## **APPENDIX A1**

## SURVEYS

SURVEY FOR CONVERTERS

Form No. [survey id] Barcode

# Department of Veterans Affairs



## Veterans Group Life Insurance Survey

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number of this information collection is xxxx-xxxx. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your participation is voluntary. Your answers will be used only for the purpose of this study. This study is being conducted for the Department of Veterans Affairs to assess future program and benefit needs. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: VA Clearance Officer (005R1B), U.S. Department of Veterans Affairs, Washington DC 20420. If you have comments or concerns regarding the status of your individual submission of this form, write directly to (name) (Org) (Address).

Please take the time to complete this survey. Participating is easy and it only takes 10 minutes to complete. Your answers are very important to us. This brief survey asks for your input on Group Life Insurance offered through the Veterans Benefits Administration. Answer each question thinking about <u>yourself</u>.

<u>Please return your completed survey in the enclosed postage-paid envelope</u>.

- ♦ Answer all the questions by putting an X in the box corresponding to your answer, like this:
  - ¤ Yes
- Be sure to read <u>all</u> the answer choices given before marking your answer.
- You are sometimes told to skip questions depending on the answer you give. When this happens you will see an instruction that tells you what question to answer next, like this: [*Skip to Question 13*].

See the examples below:

### Example

| 11.      | Did you receive a telephone call about the VGLI program?                                    |
|----------|---|
| ?□<br>?¤ | Yes<br>No [ <b>Skip to Question 13</b> ]  |
| ?□       | Don't remember [ <b>Skip to Question 13</b> ]   |
| 12.      | Did the telephone call provide useful information about the value of the VGLI program?      |
| ?□       | Yes   |
| ?□<br>?□ | No<br>Don't remember  |
| 10       |   |
| 13.      | Did you visit the VA insurance website, www.insurance.va.gov, for more information on VGLI? |
| ?¤       | Yes   |
| ?□<br>?□ | No [ <b>Skip to Question 15</b> ]<br>Don't remember [ <b>Skip to Question 15</b> ]          |

Thank you for your assistance.

#### **Questions about your Military Service**

1. When you joined the military, you were automatically enrolled in term life insurance coverage through the Servicemembers' Group Life Insurance (SGLI) Program. Were you aware of the SGLI program?

∏□ Yes  $\square$  No  $\rightarrow$  [Skip to O3]

2. Thinking about your experiences with the SGLI program, including products, services, and personnel, how would you rate your overall satisfaction with the SGLI program?



3. While you were in the military, did you have any life insurance coverage other than your coverage through SGLI?

|           | Yes        |
|-----------|------------|
|           | No         |
| $\square$ | Don't know |

As you were preparing to separate from the 4. military, you may have participated in a separation briefing. How would you rate your overall satisfaction with the separation briefing?



| ш | Good |
|---|------|
|   |      |

- ∏□ Fair
- □□ Poor
- <sup>6</sup>  $\Box$  Did not attend a separation briefing  $\rightarrow$  [Skip to Q7]

5. During your separation briefing, do you recall being briefed about the Veterans' Group Life Insurance (VGLI)?

| Yes  |
|--|
| No $\rightarrow$ [Skip to Q7]                      |
| Don't remember $\rightarrow$ [ <i>Skip to Q7</i> ] |

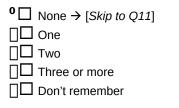
- How satisfied were you with the information you 6. received about the VGLI program at your separation briefing?
  - $\square$  Verv satisfied
  - □□ Somewhat satisfied
  - □□ Neither satisfied nor dissatisfied
  - □□ Somewhat dissatisfied
  - □□ Very dissatisfied

#### **Questions about the Veterans Group** Life Insurance (VGLI) program

7. Do you recall receiving information about the VGLI program through the mail?

| Yes            |
|----------------|
| No             |
| Don't remember |

8. You may have received more than one package of information about VGLI. How many VGLI information packages do you recall receiving?

