2019
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 _____