

# CYMA HRexPress

## Human Resource Management System Customer Survey

Please complete the following survey and either email to [info@cyma.com](mailto:info@cyma.com) or fax to 480-303-2969

### HR Components/Planned Use

1. How many Employees? \_\_\_\_\_ If you have multiple locations, please indicate the number of employees in each location.

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2. Do you plan on using CYMA's HR Benefits Management system to manage and control benefit amounts and update Payroll? Yes No
3. Do you plan on using CYMA's HR Credentials Management system to track employee licenses, certifications, exams and/or training classes? Yes No
4. Do you plan on using CYMA's HR Position Management system to implement Performance Reviews, manage job openings and track applicants? Yes No
5. Do you plan on using CYMA's PR/HR Financial Reporting system to create custom financial reports for PR and HR data? Yes No
6. Do you plan on implementing automated email alerts based on data in the HR system? Yes No
7. Do you plan on implementing a web-based Employee Self Service system to allow employees on-line access to check and W2 data and to enter time? Yes No

8. Explain your present use of Departments and Locations

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9. Are Benefits the same across all Departments and Locations?

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**Benefits Management System:**

1. Who in the organization is responsible for defining and negotiating Company Wide Benefits? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. Is the person responsible for Benefits definition also responsible for payroll maintenance and production? Yes No More information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Is this person responsible for ongoing Benefits maintenance – changes made by employees during the year? Yes No  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. When does Benefit enrollment happen – once a year, at any time, defined periods of time?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Do you have benefits in which the company and/or employee cost vary by specific employee attributes? (Examples, FTO based on length of service, insurance based on age and gender, employee percentage of health care based on annual income). Please list all of the employee specific attributes that are used across all benefits.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Benefits your company currently offers:

a. Medical Plans – Yes No

- i. How many different Medical Plans may employees select from?
- ii. How is the total company premium defined for each medical benefit you offer? (for example: premium is a flat charge per employee per month or company premium is based on employee selected coverage type)

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- iii. How is the employee share of medical benefits determined for each medical benefit you offer?

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b. Dental Plans – Yes No

- i. How many Dental Plans to select from? \_\_\_\_\_
- ii. Explain how the company premium and the employee share is set for each Dental plan offered.

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- c. Vision Plan –Yes No Please explain company premium calculation and employee share calculation for the Vision plan.

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d. Do you offer a Long-Term Disability program? Yes No If yes, please explain the company premium calculation (for example, \$1.56 per \$1,000 in monthly income) and how much the employee pays.

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e. Do you offer a Short-Term Disability program? Yes No If yes, does the employee contribute or is it provided to the employee at no charge?

\_\_\_\_\_ How is the company premium calculated?

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f. Paid Leave Programs: Do you have one combined Paid Time Off Program (combining holiday, vacation and sick) or do you separate them into discrete programs. \_\_\_\_\_ Please describe how employees accrue time off for each type of leave. Is it a set number of hours per period which is the same for all employees? Is it based on length of Service? Is it based on something else?

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g. Military Leave Program – Yes No If yes, please describe.

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h. Jury Time Program –Yes No If yes, please describe how employees are compensated for Jury Duty time off.

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i. Do you offer Flexible Spending Accounts? Yes No

- i. Health Care FSA – Yes No
- ii. Dependent Care FSA – Yes No
- iii. Describe how each program works:

works: \_\_\_\_\_

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j. Medical Opt Out Credit – Yes No If yes, please describe:

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k. Life Insurance – Yes No Please describe how life insurance premiums are calculated and what, if any portion of the premium is paid for by the company. Also, please indicate what factors are used to determine insurance rates (age, gender, smoker, location, etc.)

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l. 401k Plan – Yes No

i. Company match – Yes No If yes, what are the specific company match rules and limits. Be specific.

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m. Educational Reimbursement Yes No If yes, please describe the exact nature of reimbursement limits./ Do you presently reimburse via Accounts Payable or Payroll?

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n. Company Paid Allowances – do you offer car, housing or other allowances to select employees? \_\_\_\_ If yes, please explain each in detail.