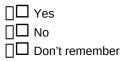


- How carefully did you read the information on the 9. VGLI program?
  - $\square$  Read information
  - □□ Skimmed information
  - $\square$  Did not read information  $\rightarrow$  [*Skip to Q11*]
  - $\square$  Never received VGLI information  $\rightarrow$  [Skip to Q11]

**10.** Please rate the VGLI information package on the following features. (*Please check one box in each row.*)

| 1011.)  |           |              |      |      |      |                   |
|---|-----------|--------------|------|------|------|-------------------|
|   | Excellent | Very<br>good | Good | Fair | Poor | Don't<br>remember |
| a. Information<br>was<br>organized in<br>a way that<br>made sense<br>to me      |           |              |      |      |      |                   |
| b. It was easy<br>to under-<br>stand the<br>features and<br>benefits            |           |              |      |      |      |                   |
| c. It showed<br>me how to<br>choose a<br>coverage<br>amount                     |           |              |      |      |      |                   |
| d. It provided<br>me with the<br>premium for<br>coverage                        |           |              |      |      |      |                   |
| e. It clearly<br>explained<br>the steps to<br>enroll                            |           |              |      |      |      |                   |
| f. It contained<br>information<br>for people<br>my age                          |           |              |      |      |      |                   |
| g. It contained<br>information<br>for people<br>whose<br>health is like<br>mine |           |              |      |      |      |                   |

- 11. Did you receive a telephone call about the VGLI program?
  - □ □ Yes□ □ No → [Skip to Q13]□ □ Don't remember → [Skip to Q13]
- 12. Did the telephone call provide useful information about the value of the VGLI program?



13. Did you visit the VA insurance website, www.insurance.va.gov, for more information on VGLI?

| Yes  |
|--|
| No $\rightarrow$ [Skip to Q15]             |
| Don't remember $\rightarrow$ [Skip to Q15] |

- 14. How satisfied were you with the VGLI information from the VA insurance website?
  - Very satisfied
     Somewhat satisfied
     Neither satisfied nor dissatisfied
     Somewhat dissatisfied
     Very dissatisfied
     Don't remember
- **15.** Were you aware of the following features and benefits of VGLI? (*Please check yes, no or don't know for each item.*)

|   | Yes | No | Don'<br>knov |
|---|-----|----|--------------|
| a. If you submit your<br>application within 120 days<br>of separation, you do not<br>need evidence of good<br>health to get VGLI<br>coverage  |     |    |              |
| b. You can apply for VGLI<br>coverage up to 1 year and<br>120 days after separation   |     |    |              |
| c. You can renew VGLI<br>coverage regardless of<br>your health  |     |    |              |
| d. You can keep VGLI<br>coverage for your entire<br>life  |     |    |              |
| e. VGLI offers an option for<br>the terminally ill to get 50%<br>of their coverage in a lump<br>sum before death to help<br>pay for medical and other<br>expenses during the last<br>months of life |     |    |              |
| f. VGLI provides free<br>financial counseling to<br>survivors   |     |    |              |

Questions about your decision to

#### convert to VGLI

| 16. | Our records indicate ye<br>SGLI to a VGLI policy.<br>reasons that may have<br>Please rate how import<br>you. (Please check one | Below<br>affecte<br>ant ead | is a list<br>ed your<br>ch reas | of pos<br>decisi      | sible<br>on.            |
|-----|--|-----------------------------|---------------------------------|-----------------------|-------------------------|
|     |  | Very<br>important           | Somewhat<br>important           | Not very<br>important | Not at all<br>important |
|     | a. Insurance plan<br>features (coverage<br>levels, accelerated<br>benefits option,<br>settlement options)                      |                             |                                 |                       |                         |
|     | b. Cost  |                             |                                 |                       |                         |
|     | c. Ability to purchase regardless of health  |                             |                                 |                       |                         |
|     | d. Sponsorship by the VA   |                             |                                 |                       |                         |
|     | e. It was easy to enroll   |                             |                                 |                       |                         |
|     | f. Didn't want to lose the benefit   |                             |                                 |                       |                         |

