

Open Enrollment Employee Experience Survey Template

How to use this template:

This document is designed to give you an example of how to format a survey to evaluate employees' experience and perception of their benefits package and how it was delivered as part of open enrollment. Download a copy to edit [here](#), use your choice of survey tool to gather feedback after open enrollment while the experience is still fresh in employees' minds and leverage the data to shape your open enrollment strategy moving forward.

Here are the instructions and best practices to tailor each section for your company:

Section 1	Include all locations – physical, remote or hybrid. Knowing location can help you to be more targeted in your communication campaigns and identify any regional impact to your health and benefits programs.
Section 2	Customize to match your company's benefit offerings and programs.
Section 3	Consider all the channels you used to communicate with employees during open enrollment and gather feedback on employees' preferences.
Section 4	Include questions that are specific to your company's wellness programs and/or goals.

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Survey Promotion

Here's an example of how you can communicate the importance of the survey and encourage participation in email or other channels you use to share with employees:

You're our greatest asset! Your hard work is what drives the success of this company, and that's why your feedback is invaluable to us. Now that you've completed open enrollment, we want to understand what you think about your benefits and overall communication and enrollment experience.

We're striving to design programs that are inclusive and provide options for every employee to thrive and nurture their total wellbeing. As part of this, we're committed to offering some of the industry's most holistic benefit offerings that embrace physical, mental/emotional, financial and social wellbeing.

Your feedback is vital to our success and will be used to drive future company strategic initiatives and total wellbeing strategy. Please take a few minutes to complete this survey. The deadline to share your feedback is **[insert date]**.

Section 1 – Location

Which of the following best describes the location you work in?

<input type="checkbox"/>	Corporate Headquarters
<input type="checkbox"/>	Branch office
<input type="checkbox"/>	Remote

Section 2 – Employee Benefits Program Evaluation

1. Please rate the following benefit programs:

Benefit	5 – Very Satisfied	4 – Somewhat Satisfied	3 - Neutral	2 – Somewhat Dissatisfied	1 – Very Dissatisfied
Medical					
Health Care Spending Account					
Dental					
Vision					
Disability Insurance					
Life Insurance					
Employee Assistance Program (EAP)					
Accident, Critical Illness, Hospital Indemnity, Cancer Insurance					
Identity Theft Protection					
Pet Insurance					
Legal Insurance					
401K Program					
Employee Stock Purchase Plan					
Tuition Reimbursement Program					
Gym Membership Program					

Benefit	5 – Very Satisfied	4 – Somewhat Satisfied	3 - Neutral	2 – Somewhat Dissatisfied	1 – Very Dissatisfied
Paid Parental Leave					
Benefit Certification Program					
Company Stock Ownership					
Charitable Deduction Matching Program					

2. What do you value most about your employee benefit programs?
3. What do you value least about your employee benefit programs?
4. Please provide any recommendations for future benefit offerings:

Section 3 – Employee Benefits Communication Evaluation

1. Please respond to the following statements regarding benefits communication at [insert Company Name]:

During our last Open Enrollment, I was provided adequate information regarding my benefit options in a timely manner.

5 – Very Satisfied	4 – Somewhat Satisfied	3 - Neutral	2 – Somewhat Dissatisfied	1 – Very Dissatisfied

I feel that I can easily navigate the benefits portal to find useful information regarding my benefits.

5 – Very Satisfied	4 – Somewhat Satisfied	3 - Neutral	2 – Somewhat Dissatisfied	1 – Very Dissatisfied

2. **Provide recommendations for improving our open enrollment communications:**

3. **Provide any recommendations for improving navigation with our online benefits portal:**

4. **What is your preferred method of communication? (Select only one method)**

	Written/Printed Materials
	Website/Portal
	Videos
	Presentations/Webinars
	Email
	Text Messaging
	Push Notifications
	Other:

Section 4 – Employee Wellness Program Evaluation

1. **Have you participated in a wellness program at {insert company name}?**

	Yes
	No
	If yes, please explain

2. **Do you currently use any health and wellness technology outside of [insert Company Name]? (i.e., Fitness Phone Apps, FitBit/Activity trackers, Online Programs, etc.)**

	Yes
	No
	If yes, please explain

3. **Please select the three best areas listed below that reflect your top wellbeing goals: (you may only select three answers)**

	Lose weight
	Improve nutrition
	Reduce stress
	Better sleep habits
	Improve physical health and performance
	Save for retirement
	Better management of a chronic health condition

	Become a better consumer of my health care (preventative care, accessing care, etc.)
	Improve finances (budgeting, debt consolidation, etc.)
	Continue my education and/or professional development

4. Please rate your interest in the following wellbeing topics:

	5 – Very Satisfied	4 – Somewhat Satisfied	3 - Neutral	2 – Somewhat Dissatisfied	1 – Very Dissatisfied
Attention Deficit Disorder					
Allergy and Asthma					
Anxiety and Depression					
Back care					
Budgeting and Cash Flow					
Cancer Prevention					
Diabetes					
Health Coaching					
Healthy Cooking					
Healthy Pregnancy					
Heart Health					
Leadership Development					
Men’s Health					
Mindful Activities					
Nicotine Cessation					
Physical Activity/Training					

	5 – Very Satisfied	4 – Somewhat Satisfied	3 - Neutral	2 – Somewhat Dissatisfied	1 – Very Dissatisfied
Preventive Care					
Sleep Hygiene					
Stress Management					
Time Management					
Understanding Insurance					
Walking Program					
Weight Management					
Women’s Health					
Work Life Balance					
Workplace Ergonomics					

1. What is your preferred method of engaging in a wellness program? (You may choose two methods)

	Workshops
	Self-directed programs (i.e., activity tracking program)
	Company challenges
	Online programs (i.e., wellness portals, digital healthcare programs)
	Group events in the community (i.e., 5K runs)
	Health screenings or fairs
	Other

2. How can [insert Company Name] motivate and encourage employees to participate in a wellness program?

3. Please provide any recommendations for future wellness offerings: