reba
Reward & Employee Benefits Association

PURSUING BEST PRACTICE

Affordable access: inclusive benefits for frontline and shift workers

IN PARTNERSHIP WITH

pg Personal Group

Making healthier and more sustainable workforces a reality

Jo Gallacher

Content director
Reward and Employee Benefits Association (REBA)
www.reba.global

Jo Gallacher

Contents

Straightforward benefits access – any time, any place and any way – is the key

Reward and benefits leaders take pride in crafting comprehensive benefits strategies. Regularly speaking with REBA members has taught me firsthand how much time they spend poring over data, negotiating with providers and rolling out benefit platforms designed to protect their people.

Traditional employee benefits have naturally evolved around a corporate, desk-based, environment. While these frameworks work well for hybrid and office staff, they have potential to clash with the realities of the shop floor, the delivery route or production line.

Be aware of practical hurdles

Frontline and deskless workers often encounter practical hurdles long before they reach the point of using an employee benefit. Shift patterns, limited downtime and the need to keep operations running mean that even straightforward health appointments or support services can be difficult to access. When time is tightly controlled and cover is hard to find, benefits that look accessible on paper become far harder to use in reality.

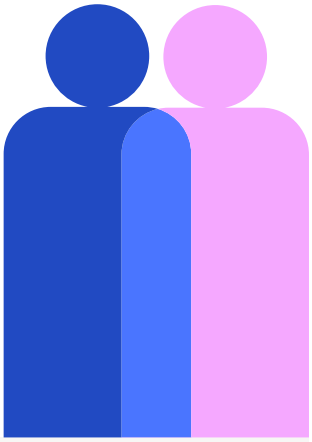
Another factor is trust. For many frontline workers, the decision to use a benefit is shaped not only by logistics but by whether they feel safe signalling a need for support.

If workloads are high, teams are stretched or previous requests have been declined, employees may assume that stepping away will be viewed negatively. This creates a culture where people push through issues until they become more serious – and more costly for employers.

Make sure communications land

Communication channels also play a role. Deskless workers often rely on line managers, noticeboards or word-of-mouth rather than digital platforms. If information about benefits is delivered in formats that don't reach them, or at times when they cannot engage, awareness may exist in theory but not in practice. The result is a widening gap between what employers offer and what employees feel able to use.

This report is a reminder that the UK cannot afford to treat access as an afterthought for critical, frontline employees. Employers that redesign support around real-world use will be the ones that break the absence cycle and build healthier, more sustainable workforces.



reba Reward & Employee Benefits Association

Supporting the workforce before absence takes hold

Arianne Riddell

Chief client officer
Personal Group

Arianne Riddell

The sooner employees get help, the greater the opportunity to keep people healthy, productive and in work

Personal Group

Closing the gap between benefits and uptake

Across frontline and deskless workforces, the UK is facing a quiet but escalating crisis. Long-term sickness is rising, economic inactivity linked to ill-health is deepening, and employers are already feeling the impact.

The government's *Keep Britain Working* review highlights the urgency: more than one in five people are now economically inactive as a result of ill-health, and long-term sickness among younger workers has surged by 76% since 2019. The report warns that we are sleepwalking into a massive sickness- and people-out-of-work-related crisis. It's easy to think this is solely a policy issue for government to get right. But the *Keep Britain Working* review focuses heavily on the role of employers.

Every day an employee is absent costs employers an average of £120. While that may seem manageable in isolation, the cumulative impact is enormous. Government data finds that poor health is estimated to cost the UK economy £85 billion each year, fuelled by rising sickness absence, long-term health conditions and growing economic inactivity. The challenge for employers is not simply providing support but ensuring that people can and do access it early enough to make a difference.

The financial reality of sickness absence

For many frontline, shift-based and deskless workers, time off because of ill-health can come with a significant financial penalty. Statutory Sick Pay replaces just 16% of average weekly earnings, leaving employees around £640 a month worse off if they are unable to work, with one in three UK households holding less than £1,000 in savings, according to data from think-tank the Resolution Foundation. This challenge is most acute among workers who have little or no access to traditional protection benefits.