- 17. Other than VGLI, how easy do you think it would be for someone your age to get life insurance coverage?
  - Very easy
  - Somewhat easy
  - Neither easy nor difficult
  - Somewhat difficult
  - Very difficult
- 18. Other than VGLI, how easy do you think it would be for someone in your health to get life insurance coverage?

| ] 🛛 Very easy |
|---------------|
|---------------|

- Somewhat easy
- □□ Neither easy nor difficult
- □□ Somewhat difficult
- Very difficult

**19.** Please indicate if you have life insurance coverage through any of the following sources (other than VGLI)? (Please check yes or no for each item.)

|  | Yes | No |
|--|-----|----|
| a. An employer?  |     |    |
| b. A spouse's employer?  |     |    |
| c. A life insurance plan that you<br>purchased on your own?          |     |    |
| d. A military benefits association (e.g.,<br>Navy Mutual Aid, etc.)? |     |    |
| e. Some other source of life insurance<br>(please specify)           |     |    |

20. What is the total coverage amount of all of your non-VGLI life insurance coverage?

| ] $\Box$ No additional life insurance coverage |
|--|
| ] Up to \$24,999                               |
| ] 🗖 \$25,000 to \$99,999                       |
| ] 🗖 \$100,000 to \$199,999                     |
| ] 🗖 \$200,000 to \$499,999                     |
| <sup>5</sup> □ \$500,000 to \$999,999          |
| ] 🗖 \$1,000,000 or more                        |

21. Which of the following reasons prompted you to select the life insurance company you chose to purchase coverage from? (Please check yes or no for each item.)

|  | Yes | No |
|--|-----|----|
| a. The coverage is provided through my employer  |     |    |
| <ul> <li>b. The premiums for the coverage I<br/>obtained were less than I would<br/>have paid for VGLI</li> </ul>                        |     |    |
| c. Needed more coverage than VGLI offered  |     |    |
| d. Needed different coverage than<br>VGLI offered (e.g., I wanted whole<br>life or permanent life insurance, not<br>term life insurance) |     |    |
| e. Insurance company's reputation  |     |    |
| f. Other (please specify)  |     |    |
|  |     |    |

22. How important do you feel it is for you personally to have life insurance coverage at this time?

|     | Very important     |
|-----|--------------------|
| ][] | Somewhat important |
| םך  | Not very important |

- $\square$  Not at all important  $\rightarrow$  [*Skip to Q24*]
- 23. When thinking about life insurance coverage, how important are each of the following factors to you at this time? (*Please check one box in each row.*)

|             |  | Very<br>important | Somewhat<br>important | Not very<br>important | Not at all<br>important | N/A at this<br>time |
|-------------|--|-------------------|-----------------------|-----------------------|-------------------------|---------------------|
| c<br>p<br>c | Insurance<br>coverage to<br>provide for<br>dependent<br>children     |                   |                       |                       |                         |                     |
| b.          | Insurance<br>coverage to<br>provide for<br>a spouse                  |                   |                       |                       |                         |                     |
| C.          | Insurance<br>coverage to<br>provide for<br>burial costs.             |                   |                       |                       |                         |                     |
| d.          | Insurance<br>coverage to<br>provide for<br>final<br>medical<br>costs |                   |                       |                       |                         |                     |

#### Background questions about you

24. At the time of separation, were you a Reserve Component or National Guard member?



25. At the time of separation, what was your rank?

| O4 or above |
|-------------|
| 01 - 03     |
| WO1 - CW4   |

□□ E8 - E9 □□ E5 - E7 •□ E1 - E4

#### 26. Are you male or female?

| Male   |
|--------|
| Female |

27. What is your age?

| Under 25         |
|------------------|
| □□ 25-29         |
| □□ 30-34         |
| □□ 35-44         |
| □□ 45-54         |
| <b>6</b> 🗌 55-64 |
| 05 or over       |

#### 28. What is your marital status

| Married       |
|---------------|
| Widowed       |
| Divorced      |
| Separated     |
| Never married |

