

FaxForum



FaxForum Facts

We want to know what you, our readers, think about the major issues in your field and the ways in which we at *Training & Development* can better address them.

FaxForum is our way of getting to know more about what really matters to you and sharing that with T&D readers around the world.

FaxForum isn't meant to be scientific. It's a sampling of opinion—a finger in the wind. Each month, we publish the responses to previous FaxForums, plus some informal analysis and commentary, on the back of this page. But right now, you can influence the content of upcoming FaxForums.

Please take a moment to jot down any questions you'd like to see answered in FaxForum. _____

Thank you.

How To Respond

Fax the completed page to Cynthia Mitchell at 703/683-9203.

Or mail to FaxForum, *Training & Development*, ASTD, 1640 King Street, Box 1443, Alexandria, VA 22313-2043.

What's Healthy Health-Care Reform?

Some people have it; some don't. Health insurance, that is. But one thing's for sure. When (or if) U.S. President Bill Clinton and the Congress pass health-care reform, no one's medical insurance will be quite the same. How do you think the changes will affect you?

1. Do you believe the federal government should ensure that all citizens have medical insurance?
 Yes No

2. What types of medical coverage do you and your family currently have? (check all that apply)

- none
- major medical
- dental
- vision care
- short-term disability
- long-term disability
- other (specify) _____

3. How would you rate the medical insurance you currently have?

- Excellent
- Good
- Fair
- Poor
- Doesn't apply

4. Which features of your health plan do you like most? Which features do you like the least? Why? _____

5. Through whom do you get your coverage? (check one)

- your employer
- your spouse's employer
- other (specify) _____

6. Do you think that health-care reform will affect the kind of health care you receive?

- Yes No
- Explain. _____

7. Who should pay for medical coverage? _____

Optional:

Name _____
Title _____
Organization _____
Address _____
Telephone # _____
Fax # _____