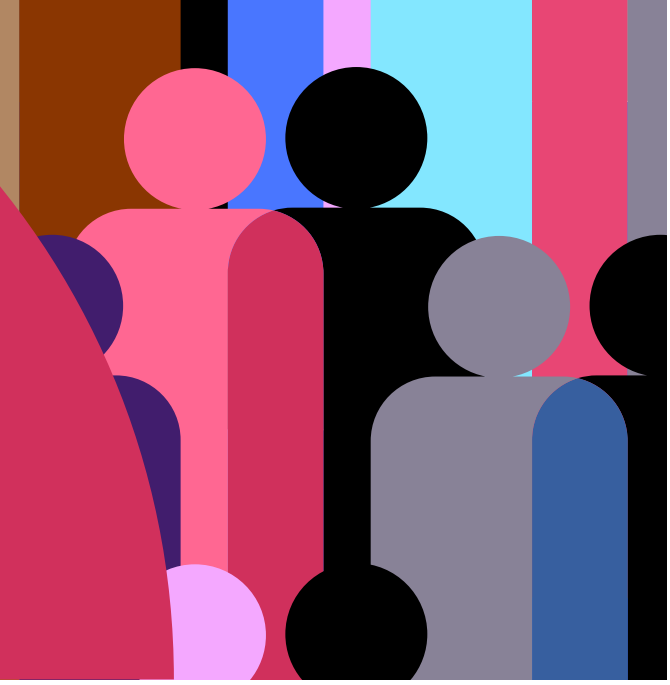
This is why early intervention matters. In busy environments, where every absence has implications for both employees and employers, support must be quick, practical and easy to access. The sooner employees get help, the greater the opportunity to prevent short-term health concerns becoming long-term absences and to keep people healthy, productive and in work.

Focus on access

An effective way forward is shifting attention from the breadth of benefits to the practicalities of access, designing support around frontline, deskless and shift-based work, making it easy to access, simple to use and available when employees need it most. Payroll deduction can play a powerful role, reducing friction and giving benefits credibility by linking them directly to employment. Crucially, communication must meet workers where they are. Face-to-face engagement consistently drives higher benefit usage because it builds trust, overcomes language barriers and helps workers understand what support is available and how to access it.

The UK cannot afford to ignore the protection gap any longer. Redesigning support around real-world access will not only reduce absence but strengthen resilience, loyalty and long-term workforce health.

Poor health is bad news for everybody



Employers at the centre of government strategy to improve work-health outcomes

The UK government recognises that rising levels of poor health are now a defining constraint on the UK's ability to keep people in work and maintain a productive, resilient labour market.

The scale of this challenge is detailed in the government's *Keep Britain Working* review (2025). It found that poor health can drive economic inactivity, leading to poorer financial and wellbeing outcomes for individuals. Employers can lose productive output and access to critical talent, while, nationally, health and welfare spending rises and economic output falls.

The cost of ill-health

Across the UK, economic inactivity is growing. OECD data from Q4 2019 to Q1 2024 shows that more than one in five working-age people are out of work. This number is rising, and the UK is lagging compared with OECD countries.

A significant share of this inactivity is being driven by rising long-term sickness, which now accounts for the largest and fastest-growing group of people out of work. Sickness absence does not afflict the workforce equally: the Office for National Statistic's *Labour Force Survey* (2025) reveals that it is typically lower-paid jobs, such as elementary occupations and factory-line, caring and customer-service roles that have higher rates of sickness absence than professional, managerial or director roles.

ONS figures on long-term sickness from 2019-2023 show that the number of people economically inactive because of long-term sickness has risen to 2.5 million since the start of the coronavirus pandemic. This number, too, is projected to rise.

The worsening sickness levels affect all stakeholders. Department for Work & Pensions (DWP) figures and HMRC data show that ill-health costs the state £212 billion in lost output and welfare/health spending.

Elsewhere, if sickness absence starts early in working life, the employee must contend with diminished wellbeing and up to seven-figure losses in earnings over a lifetime. This can erode both short-term financial security and the foundations of long-term saving and pension growth

And with government estimates showing that sickness costs employers an average of £120 in lost profit per day, the risks quickly stack up through further productivity losses, ongoing sick pay costs and potential recruitment costs if someone leaves the workforce.