- 29. What is the highest grade or degree you have completed in school?
  - High school diploma/grade 12/GED/equavalent
  - □□ Vocational/technical/trade school
  - Associate degree
  - □ Bachelor's degree
  - Master's or doctoral degree
- **30. Which of the following were you doing last week?** (*Please check all that apply.*)

#### U Working

Temporarily absent from a job or business

Looking for work

- Going to school/student full-time
- Caring for children/keeping house
- <sup>6</sup> Retired
- □□ On disability
- 95 Other (please specify) \_\_\_\_\_

**31.** Please indicate if you have any of the following dependents of any age. (*Please check yes or no for each item.*)

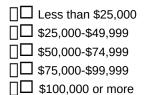
|                                    | Yes | Νο |
|------------------------------------|-----|----|
| a. Dependent children (of any age) |     |    |
| b. Other dependents                |     |    |

- 32. Do you have a service-connected disability rating?
  - $\begin{array}{|c|c|} \hline & Yes \\ \hline & \Box & No \rightarrow [Skip \ to \ Q34] \end{array}$
- 33. What is the percent rating of your serviceconnected disability rating?
- 34. Which of the following categories best describes your total <u>individual</u> income for 2007 before taxes? This should include wages and salaries, net income from business or farm, pensions, dividends, interest, rent, disability payments, and any other money you receive.

| Less than \$25,000   |  |
|----------------------|--|
| □□ \$25,000-\$49,999 |  |
| □□ \$50,000-\$74,999 |  |
| □□ \$75,000-\$99,999 |  |

**100,000** or more

35. Which of the following categories best describes your total <u>household</u> income for 2007 before taxes? This should include wages and salaries, net income from business or farm, pensions, dividends, interest, rent, disability payments, and any other money income received by all members of the household.



36. Including yourself, how many people does this income support?

[number of people]

Thank you for completing this important survey. Please return your completed survey in the self-addressed, postage-paid envelope included in your survey packet.

## SURVEY FOR NON-CONVERTERS

Form No. [survey id] Barcode

# Department of Veterans Affairs



## Veterans Group Life Insurance Survey

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number of this information collection is xxxx-xxxx. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your participation is voluntary. Your answers will be used only for the purpose of this study. This study is being conducted for the Department of Veterans Affairs to assess future program and benefit needs. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: VA Clearance Officer (005R1B), U.S. Department of Veterans Affairs, Washington DC 20420. If you have comments or concerns regarding the status of your individual submission of this form, write directly to (name) (Org) (Address).

Please take the time to complete this survey. Participating is easy and it only takes 10 minutes to complete. Your answers are very important to us. This brief survey asks for your input on Group Life Insurance offered through the Veterans Benefits Administration. Answer each question thinking about <u>yourself</u>.

<u>Please return your completed survey in the enclosed postage-paid envelope</u>.

◆ Answer all the questions by putting an X in the box corresponding to your answer, like this:

¤ Yes

Be sure to read <u>all</u> the answer choices given before marking your answer.

You are sometimes told to skip questions depending on the answer you give. When this happens you will see an instruction that tells you what question to answer next, like this: [*Skip to Question 13*].

See the examples below:

#### Example

| 11. | Did you receive a telephone call about the VGLI program?                                    |
|-----|---|
| ?□  | Yes   |
| ?¤  | No [ <i>Skip to Question 13</i> ]   |
| ?□  | Don't remember [ <i>Skip to Question 13</i> ]   |
| 12. | Did the telephone call provide useful information about the value of the VGLI program?      |
| ?□  | Yes   |
| ?□  | No  |
| ?□  | Don't remember  |
| 13. | Did you visit the VA insurance website, www.insurance.va.gov, for more information on VGLI? |
| ?¤  | Yes   |
| ?□  | No [ <b>Skip to Question 15</b> ]   |
| ?□  | Don't remember [ <b>Skip to Question 15</b> ]   |

Thank you for your assistance.

#### **Questions about your Military Service**

1. When you joined the military, you were automatically enrolled in term life insurance coverage through the Servicemembers' Group Life Insurance (SGLI) Program. Were you aware of the SGLI program?

