

Employee benefits enrollment survey

Need help figuring out what supplemental benefits match your needs? Take this survey, then consult with your employer and your Aflac Benefits Advisor to determine the best benefits solutions for you.

- 1. How long have you lived at your current address?**
 - a. Less than 6 months
 - b. 6 months to 1 year
 - c. 1 to 5 years
 - d. 5+ years

- 2. Are you married or in a domestic partnership? If so, for how long?**
 - a. Yes – It's new! (married/in a partnership less than 1 year)
 - b. Yes – married/in a partnership for 1 to 5 years
 - c. Yes – married/in a partnership for over 5 years
 - d. Not married or in a domestic partnership

- 3. When you're not working, what do you most enjoy?**
 - a. Creative pursuits (knitting, painting, baking, etc.)
 - b. Outdoor adventures (hiking, running, camping, etc.)
 - c. Travel (time on the road seeing new places)
 - d. An adrenaline rush (racing, skydiving, bungee jumping, etc.)
 - e. Relaxing with family and friends
 - f. Volunteering time at nonprofit organizations

4. Do you belong to a gym or exercise in other ways?

- a. Yes
- b. No

5. If you exercise in ways other than a gym, how so?

- a. Playing a sport
- b. Jogging or bike riding
- c. Dancing or yoga
- d. Running after my kids
- e. Other

6. On average, how many days per week do you exercise?

- a. 1 to 3 days
- b. 4 to 5 days
- c. Every day
- d. Does watching football on a big screen count?

7. When is the last time you had a checkup with your doctor?

- a. Within the past 6 months
- b. 6 months to 1 year
- c. 1 to 5 years
- d. 5+ years

8. The last time you had a personal injury or illness that required medical treatment, where did you receive treatment?

- a. Walk-in clinic
- b. Your own doctor
- c. Emergency room/hospital
- d. Telemedicine from home
- e. Don't remember where I was treated

9. When was the last time you visited your dentist?

- a. Within the past 6 months
- b. 6 months to 1 year
- c. 1 to 5 years
- d. 5+ years

10. When was the last time you had your vision tested?

- a. Within the past 6 months
- b. 6 months to 1 year
- c. 1 to 5 years
- d. 5+ years

11. Which of the following is most likely to keep you up at night?

- a. Having a loved one fall ill or get injured
- b. Caring for my family
- c. Paying my current or future bills
- d. Binge-watching Netflix

12. Have you ever skipped medical treatment due to fear of costs, although you thought it was probably needed?

- a. Yes
- b. No

13. How financially prepared are you for an unexpected emergency expense over \$500?

- a. Very well prepared
- b. Somewhat prepared
- c. Poorly prepared
- d. Not prepared

14. Did you (or your spouse/partner) enroll in any employer-provided benefits last year (e.g., health, dental, vision, disability, flexible-spending accounts, etc.)?

- a. Yes
- b. No

15. If you or your spouse/partner elected benefits last year, how many of those benefits did you use?

- a. All of them.
- b. Most of them.
- c. Some of them.
- d. None of them.

16. If you or your spouse/partner elected benefits last year but didn't use them, why not?

a. _____

17. If you or your spouse/partner did not elect any benefits last year, why not?

a. _____

18. What about your benefits do you wish you understood more clearly?

a. _____

19. Did you or anyone covered by your insurance get seriously ill or injured within the past year?

- a. Yes. (If so, we're so sorry to hear that! We send well wishes.)
- b. No. (Great!)

20. What do you value most about your way of life? (Check all that apply.)

- a. Having time to spend with friends and family
- b. Getting outside and staying active
- c. Having money to burn on the latest tech gadgets
- d. Traveling and exploring new places
- e. Eating out
- f. Having time to volunteer and connect with my community



Aflac herein means American Family Life Assurance Company of Columbus and American Family Life Assurance Company of New York.
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