"Britain is facing a quiet but urgent crisis.... leaving work can mean a lifetime of lost income, poorer health and missed opportunities. For employers, sickness and staff turnover bring disruption, cost and lost experience. For the country, it means weaker growth, higher welfare spending and greater pressure on the NHS."

Sir Charlie Mayfield
Lead reviewer, *Keep Britain Working*

Employers critical to turning the dial on in-work health

Government data shows that employers would benefit from an improved work-health landscape. Mitigating health-driven losses would save employers £3 billion to £8 billion annually, according to current DWP and Department for Business & Trade modelling.

The *Keep Britain Working* review is central to the government's plans. It intends that the review is no mere diagnostic but a catalyst in shifting the dial on work-health outcomes.

Responsibility for workforce health is being reshaped, with employers increasingly expected to play a larger role. Government will focus on coordination, clearer goals and better data, but the day-to-day ability to improve work–health outcomes will sit squarely with employers, alongside employees and the National Health Service.

This shift is already being put into practice through a government-led, evolving roadmap, developed with vanguard employers – organisations that volunteer to test new approaches, share data and demonstrate what good looks like in practice. Working with providers and devolved bodies, this cohort of vanguard employers aim to help to establish new national standards for healthy work that strengthens wellbeing, widens participation and supports long-term economic growth.

More than 60 employers, including British Airways, Google UK and Sainsbury's, will volunteer to test new workplace health approaches and share data and evidence on what has moved the dial in a three-year government-employer partnership.

Government hopes that, within seven years, all UK employers will be working to new standards that promote healthy working cultures and help people contribute to stronger organisational performance, maximising the billions already invested in employee health.

A collaborative effort

Employees and the government will also have a role. Employees will need to see work and health as mutually reinforcing for wellbeing, and the government has set out its intent to provide employers with evidence and support as well as communicating a roadmap towards healthy work lifecycles. However, employers are viewed as being uniquely positioned to support health, deliver early intervention and make work inclusive.

Employers will be tasked with better understanding key workplace drivers of poor health and what a healthy working lifecycle looks like.

The *Keep Britain Working* review details new expectations around prevention, workplace culture, consistency of support, early intervention, rehabilitation and sustainable returns to work in order to reduce sickness absence and boost employment

As it stands, enactment on the roadmap is still in the initial stages. The government acknowledges that it needs to better support employers with evidence around what good work-health looks like and better incentives for employers, with rumours of potential rebates and tax relief swirling around parliament.

Many businesses are not yet aware or aligned with government plans, and even where awareness and support exist (within executive, HR or benefits teams), this might be unaligned with operational reality.

What does the government roadmap to a new work-health paradigm look like?

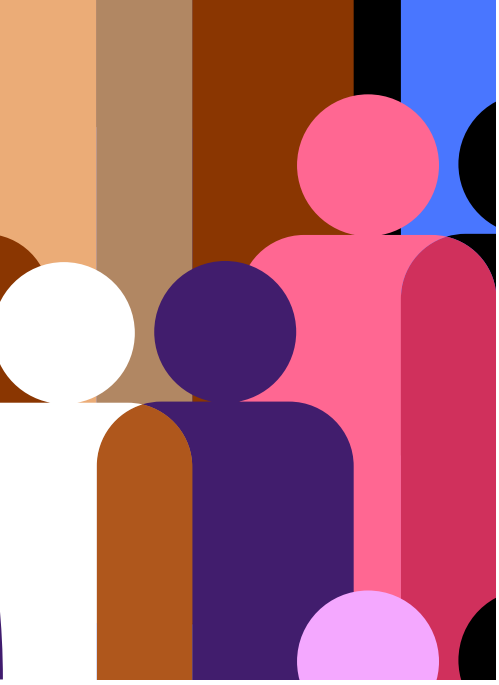
1. **Vanguard phase:** government, vanguard employers and providers work towards developing new 2029 standards of support for those with long-term health conditions and disabilities, as well as creating healthier working lives.
2. **Workplace Health Intelligence:** creation of evidence to support a changed approach to workplace health in 2029.
3. **New system:** the government creates new standards and offers employers new levers to enable better workplace health.