∏□ Yes  $\square$  No  $\rightarrow$  [Skip to O3]

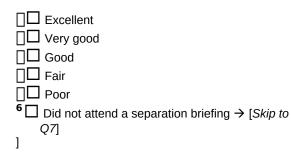
2. Thinking about your experiences with the SGLI program, including products, services, and personnel, how would you rate your overall satisfaction with the SGLI program?

|   | Excellent  |
|---|------------|
|   | Very good  |
|   | Good       |
|   | Fair       |
|   | Poor       |
| 6 | Don't know |

3. While you were in the military, did you have any life insurance coverage other than your coverage through SGLI?

|        | Yes        |
|--------|------------|
|        | No         |
| $\Box$ | Don't know |

4. As you were preparing to separate from the military, you may have participated in a separation briefing. How would you rate your overall satisfaction with the separation briefing?



5. During your separation briefing, do you recall being briefed about the Veterans' Group Life Insurance (VGLI)?

| Yes  |
|--|
| No $\rightarrow$ [Skip to Q7]                      |
| Don't remember $\rightarrow$ [ <i>Skip to Q7</i> ] |

- 6. How satisfied were you with the information you received about the VGLI program at your separation briefing?
  - □□ Very satisfied
  - Somewhat satisfied
  - □□ Neither satisfied nor dissatisfied
  - ☐☐ Somewhat dissatisfied
  - □□ Very dissatisfied

#### Questions about the Veterans Group Life Insurance (VGLI) program

7. Do you recall receiving information about the VGLI program through the mail?

| Yes            |
|----------------|
| No             |
| Don't remember |

8. You may have received more than one package of information about VGLI. How many VGLI information packages do you recall receiving?

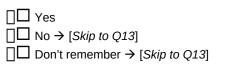
| ⁰□ | None $\rightarrow$ [Skip to Q11] |
|----|----------------------------------|
|    | One                              |
|    | Two                              |
|    | Three or more                    |
|    |                                  |

- Don't remember
- 9. How carefully did you read the information on the VGLI program?
  - **Read** information
  - Skimmed information
  - $\Box$  Did not read information  $\rightarrow$  [*Skip to Q11*]
  - $\square \text{ Never received VGLI information } \Rightarrow [Skip to Q11]$

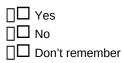
**10.** Please rate the VGLI information package on the following features. (*Please check one box in each row.*)

| i emij   |           |              |      |      |      |                   |
|--|-----------|--------------|------|------|------|-------------------|
|  | Excellent | Very<br>good | Good | Fair | Poor | Don't<br>remember |
| a. Information<br>was<br>organized in<br>a way that<br>made sense<br>to me   |           |              |      |      |      |                   |
| b. It was easy<br>to under-<br>stand the<br>features and<br>benefits         |           |              |      |      |      |                   |
| c. It showed<br>me how to<br>choose a<br>coverage<br>amount                  |           |              |      |      |      |                   |
| d. It provided<br>me with the<br>premium for<br>coverage                     |           |              |      |      |      |                   |
| e. It clearly<br>explained<br>the steps to<br>enroll                         |           |              |      |      |      |                   |
| f. It contained<br>information<br>for people<br>my age                       |           |              |      |      |      |                   |
| g. It contained<br>information for<br>people whose<br>health is like<br>mine |           |              |      |      |      |                   |

11. Did you receive a telephone call about the VGLI program?



12. Did the telephone call provide useful information about the value of the VGLI program?



13. Did you visit the VA insurance website, www.insurance.va.gov, for more information on VGLI?

| Yes  |
|--|
| No $\rightarrow$ [Skip to Q15]             |
| Don't remember $\rightarrow$ [Skip to Q15] |

