



Group Insurance Contractor Survey  
Related to Non-Bargaining Personnel Only

Company Name	
Contact Name	<a href="#">Click or tap here to enter text.</a>
With whom is your current benefit program? (Select One)	<input type="checkbox"/> Local (IBEW) Plan <input type="checkbox"/> Cal NECA <input type="checkbox"/> Independent Broker <input type="checkbox"/> We do not offer coverage <input type="checkbox"/> Other: <a href="#">Click or tap here to enter text.</a>
What coverages do you provide? (Select all that apply)	<input type="checkbox"/> Medical <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> HDHP <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Basic Life Volume <a href="#">Click or tap here to enter text.</a>
What is the total cost of a single enrollee (per month)?	<a href="#">Click or tap here to enter text.</a>
What is the total cost of an employee + a dependent (per month)?	<a href="#">Click or tap here to enter text.</a>
What is the total cost of an employee + family (per month)?	<a href="#">Click or tap here to enter text.</a>
How much do you contribute on behalf of your employees (per month)?	<i>Please enter a dollar or percentage below:</i> <a href="#">Click or tap here to enter text.</a>
How much do you contribute on behalf of your employees' dependents (per month)?	<b><i>Please enter a dollar or percentage below:</i></b> <a href="#">Click or tap here to enter text.</a>
Are your current benefit offerings satisfying for you and your employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In selecting health insurance for your non bargaining employees, please indicate your top priorities (1, 2 and 3) in the following areas:	<ul style="list-style-type: none"> <li>• Cost of Coverage <a href="#">Click or tap here to enter text.</a></li> <li>• Coverage features (vision, dental, co-pay, deductibles, etc.) <a href="#">Click or tap here to enter text.</a></li> <li>• Choice of Network <a href="#">Click or tap here to enter text.</a></li> <li>• PPO vs HMO <a href="#">Click or tap here to enter text.</a></li> <li>• Retirement Options <a href="#">Click or tap here to enter text.</a></li> <li>• Other (please specify) <a href="#">Click or tap here to enter text.</a></li> <li>• Other (please specify) <a href="#">Click or tap here to enter text.</a></li> </ul>

Please return this survey to Alison Humphrey at [ahumphrey@uastpa.com](mailto:ahumphrey@uastpa.com)  
We appreciate your input!