2.8 million

People are economically inactive as a result of health conditions

Source: *Keep Britain Working* review (2025)

Support may miss the people who need it most



Ill-health is patterned, predictable and preventable – if employers understand who is at risk

Employers' understanding of what drives ill-health, and which workforce groups are most exposed to risk, is becoming a critical productivity issue. The evidence shows that ill-health is not evenly distributed across the workforce – and, without this insight, employers risk investing in support that misses the people who need it most.

The data shows just how uneven the picture is. The Royal Society for Public Health's (RSPH's) *A Better Way of Doing Business: Promoting Health at Work (2026)* research found that the South West of England saw a 12.5% decrease in days lost to sickness, while the East and North East had a 29% and 30% increase respectively. This suggests that local labour markets, job types and socioeconomic conditions are shaping health outcomes in ways employers can't ignore.

Demographic differences add another layer. RSPH'S research also found that women continue to have a higher sickness absence rate than men, but the gap has narrowed. The number of days lost owing to ill-health increased by 5% in men and decreased by 5% in women. It also found that 10 million employees don't get health support at work.

The CIPD's *Health and Wellbeing at Work* report places mental ill-health and musculoskeletal (MSK) conditions firmly in the top five drivers of short- and long-term absence, showing how persistent and costly they are for employers.

Certain occupations face even sharper risks. HSE data on MSK disorders (2021) shows that occupations such as care, manufacturing and healthcare – roles that are often lower paid and physically demanding – have significantly higher rates of MSK disorders.

Elsewhere, the Living Wage Foundation's *Life on Low Pay* (2025) report details that two in five low-earners say their job causes mental health problems, while one in three say their job causes physical health issues.

Low-earners might not be explicitly cited by the *Keep Britain Working* review, but this workforce cohort more often becomes ill or injured at work, according to the *Better Than Cure* research (2020) from the Institute for Public Policy Research. They are also more likely stay working as the pensionable age rises (at a life stage when their health needs become more complex) and worry twice as much about ageing and ill-health as those in high-status roles, according to the figures from the Centre for Ageing Better (2018).

Meanwhile, ongoing concerns regarding job security can drive workers to return to work before they have made a full recovery, according to 2026 Department for Work & Pensions research on employee health, work and sickness absence.

Taken together, the evidence points to a clear insight: ill-health is patterned, predictable and preventable – but only if employers understand who is at risk and why. Without this insight, support is too generic to make a meaningful difference. With it, employers can target interventions where they will have the greatest impact, improving individual outcomes and unlocking productivity gains that benefit the whole organisation.

Health and financial wellbeing for low-earning workers

For many low-earners, financial strain can contribute to poorer health outcomes. These employees may be vulnerable to working when already ill or burnt out, which can compound health issues and forestall critical early interventions, thanks to low levels of qualification for Statutory Sick Pay, according to a 2024 analysis by the Work Foundation at Lancaster University.

As part of the same 2024 Work Foundation analysis, ONS data was used to show that low-earners, on average, have less access to leave than higher earners. In 2022, employees with higher-than-average earnings of £32,882 pa had, on average, two more days of annual leave entitlement than those with below-average earnings. Leave, critically, is important when seeking time off for health interventions.

Indeed, a large cohort of workers may delay treatment if it means they need to have time off, because they lack a financial buffer. The Financial Conduct Authority's *Financial Lives* (2025) survey found that almost a third have less than £1,000 in savings.

For many workers, this means that even a few days of unpaid leave, or a reduced pay packet through sickness absence, can tip household finances into crisis. It's a risk many employees simply can't afford to take, and delaying treatment often leads to more serious issues that end up costing both workers and employers far more in the long run.

Although the Employment Rights Act 2025 ensured that workers get sick pay from the first day of illness, removing the lower earnings threshold, it tops out at £123.25 per week, covering just 17% of a worker's average earnings. Less than one third (27%) of employers offer Statutory Sick Pay that goes beyond this payment, according to Work Foundation 2024 research.

