**PART B**

This **short survey** aims to investigate the effectiveness of your company’s **employee benefit programs in your country** in addressing the needs of employees and their families in view of the **COVID-19** crisis. The areas covered by the survey are:

1. Healthcare programs as they relate to providing medical care against the COVID-19 virus and dealing with mental stress
2. Leave and severance programs supporting employees financially in case of extended leaves or lay-offs
3. Other programs maintained by your company to support employees required to work from home

The study will also investigate the key challenges HR professionals are facing on a daily basis in managing this crisis.

The results of the survey will be aggregated and shared with participants. Summarized data will also be published more broadly but no company-identifiable information will be disclosed.

This **Part B** of the survey is to be completed by a local country representative of each location. If you represent several countries, please complete one questionnaire per country.

The survey consists of 7 questions. The questionnaire should take no more than 5 minutes to complete. Please start the survey by completing the information below about the company in your country before moving on to the questions on the following page:

**Company Name\***

**Respondent Name**

**Respondent Title\***

**Respondent Email\***

**Respondent Phone**

**Country\***

**Country Headcount\***

**\* Required entries**

Please complete the survey by **Friday, April 17, 2020**. The results of the survey will be shared the following week. Completed questionnaires should be submitted to us via the following address: **miguel.santos@altaactuaries.com**. If you need additional time or assistance with the responses, you may reach out to us and we will do our best to facilitate.

By proceeding with the survey, you hereby agree and accept [**Alta’s Privacy Policy**](https://www.altaactuaries.com/privacy-policy-1)**.** You may accessAlta’s Privacy Policy by clicking on the link. Survey responses will be kept anonymous by Alta.

**About Alta**

Alta is a global employee benefits consulting firm created by a group of seasoned professionals with a broad range of experience around the world and deep technical expertise. Our mission is to be the best-in-class firm in the field providing unbiased advice in a client-centric manner to elevate their human capital potential at an affordable cost. For more information visit [www.altaactuaries.com](http://www.altaactuaries.com).

**COUNTRY HR Situation Assessment**

|  |
| --- |
| **Definitions** |
| ***Economic / Financial Risk*** | The financial impact of COVID-19 on company and employees from high healthcare costs, costs of extended paid leave or severance and loss of income to employees through salary reductions or furloughs |
| ***Health Risk*** | Ability of healthcare system in a country to successfully battle COVID-19 |
| ***Human Risk*** | Ability of the enterprise to adequately staff given mandated stay-home orders, illness and mortality levels |
| ***Mental Health Risk*** | Impact of COVID-19 on productivity, engagement and mental health of workforce |

1. What level of concern from a local HR perspective do you have that COVID-19 will have an adverse impact on your local company’s human capital? Please rate from 1 to 4 according to the scale below.

 **1** = Minor to no concern  **2** = More Significant Concern **3** = Major Concern

|  |  |  |  |
| --- | --- | --- | --- |
|  | **1** | **2** | **3** |
| Overall Level of Concern |  |  |  |
| Economic/Financial Concern |  |  |  |
| Health Risk Concern |  |  |  |
| Human Risk Concern |  |  |  |
| Mental Health Concern |  |  |  |

1. What are the main practical challenges the HR department in your country is facing during the COVID-19 crisis? Please rate from 1 to 4 according to the scale below.

 **1** = Minor to no concern **2** = More Significant Concern **3** = Major Concern **4** = Not Applicable

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** |
| Formulating policies based on consistently changing information and orders from public authorities |  |  |  |  |
| Handling extensive number of questions and requests from employees |  |  |  |  |
| Ensuring line managers communicate and enforce COVID-19 health safety measures with staff |  |  |  |  |
| Benefit vendors not providing sufficient information to employees |  |  |  |  |
| Filling positions for too many employees on sick leave or mandatory quarantine |  |  |  |  |
| Insufficient support provided by the corporate head office |  |  |  |  |
| Reduced local HR staff resources due to the crisis |  |  |  |  |

**Healthcare Assessment**

1. Do you have a private medical program in place for employees?

**[ ]** No

**[ ]** Yes – provides comprehensive coverage in lieu of social healthcare system

**[ ]** Yes – provides comprehensive coverage in parallel to social healthcare system

**[ ]** Yes – provide a top-up to the social healthcare system

1. What concerns about COVID-19 do you have regarding the private medical coverage that your company provides to employees? Please check all that apply.

 **1** = Minor concern **2** = More Significant Concern **3** = Major Concern

 **4** = Have Not Considered **5** = No Private Medical Coverage Provided

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** | **Additional Comments** |
| Access to COVID-19 related care |  |  |  |  |  |  |
| Denial / deferral of other required care due to COVID-19 prioritization |  |  |  |  |  |  |
| Timely reimbursement by medical insurer of COVID-19 related claims |  |  |  |  |  |  |
| Loss of medical coverage due to furloughs or extended leaves  |  |  |  |  |  |  |
| Exclusions and limitations of medical insurance due to pandemic nature of COVID-19 |  |  |  |  |  |  |
| Adequacy of mental healthcare support and counseling  |  |  |  |  |  |  |

 **Financial Assessment**

1. Does my paid time off program (sick leave, vacation, personal time) along with government programs provide effective financial protection for employees who are sick with the Covid-19 virus, laid-off or are otherwise still employed but unable to work during the crisis?

**[ ]** No **[ ]** Yes **[ ]** I don’t know

If no, please identify the causes that apply:

**[ ]** The social system does not provide sufficient protection

**[ ]** The company’s plan does not provide sufficient protection

**[ ]** Employees only get partial restoration of total cash income

**[ ]** The relief is only available for a limited period of time, not long enough to deal with the crisis

1. Does my company, along with government programs, provide severance benefits, unemployment assistance for effective financial protection for employees who are laid-off, their working hours decreased, or their employment terminated due to the crisis?

**[ ]** No **[ ]** Yes **[ ]** I don’t know

If no, please identify the causes that apply:

**[ ]** The social system does not provide sufficient protection

**[ ]** The company’s plan does not provide sufficient protection

**[ ]** Employees only get partial restoration of total cash income

**[ ]** The relief is only available for a limited period of time, not long enough to deal with the crisis

**Human Risk Assessment**

1. Do you have groups of employees that are able to work from home?

**[ ]** No **[ ]** Yes **[ ]** I don’t know

Please indicate what support services are available by rating 1 - 3 according to the scale below:

 **1** = Already Offer **2** = Considering Offering **3** = Don’t Offer and Not Considering

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **Additional Comments** |
| Flexible work schedule |  |  |  |  |
| Company provided laptops |  |  |  |  |
| Internet service subsidies |  |  |  |  |
| Company provided cell phone |  |  |  |  |
| Cell phone subsidies |  |  |  |  |
| General technology subsidy |  |  |  |  |
| Childcare assistance |  |  |  |  |
| Eldercare assistance |  |  |  |  |
| Other (please indicate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| Other (please indicate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| Other (please indicate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |