

2020

Employee Benefits

Company Name: _____

Does your company provide the following benefits for any of your W-2 employees?

Please check all applicable

- | | |
|---|--|
| 1) Company cars:
a. Corporate officers
b. Field personnel
c. Sales personnel
d. Others |

_____ |
| 2) Car allowances
a. Corporate officers
b. Field personnel
c. Sales personnel
d. Others |

_____ |
| 3) Profit Sharing |
_____ |
| 4) Stock Options |
_____ |
| 5) Bonus Program:
a. Corporate officers
b. Field personnel
c. Office personnel
c. Sales personnel
d. Others |

_____ |
| 6) Retirement / Pensions:
a. 401K
b. SEP
c. Defined Benefit Plan
d. Defined Contribution Plan
e. Other _____ |

_____ |
| 7) Insurance Programs:
a. Group Life
b. Disability
c. Health
d. Dental
e. Vision Care
f. Company Subsidized Cafeteria Plan |

_____ |
| 8) Relocation Allowance / Moving Cost |
_____ |
| 9) Employee Education:
a. Tuition Assistance
b. Employee Training
c. Industry Related Seminars |

_____ |
| 10) Formal in-house training program for:
a. Office personnel
b. Production personnel
c. Sales personnel |

_____ |