17%

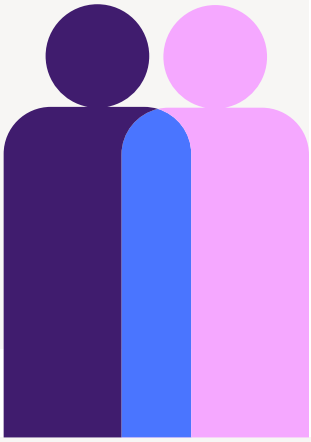
Statutory Sick Pay covers only 17% of the average worker's weekly earnings

Work Foundation, Lancaster University

The research highlighted that when financial support is lacking, workers are often pushed into working while unwell, with many eventually dropping out of the workforce. This is echoed in the CIPD's *Good Work Index* (2025), which shows that employees earning under £40,000 are far more likely to experience financial stress – and that these worries frequently translate into poorer health.

Statutory Sick Pay changes

- As part of a wider Employment Rights Act 2025 overhaul, Statutory Sick Pay (SSP) changed on 6 April 2026.
- The removal of the lower earnings limit, which previously disqualified workers who didn't reach the earning threshold from claiming SSP, meant that many lower-paid and part-time workers now qualify.
- SSP is now available from the first full day of sickness – with the three-day unpaid period removed.
- SSP for 2026-27 is £123.25 a week or 80% of earnings, whichever is lower.



What prevents workers from taking time off when they are sick?

1. Low-earners may work in typical low-margin industries such as retail and hospitality, which makes taking time off to deal with health disruptive to the employer.
2. With almost half (47%) of employers providing no more than the minimum SSP, many workers struggle to afford time off.
3. Work intensification is the reality for many workers, which can preclude leave and cause mental health issues.
4. Under resource strain, managers may default to short-term choices and believe they can't release staff. In workplaces where psychological safety is low, employees are less likely to raise health issues or financial pressures early, reducing the chances of timely support.

Cultures of ill-health

Finances are not the only driver of poor health outcomes. While the CIPD's *Health and Wellbeing at Work* report (2025) found that working from home reduces sickness absence, many low-earners are in frontline work with no access to this mode of working. This means they miss out on one of the most effective built-in health interventions available to higher-paid, desk-based staff. Being unable to work remotely also means employees have less flexibility to attend medical appointments or use employer-provided benefits that require time off.

There are also compounding pressures. In a persistently tight labour market, unfilled roles and workforce reductions across sectors are increasing work intensity. Higher workloads and fewer breaks make it harder for workers to recognise early symptoms, seek treatment promptly or engage with preventative benefits such as health screening, cash plans or wellbeing services. The result is a pattern of late presentation, where conditions worsen before support is accessed.

Typical low-earning sectors, such as logistics, are also seeing a lack of younger talent coming through, forcing tenured employees to work for longer at ages when health needs typically become more complex.

For example, ONS data from 2025 found that fewer than 2% of HGV drivers are under 25. Older workers in physically demanding roles are more likely to need musculoskeletal support, physiotherapy or regular health checks, yet they are also the group least able to take time off to use these benefits, widening the gap between need and uptake.

Job insecurity adds another layer. Ongoing concerns about job stability can drive workers to return before they have made a full recovery. This fear of being seen as unreliable or replaceable discourages workers from taking the time needed to access benefits, attend appointments or submit claims – even when those benefits are designed to support early intervention.

Only by understanding this precariously stacked and complex picture of workforce health can employers design or offer interventions that reflect the lived reality of low-earners. Crucially, this means recognising that benefits are not just about availability but also usability. Without time, security, flexibility and confidence, even well designed benefits remain out of reach for the workers who need them most.

Flexibility and health for low-earning individuals

- Timewise analysis of ONS Labour Force data (2024) found that many typical lower-paid sectors have less access to flexibility in working hours.
- Only 5% of sales assistants, 4% of those in elementary positions and 4% in warehouse work have access to flexibility.
- Yet an analysis of flexibility by Timewise and the Institute of Employment Studies has found that it can play a central role in better health outcomes for frontline workers, with a flexibility pilot scheme showing a 30% jump in health and wellbeing outcomes.

The cost of economic insecurity

Statutory Sick Pay is £123.25 per week, which is a driver of continuing to work with health conditions, foregoing early intervention for issues that might get worse.

10% of UK adults have no savings, meaning that there is no safety net for unpaid time off to see to health complaints (Financial Conduct Authority)

Money worries cause 15% of workers' stress, with workers earning less than £40,000 a year more likely to report this. (CIPD Good Work Index)

The removal of the lower earnings limit, which previously disqualified workers who didn't reach the earning threshold from claiming SSP, means many lower-paid and part-time workers now qualify.

