

**2024**  
**EMPLOYEE BENEFITS SURVEY**

**Company Name:** \_\_\_\_\_

Does your company provide the following benefits for any of your W-2 employees?

*Please check all applicable*

- 1) Company cars:**
  - a. Corporate officers \_\_\_\_\_
  - b. Field personnel \_\_\_\_\_
  - c. Sales personnel \_\_\_\_\_
  - d. Others \_\_\_\_\_
- 2) Car allowances:**
  - a. Corporate officers \_\_\_\_\_
  - b. Field personnel \_\_\_\_\_
  - c. Sales personnel \_\_\_\_\_
  - d. Others \_\_\_\_\_
- 3) Profit Sharing** \_\_\_\_\_
- 4) Stock Options** \_\_\_\_\_
- 5) Bonus Program:**
  - a. Corporate officers \_\_\_\_\_
  - b. Field personnel \_\_\_\_\_
  - c. Office personnel \_\_\_\_\_
  - d. Sales personnel \_\_\_\_\_
  - e. Others \_\_\_\_\_
- 6) Retirement / Pensions:**
  - a. 401K \_\_\_\_\_
  - b. SEP \_\_\_\_\_
  - c. Defined Benefit Plan \_\_\_\_\_
  - d. Defined Contribution Plan \_\_\_\_\_
  - e. Other \_\_\_\_\_
- 7) Insurance Programs:**
  - a. Group Life \_\_\_\_\_
  - b. Disability \_\_\_\_\_
  - c. Health \_\_\_\_\_
  - d. Dental \_\_\_\_\_
  - e. Vision Care \_\_\_\_\_
  - f. Company Subsidized Cafeteria Plan \_\_\_\_\_
- 8) Relocation Allowance / Moving Cost** \_\_\_\_\_
- 9) Employee Education:**
  - a. Tuition Assistance \_\_\_\_\_
  - b. Employee Training \_\_\_\_\_
  - c. Industry Related Seminars \_\_\_\_\_
- 10) Formal in-house training program for:**
  - a. Office personnel \_\_\_\_\_
  - b. Production personnel \_\_\_\_\_
  - c. Sales personnel \_\_\_\_\_