

Section F

39. Do you feel that at least one of the State of Wyoming's health insurance plans sufficiently meets your needs? *(Please select one)*

☐ Yes

☐ No

☐ Don't know

40. In which of the state's group health insurance plans do you participate? *(Please select one)*

☐ Individual coverage

☐ Family coverage

☐ Split coverage

☐ None, I am covered by my spouse or another family member's insurance plan

☐ None, I do not have health insurance coverage

☐ Other (specify:_____)

41. Do you feel that the State of Wyoming's retirement program will sufficiently meet your retirement needs in the future? *(Please select one)*

☐ Yes

☐ No

☐ Don't know

42. What is your marital status? *(Please select one)*

☐ Married

☐ Divorced

☐ Cohabiting

☐ Single

☐ Widowed

43. Do you have dependents who are 26 years old or younger?

☐ Yes

☐ No

44. What is the highest level of education you have completed? *(Please select one)*

☐ Less than high school degree

☐ High school degree (includes equivalency)

☐ Some college or associate's degree

☐ Bachelor's degree

☐ Graduate or professional degree

☐ Other (specify:_____)

45. What was the combined total pre-tax income in your household in the past 12 months? *(Please select one)*

☐ Less than \$20,000

☐ \$70,000 to \$79,999

☐ \$20,000 to \$29,999

☐ \$80,000 to \$99,999

☐ \$30,000 to \$39,999

☐ \$100,000 to \$124,999

☐ \$40,000 to \$49,999

☐ \$125,000 to \$149,999

☐ \$50,000 to \$59,999

☐ \$150,000 to \$199,999

☐ \$60,000 to \$69,999

☐ \$200,000 or more

46. Comments: _____