Making benefits work harder and wider

How employers can expand health benefits while also dealing with cost pressures

The factors driving sickness among low-earners also influence how, when and whether they can use the benefits intended to support them. Moving from insight to action means looking not only at what benefits exist but how accessible and usable they are in the realities of low-paid work.

Employers overwhelmingly recognise that financial wellbeing and health benefits are part of the same paradigm. CIPD's *Health and Wellbeing at Work report* (2025) shows that almost nine in 10 employers design their health and wellbeing strategy to consider mental wellbeing, three-quarters consider physical health and almost seven in 10 (68%) consider financial wellbeing.

But this doesn't mean that employers have unlimited resources to expand health benefits. Many are already managing low margins, rising operating costs, National Insurance increases and a higher minimum wage.

On top of this, organisations face growing pressure to prove the return on investment of any new benefit, at the same time as grappling with gaps in data capture and insight that make it difficult to evidence what is working. These constraints shape not only what employers can offer but how confidently they can invest in benefits that support early intervention and improved health outcomes.

52%

Of SMEs cite a lack of capital as a barrier to providing health and wellbeing benefits

Source: DWP

Private medical insurance (PMI) is becoming significantly more expensive for employers to fund, driven by rising claims volumes, more complex health needs and the growing cost of diagnostics and treatments. Employees also feel this pressure indirectly through higher excesses or reduced coverage.

And while these rising costs are challenging for employers and for employees who are covered, many lower-income workers fall outside PMI schemes altogether, meaning they face the dual disadvantage of higher health risks and limited access to the very benefits that could support earlier intervention.

Alternative funding models

This widening gap is also prompting employers to reassess how health support is funded. As PMI becomes harder to sustain at its current level, and with eligibility often limited to higher-paid roles, many organisations are exploring employer-facilitated, employee-funded options that can widen access without adding significant cost to the business. These include cash plans, targeted early intervention services, protection benefits such as life insurance and income protection, and tiered models that allow employees to buy additional cover at a lower price than they could secure individually.

At the same time, employers are reviewing how to maximise the value of the benefits they already offer. This includes reducing duplication between services, improving signposting and navigation so employees know where to start, and strengthening early intervention routes to ensure that support is used before issues escalate. Together, these approaches help organisations protect more employees, including lower-earners, while avoiding over-reliance on traditional PMI.

Communication and high impact

For employers looking to improve health outcomes without relying solely on high-cost benefits, low-cost, high-impact approaches become increasingly important. The *Keep Britain Working* review highlights that inconsistent support, cultures of fear around health disclosure and variable line-manager capability are major barriers to better workforce health.

Strengthening communication through on-site, face-to-face messaging and building line-manager confidence are meaningful interventions in their own right. Delivering clear information directly to the workplace drives deeper engagement and understanding regarding available support, including state provisions. Combined with better-equipped managers who can hold early, empathetic conversations, this helps employees access help sooner and navigate existing benefits more effectively.

These improvements do not require significant new spend, but they can make a substantial difference to how well current provision works, particularly for lower-income workers who often face the greatest barriers to seeking support.

For many employers, a significant uplift in Statutory Sick Pay is unlikely, but there is still meaningful state support available to help employees manage health and work. Employees can access childcare support, the Access to Work scheme for adjustments related to long-term conditions or disabilities, and the WorkWell service, which is designed to help people stay in or return to work. These schemes are often underused, simply because employees are unaware of them.

Employee-funded benefits

Cash plans are also becoming an important part of the solution. They are typically available at a much lower cost than traditional health cover and can be employee-funded but delivered through the employer, giving staff access to everyday healthcare in a way that feels seamless and supported.

For many workers, particularly those on lower incomes, cash plans offer an affordable route to essential services such as dental, optical, physiotherapy and diagnostics, helping to close gaps in workforce health coverage.

However, introducing any health benefit requires a strategic approach. Employers need a clear understanding of the financial wellbeing and physical health of their workforce, the productivity and operational pinch points they are trying to address, and the value of early intervention and prevention.

