

5. Please rate how much you agree or disagree with the following statements as they pertain to the Health Benefits Education Campaign Compliance Assistance seminar. (Mark ONE response for EACH statement)

| | Strongly Agree | | | Not at all Satisfied | | Don't Know |
|--|----------------|-------------|-------------|----------------------|-------------|------------|
| a. The information I received was clear and easy to understand | 5 ▽ □ | 4 ▽ □ | 3 ▽ □ | 2 ▽ □ | 1 ▽ □ | ▽ □ |
| b. The information I received increased my understanding of the health benefits regulations and issues | □ | □ | □ | □ | □ | □ |
| c. The presenters were well informed and knowledgeable | □ | □ | □ | □ | □ | □ |
| d. The presenters gave the right level of detail | □ | □ | □ | □ | □ | □ |
| e. The presentations answered all of my questions | □ | □ | □ | □ | □ | □ |

6. Please rate the helpfulness of each of the seminar sessions/discussions and whether you felt the session was too long, too short, or just long enough. You may wish to write comments or suggestions in the space provided.

Mark ONE response for each helpfulness and length of the session Mark "Does Not Apply" if you did not attend the session or the session was not offered.

a. Fiduciary Education for Health Plan Sponsors

| Very Helpful | | Not at all Helpful | | Don't Know | | Too Long | | Just Enough | | Too Short | | Don't Know | | Does Not Apply |
|--------------|-------------|--------------------|-------------|-------------|--------|----------|--------|-------------|--------|-----------|--------|------------|--------|----------------|
| 5 ▽ □ | 4 ▽ □ | 3 ▽ □ | 2 ▽ □ | 1 ▽ □ | ▽ □ | ▽ □ | ▽ □ | ▽ □ | ▽ □ | ▽ □ | ▽ □ | ▽ □ | ▽ □ | ▽ □ |

Comments/Suggestions _____

b. Federal COBRA and State Specific Continuation of Coverage

| Very Helpful | | Not at all Helpful | | Don't Know | | Too Long | | Just Enough | | Too Short | | Don't Know | | Does Not Apply |
|--------------|-------------|--------------------|-------------|-------------|--------|----------|--------|-------------|--------|-----------|--------|------------|--------|----------------|
| 5 ▽ □ | 4 ▽ □ | 3 ▽ □ | 2 ▽ □ | 1 ▽ □ | ▽ □ | ▽ □ | ▽ □ | ▽ □ | ▽ □ | ▽ □ | ▽ □ | ▽ □ | ▽ □ | ▽ □ |

Comments/Suggestions _____

c. Family and Medical Leave Act

| Very Helpful | | Not at all Helpful | | Don't Know | | Too Long | | Just Enough | | Too Short | | Don't Know | | Does Not Apply |
|--------------|-------------|--------------------|-------------|-------------|--------|----------|--------|-------------|--------|-----------|--------|------------|--------|----------------|
| 5 ▽ □ | 4 ▽ □ | 3 ▽ □ | 2 ▽ □ | 1 ▽ □ | ▽ □ | ▽ □ | ▽ □ | ▽ □ | ▽ □ | ▽ □ | ▽ □ | ▽ □ | ▽ □ | ▽ □ |

Comments/Suggestions _____

d. HIPAA, Affordable Care Act, GINA, MHPAEA and Other Related Health Laws

| Very Helpful | | Not at all Helpful | | Don't Know | | Too Long | | Just Enough | | Too Short | | Don't Know | | Does Not Apply |
|--------------|-------------|--------------------|-------------|-------------|--------|----------|--------|-------------|--------|-----------|--------|------------|--------|----------------|
| 5 ▽ □ | 4 ▽ □ | 3 ▽ □ | 2 ▽ □ | 1 ▽ □ | ▽ □ | ▽ □ | ▽ □ | ▽ □ | ▽ □ | ▽ □ | ▽ □ | ▽ □ | ▽ □ | ▽ □ |

Comments/Suggestions _____
