

# Employee Healthcare Engagement Survey Form

## Employee Details

Full Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_

## Healthcare Survey Questions

Question	Yes/No	Comments
Are you satisfied with the healthcare benefits provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you feel the benefits meet your needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you utilized any healthcare benefits in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the enrollment process easy and clear?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you feel healthcare options are competitive?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Suggestions for Improvement

- Enhanced Coverage
- More Options

**Simplified Processes**

**Other:** \_\_\_\_\_

**Acknowledgment**

**I understand this feedback will be used to improve healthcare benefits.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_