Employers also need to weigh the costs of a health benefit against the potential impact on absence, retention and employee sentiment, and ensure that access and communication are effective so that benefits are actually used.

When employers get this right, they can play a pivotal role in making work more accessible and sustainable – supporting healthier employees, improving organisational performance and contributing to a more resilient labour market overall.

Five tips for communicating benefits clearly

Keep it simple

Use plain, people-centred language that explains what support means day to day.

Make it easy to find

Offer on-site, face-to-face touchpoints so information reaches all parts of the workforce.

Equip line managers

Give them confidence, clarity and conversation prompts for early, empathetic chats.

Show the full picture

Signpost state support (Access to Work, WorkWell, childcare help) alongside employee benefits.

Reinforce regularly

Short, timely reminders ensure that support is remembered and used when it matters.

Recommended actions

Personal Group

1 Start with workforce insight

Understand the health, wellbeing and financial challenges affecting your workforce. Use a combination of internal and external data sources, including employee feedback, absence data, benefits usage, demographic insights, benchmarking data and national workforce statistics such as ONS data, to identify where support is most needed and which groups are at greatest risk of poor outcomes. This evidence-based approach helps to ensure that benefits are targeted effectively, address real workforce needs and deliver the greatest impact.

2 Design for every workforce cohort

Build your benefits programme and support around the realities of your workforce, recognising that desk-based, deskless, shift-based and mobile employees may have different needs. Ensure benefits are accessible and inclusive for all employees, so that every workforce group can benefit from the support available.

3 Prioritise access and ease of use

The value of support depends on whether people can access it when they need it. Focus on simple enrolment, straightforward claims processes and services that are easy to access both digitally and in person, reducing barriers to early intervention.

4 Communicate through the channels your people actually use

Don't over-rely on email. Many frontline and operational employees have limited access to digital communications during the working day. Use a mix of channels, including face-to-face engagement, line managers, workplace communications and in-app messaging to ensure key messages reach every part of the workforce, at a time and place that works for them.

5 Bring your benefits to life through real stories

Help employees understand the value of support by sharing real examples of how colleagues have used it. Human stories, employee advocates and peer-to-peer experiences can increase awareness, drive engagement and encourage earlier take-up of available support.

6 Include employee-funded benefits in your strategy

Employer-facilitated, employee-funded benefits can play an important role in widening access to vital health and protection benefits without significantly increasing employer costs. Payroll deduction can help make valuable support easier to both access and manage.

7 Measure, learn and evolve

Workforce needs change over time. Regularly review your workforce data, employee feedback, benefit usage and absence trends to understand what is working, identify gaps and continuously improve the support available.

About Personal Group

The most effective benefits strategies start with understanding what works and where the gaps are. To arrange a benefits audit and explore how Personal Group can help you better engage, protect and support your workforce, visit hapi.co.uk.

Personal Group

About REBA

The Reward & Employee Benefits Association (REBA) is a thriving community of HR professionals dedicated to pursuing best practice in reward and benefits. Synonymous with excellence, REBA informs and empowers its members to grow their networks, advance their knowledge, source and connect with market-leading vendors, and be prepared for what's coming over the horizon.

REBA's research taps into its diverse network of 4,700+ members and 25,000+ HR contacts to provide objective insights into the reward, benefits and people risk strategies that a broad range of organisations are implementing throughout the UK and internationally. As a result, REBA produces independent reports featuring data-led benchmarking, fresh insights, emerging trends and case studies to identify change and inform better decisions in reward and benefits strategies.

Website: www.reba.global
LinkedIn: Reward & Employee Benefits Association
Contact REBA about research: Jo Gallacher, content director: jo.gallacher@reba.global
Report devised by: Jo Gallacher and Debi O'Donovan
In association with: Personal Group
Writer: Dan Cave
Editor: Jo Gallacher
Sub-editor: Caroline Taylor
Designer: Wendy Webb

reba Reward & Employee Benefits Association
PURSUING BEST PRACTICE

Access to high-quality research through REBA

Benchmarking your strategies and benefits offerings is key to buying decisions and future decision-making. Employer professional members and all those working at supplier associate members of REBA get full access to REBA reports. So get ahead and access the data you need.

reba Reward & Employee Benefits Association