- 14. How satisfied were you with the VGLI information from the VA insurance website?
  - Very satisfied
     Somewhat satisfied
     Neither satisfied nor dissatisfied
     Somewhat dissatisfied
     Very dissatisfied
     Don't remember
- **15. Were you aware of the following features and benefits of VGLI?** (*Please check yes, no or don't know for each item.*)

|  | Yes | Ŋ | Don'<br>knov |
|--|-----|---|--------------|
| a. If you submit your application<br>within 120 days of separation,<br>you do not need evidence of<br>good health to get VGLI<br>coverage  |     |   |              |
| b. You can apply for VGLI<br>coverage up to 1 year and 120<br>days after separation  |     |   |              |
| c. You can renew VGLI coverage<br>regardless of your health  |     |   |              |
| d. You can keep VGLI coverage<br>for your entire life  |     |   |              |
| e. VGLI offers an option for the<br>terminally ill to get 50% of their<br>coverage in a lump sum before<br>death to help pay for medical<br>and other expenses during the<br>last months of life |     |   |              |
| f. VGLI provides free financial  |     |   |              |

#### Questions about your decision not to convert to VGLI

16. Our records indicate you chose not to convert your SGLI to a VGLI policy. Below is a list of possible reasons that may have affected your decision. Please indicate which of the following best describes your reason for not enrolling in VGLI. (*Please check yes or no for each item.*)

s

|  | Ye | S |
|--|----|---|
| a. I am unfamiliar with VGLI   |    |   |
| b. I did not know I was eligible for<br>VGLI                         |    |   |
| c. I did not understand the features and benefits                    |    |   |
| d. It was too difficult/I did not know<br>how to enroll for coverage |    |   |
| e. Life Insurance coverage is too<br>expensive for me right now      |    |   |
| f. I have life insurance through another company                     |    |   |
| g. I do not need life insurance right now                            |    |   |
| h. Other (please specify)  |    |   |
|  |    |   |

17. Other than VGLI, how easy do you think it would be for someone your age to get life insurance coverage?

| Very easy                  |
|----------------------------|
| Somewhat easy              |
| Neither easy nor difficult |
| Somewhat difficult         |
| Very difficult             |

18. Other than VGLI, how easy do you think it would be for someone in your health to get life insurance coverage?

| Very easy                  |
|----------------------------|
| Somewhat easy              |
| Neither easy nor difficult |
| Somewhat difficult         |
| Very difficult             |

**19.** Please indicate if you have life insurance coverage through any of the following sources (other than VGLI)? (*Please check yes or no for each item.*)

|  | Yes | No |
|--|-----|----|
| a. An employer?  |     |    |
| b. A spouse's employer?  |     |    |
| c. A life insurance plan that you<br>purchased on your own?          |     |    |
| d. A military benefits association (e.g.,<br>Navy Mutual Aid, etc.)? |     |    |
| e. Some other source of life insurance (please specify)              |     |    |

20. What is the total coverage amount of all of your non-VGLI life insurance coverage?

 □
 No additional life insurance coverage

 □
 Up to \$24,999

 □
 \$25,000 to \$99,999

 □
 \$100,000 to \$199,999

 □
 \$200,000 to \$499,999

 **6** \$500,000 to \$999,999

 □
 \$1,000,000 or more

21. Which of the following reasons prompted you to select the life insurance company you chose to purchase coverage from? (Please check yes or no for each item.)

|  | Ye | No |
|--|----|----|
| a. The coverage is provided through my employer  |    |    |
| b. The premiums for the coverage I<br>obtained were less than I would have<br>paid for VGLI  |    |    |
| c. Needed more coverage than VGLI offered  |    |    |
| d. Needed different coverage than VGLI<br>offered (e.g., I wanted whole life or<br>permanent life insurance, not term<br>life insurance) |    |    |
| e. Insurance company's reputation  |    |    |
| f. Other (please specify)  |    |    |

