Please feel free to list any additional comments, inquiries or subjects on which you would like further information.

**Please complete and return this survey to**

**[info@benefitsadvice.ca](mailto:info@benefitsadvice.ca)**

**FAX: 1-888-708-5674**

**Thank you!**