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- o. For the each benefit offered, please describe both the Employee Eligibility Requirements (Full Time Only, Part-Time, Selected Employees, all employees) and the date restrictions for eligibility (benefit start immediately, must wait 60 days, first day of month after 60 days, etc.)

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- p. For each benefit above, please ensure that we have exact information on how the employee cost participation is defined (employee pays nothing, employee pays percentage, employee pays all, employee rate varies based on criteria, etc.) Examples include:

- i. All employees pay a percentage of the Benefits Cost
- ii. All employees pay a fixed amount per pay period of the Benefits Cost
- iii. All employees pay either a percentage or fixed amount per pay period based on other criteria (for example: annual salary, years of service, gender, location).
- iv. Employer pays all cost

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**Credentials (Certifications, Licenses, Training Classes, Exams)**

- 1. Do you track Certifications and/or Licenses needed by employees? Yes No
- 2. Do you care to track the specific details of each employee Certification (exams to be taken, classes required, continuing units needed) or simply the fact that they have the certification and the expiration date? Please explain.

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- 3. Do you have any Certifications or Licenses for which you must maintain a minimum number of employees with that Certification or License?

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- 4. Do you conduct internal training classes for employees? \_\_\_\_\_ Is there a group within your company responsible for internal training?

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Do you need to maintain a training schedule including class times, enrollment information, attendance records and instructor schedules? \_\_\_\_ If so, please explain.

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- 5. Are there specific exams that employees are required to take? \_\_\_\_ Are these internal exams or external (vendor, licensing agency)?

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6. Do you track exam results for each employee?

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7. For each Certification/License you wish to track, please provide the following information:

- a. Does the Certification require a certain number of Continuing Education Units to be earned? Yes No
- b. Does the Certification require that a specific training class(es) be taken? Yes No
- c. Does the Certification require that a specific exam(s) be passed? Yes No
- d. Does the Certification have a defined expiration date (is it for a specific term) and is the term Employee specific or Certification Specific?

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**Positions, Openings & Applicants**

1. Are you planning to use CYMA HRexPress for managing Openings, Job Postings and Applicant Tracking?

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2. How many different unique Positions does your company have?

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3. Do you wish to track the qualifications, certification requirements and licenses needed in order to hold a position?

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4. Do you wish to implement a computerized Performance Review Management system? \_\_\_\_\_ If so, please explain your present Performance Review system.

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Do all Positions/Employees receive Performance Reviews on the same schedule, or does it vary by Position?

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5. Do you have employees dedicated to recruiting new Applicants? \_\_\_\_\_ If yes, how many? \_\_\_\_\_ If no, who has responsibility for managing the recruiting process and what else does this person do at the company?

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6. How many new job openings did you attempt to fill in the last 12 months? \_\_\_\_\_ The next 12 months? \_\_\_\_\_

7. Please describe all the places where you typically post new job openings (local paper, Monster.com, other on-line agencies, etc.)

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8. Do you have an on-line Applicant Self Service system in place which allows applicants to apply for job openings on-line? \_\_\_\_\_ If no, do you wish to implement one?

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9. Approximately how many applications/resumes do you receive in a typical 12 month period?

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**Financial Reporting**

1. Please describe any specific financial reports you would like to have that access HR and PR data (benefits, taxes, earnings, departments, locations, positions, etc.)\_\_\_\_\_

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2. Are there specific Payroll/HR financial reports you are required to submit to outside agencies (401K plan administrators, for example) that you presently construct “manually”?

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3. What is the biggest issue your company faces in terms of the financial reporting and visibility of labor costs in the world of Payroll and HR?

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**Automated HR Alerts**

- 1. Are there specific conditions for which someone at your firm needs to receive an automated e-mail alert?

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- 2. Would you like to receive alerts when a license is about to expire? If so, please describe.

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- 3. Would you like to receive alerts when certain benefit conditions exist (new employee eligibility, etc.)? If so, please explain.

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**Please email this completed survey to [info@cyma.com](mailto:info@cyma.com) or fax to 480-303-2969 or mail to:**

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