



Please copy this survey and distribute to your employees. Results may be submitted directly to 125MAX in order for us to prepare a customized group cost/savings analysis.

EMPLOYEES FLEXIBLE BENEFITS INTEREST SURVEY

Do you pay for; before/after-school program, child care center, nursery school, summer day camp or a senior day care center to provide care for your dependent(s) while you (and your spouse, if married) work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How much does this cost you every year?	\$	
If you could pay for this care with pre-tax dollars (not subject to Federal, State, FICA and SDI taxes; this could save you 28% - 41%, depending on your tax bracket, on your dependent care expenses), would you participate in a program that would allow you to do so?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you or any family members (regardless of whether or not they're on our group insurance) have any out-of-pocket health care expenses? These expenses can include; co-pays, dental, orthodontia, eye exams, contacts and contact cleaning supplies, prescriptions and other expenses not covered 100% by your insurance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How much do these expenses cost your family every year?	\$	
If you could also pay for these expenses with pre-tax dollars, (not subject to Federal, State, FICA and SDI taxes; this could save you 28% - 41%, depending on your tax bracket) would you participate in a program that would allow you to do so?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you be interested in hearing more about this program to help you save money and pay less in taxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employee Name:		
Please return this completed survey to your <u>Human Resource Department</u> . Thank you!		