|     |   |                   |                       |                       |                         |                     | 26. Are you male or female?   |  |
|-----|---|-------------------|-----------------------|-----------------------|-------------------------|---------------------|---|--|
| 22. | How important do you feel it is for you personally to have life insurance coverage at this time?  |                   |                       |                       |                         |                     | □□ Male<br>□□ Female  |  |
| 23. | <ul> <li>□ Very important</li> <li>□ Somewhat important</li> <li>□ Not very important</li> <li>□ Not at all important → [<i>Skip to Q24</i>]</li> <li>When thinking about life insurance coverage, how important are each of the following factors to you at this time? (<i>Please check one box in each row.</i>)</li> </ul> |                   |                       |                       |                         |                     | <ul> <li>27. What is your age?</li> <li>□□ Under 25</li> <li>□□ 25-29</li> <li>□□ 30-34</li> <li>□□ 35-44</li> <li>□□ 45-54</li> </ul>          |  |
|     |   | Very<br>important | Somewhat<br>important | Not very<br>important | Not at all<br>important | N/A at this<br>time | $ \begin{array}{c} 6 \square  55-64 \\ \square \square  65 \text{ or over} \end{array} $  |  |
|     | a. Insurance<br>coverage to<br>provide for<br>dependent<br>children   |                   |                       |                       |                         |                     | <ul> <li>28. What is your marital status</li> <li>Arried</li> <li>Widowed</li> <li>Divorced</li> </ul>  |  |
|     | <ul> <li>b. Insurance<br/>coverage to<br/>provide for a<br/>spouse</li> </ul>   |                   |                       |                       |                         |                     | Separated  Never married  |  |
|     | <ul> <li>c. Insurance<br/>coverage to<br/>provide for<br/>burial costs.</li> </ul>  |                   |                       |                       |                         |                     | <ul><li>29. What is the highest grade or degree you have completed in school?</li><li>High school diploma/grade 12/GED/equavalent</li></ul>     |  |
|     | d. Insurance<br>coverage to<br>provide for final<br>medical costs   |                   |                       |                       |                         |                     | <ul> <li>Vocational/technical/trade school</li> <li>Associate degree</li> <li>Bachelor's degree</li> <li>Master's or doctoral degree</li> </ul> |  |
|     | Background que  | estio             | ns ab                 | out v                 | ou                      |                     |   |  |
|     |   |                   |                       |                       |                         |                     | <ul> <li>Which of the following were you doing last week? (Please check all that apply.)</li> <li>Working</li> </ul>                            |  |
|     | □□ Yes<br>□□ No   |                   |                       |                       |                         |                     | <ul> <li>Temporarily absent from a job or business</li> <li>Looking for work</li> <li>Going to school/student full-time</li> </ul>              |  |
| 25. | At the time of separation, what was your rank?  |                   |                       |                       |                         |                     | Caring for children/keeping house<br>Caring for children/keeping house<br>Retired<br>On disability<br><sup>95</sup> Other (please specify)      |  |

**31.** Please indicate if you have any of the following dependents of any age. (*Please check yes or no for each item.*)

|                                    | Yes | No |
|------------------------------------|-----|----|
| a. Dependent children (of any age) |     |    |
| b. Other dependents                |     |    |

- 32. Do you have a service-connected disability rating?
  - □□ Yes □□ No -

 $\square \square \text{ No} \rightarrow [Skip \text{ to } Q34]$ 

- 33. What is the percent rating of your serviceconnected disability rating?
- 34. Which of the following categories best describes your total <u>individual</u> income for 2007 before taxes? This should include wages and salaries, net income from business or farm, pensions, dividends, interest, rent, disability payments, and any other money you receive.
  - □□ Less than \$25,000 □□ \$25,000-\$49,999 □□ \$50,000-\$74,999 □□ \$75,000-\$99,999 □□ \$100,000 or more

35. Which of the following categories best describes your total <u>household</u> income for 2007 before taxes? This should include wages and salaries, net income from business or farm, pensions, dividends, interest, rent, disability payments, and any other money income received by all members of the household.

| Less than \$25,000   |
|----------------------|
| □□ \$25,000-\$49,999 |
| □□ \$50,000-\$74,999 |
| □□ \$75,000-\$99,999 |
| □□ \$100,000 or more |

36. Including yourself, how many people does this income support?

\_\_\_\_\_ [number of people]

Thank you for completing this important survey. Please return your completed survey in the self-addressed, postage-paid envelope included in your survey packet.