

Rev. 1

Respondent Name: _____
( ) <b>Group 3: PBGC Enrolled 3 – 5 pm</b> _____
Recruiter / Date: _____

**Group 3 PBGC Enrolled List:**

**Criteria:** Currently enrolled in the Pension Benefits Guarantee Corporation and receiving the Health Coverage Tax Credit, 2 will be recruited who chose to receive benefits on an End-of-Year basis. Recruit 12 for 8 – 10 to show.

Screener/Invite:

Hello. I am **(NAME)** with **(Research Company)**, an opinion and marketing research firm. We are conducting a research study for the Health Coverage Tax Credit (HCTC Program). May I ask you a few questions?

(This is for a research study and information will be shared only with the client conducting the study).

Questions:

- 1) Are you familiar with the Health Coverage Tax Credit, known as HCTC?
  - Yes (continue)
  - No (thank & terminate)
  - Don't know (thank & terminate)
  
- 2) Which of the following best describes your familiarity with the HCTC program?
  - Very familiar (continue)
  - Somewhat familiar (continue)
  - Not at all familiar (thank & terminate)
  
- 3) We are inviting individuals who are enrolled in PBGC and are receiving Health Coverage Tax Credits to attend a focus group to discuss HCTC. Do you know if you are currently enrolled in the HCTC program?
  - Yes, I am or I believe I am (continue)
  - No, I'm not (Go to PBGC Potentially Eligible Screener for group 4)
  - Don't know (thank & terminate)
  
- 4) Are you currently receiving PBGC benefits?
  - Yes (continue)
  - No (thank & terminate)
  - Don't know (thank & terminate)

5) Please tell us how involved you have been in the following aspects of the HCTC process:  
 Not involved    Somewhat involved    Very involved

- Reviewing the information from HCTC prior to application
- Completing/Submitting the HCTC Application
- Choosing a health plan
- Paying the health premium or managing the health insurance issues

**TERMINATE IF NOT INVOLVED IN ATLEAST THREE OF THE ABOVE ACTIVITIES. IF THEY ARE NOT INVOLVED, YOU CAN BE REFERRED TO A FAMILY MEMBER WHO WAS/IS INVOLVED IN THESE ACTIVITIES. OK TO ACCEPT FAMILY MEMBER IF THEY CAN ANSWER ALL SCREENER QUESTIONS.**

6) Just to confirm you are HCTC enrolled, are you age of 55 or older?

- Yes (continue)
- No (thank & terminate)

7) Do you choose to receive your Health Coverage Tax Credit on a Monthly basis, where you only pay a percentage of the health premium each month and HCTC pays the remainder? Or do you choose to take the Health Coverage Tax Credit at the end of the year?

- Monthly (accept up to 10 – skip to question #10 below)
- End of Year (accept 2 – go to questions #8 & #9 below)

8) (Only ask if answered “End-of-Year” in question #7) Please tell me if you can answer yes to any of the following:

Yes    No    Don't know

- Do not have ANY type of health insurance
- Are entitled to/enrolled in Medicare (don't know is acceptable)
- Do you have Medicaid
- Are you entitled to a military health insurance policy
- Do you have State or Federal Health Insurance such as FEHBP or SCHIP
- Do you have a policy through your current / former employer and that employer pays 50% or more of your pre-tax health plan premiums

**TERMINATE IF YES TO ANY OF THE ABOVE OR DON'T KNOW TO ALL.**

9) (Only ask if answered “End-of-Year” in question #7) Is your current health insurance situation described by one of the following scenarios:

- A policy through your spouse's employer
- COBRA
- A policy you bought on your own
- A state qualified health plan for the HCTC

**CONTINUE IF YES TO ANY OF THE ABOVE. MUST ANSWER YES TO ONE OF THE ABOVE.**

10) Are you or is any member of your household employed by or retired from any of the following types of companies?

Yes                      No

An advertising or public relations agency

A market research firm or marketing department within your own firm

An insurance company or agency

The State, Local or Federal Government (ask which capacity, put on hold list and review with moderator)

**TERMINATE IF YES TO ANY OF THE ABOVE.**

**INVITATION:**

OMB # 1545-1349

We would like to invite you to participate in a discussion about the HCTC program. The study is being held on **INSERT DATE**. The discussion will take place at our facility on **INSERT ADDRESS**. It will take approximately 2 hours.

At the conclusion of the group discussion, you will receive \$100 for your participation. Would you be willing to participate in the research study?

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1349. Also, if you have any comments regarding the time estimates associated with this study or suggestions on making this process simpler, please write to the, Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.