



EMPLOYER OF CHOICE

“Pay and Benefits Satisfaction Survey...”

This questionnaire is intended to help your company improve the way it manages people. There are several items in the questionnaire. We would like you to answer each item as openly and honestly as you can. Once you have completed the questionnaire, place it in the envelope supplied and mail it.



SEQUUS

Box 545 Winnipeg Beach, MB R0C 3G0

Pay and Benefits Satisfaction Survey

1. *In your opinion, how does our overall company pay and benefits package measure up?

| | | | | | |
|---------------|---|---|---|---|-----------|
| Not very well | | | | | Very Well |
| 1 | 2 | 3 | 4 | 5 | |

2. Please rate each of the following components.....

Your level of pay compared to others in the company.

| | | | | | | | |
|---------------------------|---|---|---|---|------------------------|-----|---------------|
| Extremely Dissatisfied | | | | | Extremely Satisfied | N/A | Don't Know |
| 1 | 2 | 3 | 4 | 5 | | | |

Your level of pay compared to what other companies offer

| | | | | | | | |
|---------------------------|---|---|---|---|------------------------|-----|---------------|
| Extremely Dissatisfied | | | | | Extremely Satisfied | N/A | Don't Know |
| 1 | 2 | 3 | 4 | 5 | | | |

The way in which the company rewards exceptional performance

| | | | | | | |
|---------------------------|---|---|---|---|------------------------|-----|
| Extremely Dissatisfied | | | | | Extremely Satisfied | N/A |
| 1 | 2 | 3 | 4 | 5 | | |

Accidental death and dismemberment insurance

| | | | | | | |
|---------------------------|---|---|---|---|------------------------|-----|
| Extremely Dissatisfied | | | | | Extremely Satisfied | N/A |
| 1 | 2 | 3 | 4 | 5 | | |

Dental plan

| | | | | | | |
|---------------------------|---|---|---|---|------------------------|-----|
| Extremely Dissatisfied | | | | | Extremely Satisfied | N/A |
| 1 | 2 | 3 | 4 | 5 | | |

Disability (short & long term) plan

| | | | | | | |
|---------------------------|---|---|---|---|------------------------|-----|
| Extremely Dissatisfied | | | | | Extremely Satisfied | N/A |
| 1 | 2 | 3 | 4 | 5 | | |

Education assistance program

| | | | | | | |
|--|---|---|---|---|------------------------|-----|
| Extremely Dissatisfied | | | | | Extremely Satisfied | N/A |
| 1 | 2 | 3 | 4 | 5 | | |
| Employee assistance program | | | | | | |
| Extremely Dissatisfied | | | | | Extremely Satisfied | N/A |
| 1 | 2 | 3 | 4 | 5 | | |
| Employee stock purchase plan | | | | | | |
| Extremely Dissatisfied | | | | | Extremely Satisfied | N/A |
| 1 | 2 | 3 | 4 | 5 | | |
| Life insurance plan | | | | | | |
| Extremely Dissatisfied | | | | | Extremely Satisfied | N/A |
| 1 | 2 | 3 | 4 | 5 | | |
| Vacation program | | | | | | |
| Extremely Dissatisfied | | | | | Extremely Satisfied | N/A |
| 1 | 2 | 3 | 4 | 5 | | |
| Vision plan (eyeglasses, prescriptions etc.) | | | | | | |
| Extremely Dissatisfied | | | | | Extremely Satisfied | N/A |
| 1 | 2 | 3 | 4 | 5 | | |
| Casual sick leave | | | | | | |
| Extremely Dissatisfied | | | | | Extremely Satisfied | N/A |
| 1 | 2 | 3 | 4 | 5 | | |

3. If allowed, would you make changes to the existing pay and benefits plan?

Yes _____ No _____

4. If your answer was YES to question 3, describe what changes you would make to the existing plan? (If you answered NO, move on to question 5)

5. Does the company provide you with enough information on all company pay and benefits?

Yes _____ No _____

6. If you answered NO in question 5, describe how the company can improve information provided to employees? (If you answered YES, move on to question 7)

7. When you contact company administration with questions, how satisfied are you with the following:

Enough information provided

| | | | | | | |
|----------------------|---|---|---|---|------------------------|-----|
| Very Dissatisfied | | | | | Extremely Satisfied | N/A |
| 1 | 2 | 3 | 4 | 5 | 6 | |

Speed of response

| | | | | | | |
|----------------------|---|---|---|---|------------------------|-----|
| Very Dissatisfied | | | | | Extremely Satisfied | N/A |
| 1 | 2 | 3 | 4 | 5 | 6 | |

Willingness to work with you

| | | | | | | |
|----------------------|---|---|---|---|------------------------|-----|
| Very Dissatisfied | | | | | Extremely Satisfied | N/A |
| 1 | 2 | 3 | 4 | 5 | 6 | |

8. When you joined the company, how well did we do in providing you with a clear and complete explanation of our pay and benefits package?

| | | | | | |
|-------------------------|---|---|---|---|-----------|
| Not very well at all | | | | | Very well |
| 1 | 2 | 3 | 4 | 5 | |

Thank you very much for your time. Your opinion is important to us.