

Exit Interview Questionnaire - Voluntary Separation

Health Insurance Innovations would greatly appreciate your assistance in completing this Questionnaire. This information is most helpful as we continually review our employment policies and procedures. Please be assured that your answers *will not* become a part of your permanent personnel record file or affect your re-employment possibilities, should you desire to seek re-employment.

Name (optional):	Position:	
Date of separation:	Hire Date:	Manager:
REASON(S) FOR LEAV	ING: (Mark as many as apply	.)
working conditions Relocation	•	th supervisor: Dissatisfied with
Please rate the following fr	rom 1 to 5 — with 5 being the	best.
Training/Onboarding	$ \begin{array}{cccc} 1 & 2 & 3 \\ O & O \end{array} $	$\overset{4}{\circ}\overset{5}{\circ}$
Comments:		
Employee Benefits Comments:	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	4 5 O O

Career Advancement Opportunities	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
Comments:	
Leadership	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
Comments:	
General working conditions	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
Comments:	
Compensation	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
Comments:	
Employee Wellness, Recognition and Engagement	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
Comments:	
Please provide any suggestions for improvement you fe and practices:	el could make a difference in our policies
FOR HR USE ONLY: • Equipment Returned: • Paychex, Outlook and Systems Deactivated: • Door Codes Deactivated:	
 Removed from Benefits/Cobra PAF signed with eligibility for rehire: Termination distro mailed on: 	
New address, if applicable:	