

Customer Survey

State of Wisconsin

Your employer has asked us to conduct this survey in order to better address how we can meet your benefit needs. Not everyone received this survey. That is why it is important that you respond so that we (FBMC) can work with your employer to meet the needs of all employees. Please take three minutes to fill out and return this questionnaire by February 27, 2005. Responses are anonymous. Postage is pre-paid. Simply fold to reveal the "Business Reply Mail" address on the outside, tape and drop in the mail.

1. Do you have a Employee Reimbursement Account (ERA), sometimes called "flexible spending account" for medical and/or dependent care?

- Yes (Check all that apply)
- Medical Expense ERA
- Dependent Day Care ERA

1A. The Quarterly ERA statements are: (Check all that apply)

- helpful
- easy to understand
- hard to read
- useless
- complicated
- other, _____

1B. Will you re-enroll in an ERA next year?

- Yes/Probably Yes
- No Why Not? _____

	Very Satisfied 1	Satisfied 2	Neither 3	Dissatisfied 4	Very Dissatisfied 5	N/A 9
1C. Overall, how satisfied are you with your Medical ERA? (Circle the number)						
1D. Overall, how satisfied are you with your Dependent Day Care ERA? (Circle the number)						

2. Have you read about your benefits in the ERA Enrollment Booklet?

- Yes
- No → Why Not?
 - Have not received
 - Don't have time
 - Too difficult
 - Already know about them
 - Other, _____

2A. If 'Yes' to Question 2: Did you feel that the booklet...

- was beneficial
- did not give enough information
- was easy to understand
- was unattractive
- was confusing
- was too long
- was easy to read
- other, _____

3. Please circle the number that best represents your response. Would you say you are...

	Very Satisfied 1	Satisfied 2	Neither 3	Dissatisfied 4	Very Dissatisfied 5	Did Not Attend 6
3A. with the ERA booklet and other materials used in your benefits Open Enrollment?						
3B. with the enrollment session and the enroller you saw during the last Open Enrollment?						
3C. with the advance notice you received, including the schedule, for the enrollment dates and sessions?						
3D. with the overall process used for your ERA enrollment?						

4. For each of the benefits that your employer offers *and* you participate in, rate your satisfaction using 1 through 5 where 1=Very Satisfied and 5=Very Dissatisfied or place a 0 in those you have or do not use:

- ____ Medical ERA
- ____ Dependent Care ERA

5. Do the benefits offered through your employer's ERA program meet your needs?

- Yes
- No → Why Not? _____

6. Are the benefits easy to use?

- Yes
- No → Why Not? _____

7. How often have you called FBMC Customer Service during the last 12 months?

- Never Called → (Go to Question #12)
- 1 to 2 times
- 3 times or more

8. If you called Customer Service, the topic(s) you called about were:

- ERA program information
- ERA reimbursement
- Enrollment information
- Other, _____

9. Did the Customer Service Representative answer your questions?

- Yes
 No

10. Did you request an action, such as a form be sent to you?

- Yes -> Was the request met in a timely manner? Yes No
 No

11. Was the Customer Service Representative (Check all that apply):

- helpful slow to respond
 not familiar with my case knowledgeable
 prompt rude
 able to identify the cause of your problem courteous
 other, _____

To help us make your benefits package better for the increasingly diverse population we serve, please complete this section. The information you give remains anonymous and confidential.

12. How long have you participated in the benefit plan offered by FBMC and your employer?

- Less than one year
 1-2 years
 3-5 years
 More than 5 years

15. Children:

- None
 Yes -> How many under 13? _____
How many over 13? _____

13. Marital Status:

- Married
 Single

16. Total household income (including spouse/housemate):

- Less than \$20,000
 \$20,000 - \$39,999
 \$40,000 - \$59,999
 \$60,000 - \$79,999
 \$80,000 or more

14. Sex:

- Female
 Male

Thank you for completing the survey. Please return the survey by February 27.

Optional: If you would like a Customer Service Representative to call you, provide your name and a work or home telephone number.

Name: _____ Telephone: _____ Circle: Work or Home



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