

## **APPENDIX A1**

### **SURVEYS**

## **SURVEY FOR CONVERTERS**

# 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 yourself.

Please return your completed survey in the enclosed postage-paid envelope.

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

Yes

- ◆ Be sure to read all 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 **[Skip to Question 13]**  
 Don't remember **[Skip to Question 13]**

**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](http://www.insurance.va.gov), for more information on VGLI?**

Yes  
 No **[Skip to Question 15]**  
 Don't remember **[Skip to Question 15]**

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  
 No → [Skip to Q3]

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  
<sup>6</sup> 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  
 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?

Excellent  
 Very good  
 Good  
 Fair  
 Poor  
<sup>6</sup> Did not attend a separation briefing → [Skip to Q7]

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

Yes  
 No → [Skip to Q7]  
 Don't remember → [Skip to Q7]

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?

<sup>0</sup> None → [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  
 Did not read information → [Skip to Q11]  
 Never received VGLI information → [Skip to Q11]

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

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

**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?**

Yes  
 No  
 Don't remember

**13. Did you visit the VA insurance website, [www.insurance.va.gov](http://www.insurance.va.gov), for more information on VGLI?**

Yes  
 No → [Skip to Q15]  
 Don't remember → [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.)**

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

**Questions about your decision to**

## convert to VGLI

**16. Our records indicate you chose to convert your SGLI to a VGLI policy. Below is a list of possible reasons that may have affected your decision. Please rate how important each reason was to you. (Please check one box in each row.)**

	<i>Very important</i>	<i>Somewhat important</i>	<i>Not very important</i>	<i>Not at all important</i>
a. Insurance plan features (coverage levels, accelerated benefits option, settlement options)....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cost.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ability to purchase regardless of health...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sponsorship by the VA.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. It was easy to enroll...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Didn't want to lose the benefit.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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.)**

	<i>Yes</i>	<i>No</i>
a. An employer?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. A spouse's employer?.....	<input type="checkbox"/>	<input type="checkbox"/>
c. A life insurance plan that you purchased on your own?.....	<input type="checkbox"/>	<input type="checkbox"/>
d. A military benefits association (e.g., Navy Mutual Aid, etc.)?.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Some other source of life insurance (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

**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  
<sup>6</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.)**

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

\_\_\_\_\_

E8 - E9  
 E5 - E7  
<sup>6</sup>  E1 - E4

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

Very important  
 Somewhat important  
 Not very important  
 Not at all important → [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 important	Somewhat important	Not very important	Not at all important	N/A at this time
a. Insurance coverage to provide for dependent children.....	<input type="checkbox"/>				
b. Insurance coverage to provide for a spouse.....	<input type="checkbox"/>				
c. Insurance coverage to provide for burial costs.	<input type="checkbox"/>				
d. Insurance coverage to provide for final medical costs.....	<input type="checkbox"/>				

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

Male  
 Female

**27. What is your age?**

Under 25  
 25-29  
 30-34  
 35-44  
 45-54  
<sup>6</sup>  55-64  
 65 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/equivalent  
 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.)**

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  
<sup>95</sup>  Other (please specify) \_\_\_\_\_

**Background questions about you**

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

Yes  
 No

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

O4 or above  
 O1 - O3  
 WO1 - CW4

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)	<input type="checkbox"/>	<input type="checkbox"/>
b. Other dependents.....	<input type="checkbox"/>	<input type="checkbox"/>

32. Do you have a service-connected disability rating?

Yes  
 No → [Skip to Q34]

33. What is the percent rating of your service-connected disability rating?

\_\_\_\_\_

34. Which of the following categories best describes your total individual 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 household 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.*



**SURVEY FOR  
NON-CONVERTERS**

# 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 yourself.

Please return your completed survey in the enclosed postage-paid envelope.

- ◆ Answer all the questions by putting an **X** in the box corresponding to your answer, like this:  
 Yes
- ◆ Be sure to read all 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

<b>11. Did you receive a telephone call about the VGLI program?</b>
<input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No [ <b>Skip to Question 13</b> ]
<input type="checkbox"/> Don't remember [ <b>Skip to Question 13</b> ]
<b>12. Did the telephone call provide useful information about the value of the VGLI program?</b>
<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Don't remember
<b>13. Did you visit the VA insurance website, <a href="http://www.insurance.va.gov">www.insurance.va.gov</a>, for more information on VGLI?</b>
<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No [ <b>Skip to Question 15</b> ]
<input type="checkbox"/> 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  
 No → [Skip to Q3]

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  
<sup>6</sup> 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  
 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?

Excellent  
 Very good  
 Good  
 Fair  
 Poor  
<sup>6</sup> Did not attend a separation briefing → [Skip to Q7]

]

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

Yes  
 No → [Skip to Q7]  
 Don't remember → [Skip to Q7]

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?

<sup>0</sup> None → [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  
 Did not read information → [Skip to Q11]  
 Never received VGLI information → [Skip to Q11]

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

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

**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?**

Yes  
 No  
 Don't remember

**13. Did you visit the VA insurance website, [www.insurance.va.gov](http://www.insurance.va.gov), for more information on VGLI?**

Yes  
 No → [Skip to Q15]  
 Don't remember → [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.)**

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

**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.)

	Yes	No
a. I am unfamiliar with VGLI	<input type="checkbox"/>	<input type="checkbox"/>
b. I did not know I was eligible for VGLI.....	<input type="checkbox"/>	<input type="checkbox"/>
c. I did not understand the features and benefits.....	<input type="checkbox"/>	<input type="checkbox"/>
d. It was too difficult/I did not know how to enroll for coverage.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Life Insurance coverage is too expensive for me right now.....	<input type="checkbox"/>	<input type="checkbox"/>
f. I have life insurance through another company.....	<input type="checkbox"/>	<input type="checkbox"/>
g. I do not need life insurance right now.....	<input type="checkbox"/>	<input type="checkbox"/>
h. Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

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?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. A spouse's employer?.....	<input type="checkbox"/>	<input type="checkbox"/>
c. A life insurance plan that you purchased on your own?.....	<input type="checkbox"/>	<input type="checkbox"/>
d. A military benefits association (e.g., Navy Mutual Aid, etc.)?.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Some other source of life insurance (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

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  
 <sup>6</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.....	<input type="checkbox"/>	<input type="checkbox"/>
b. The premiums for the coverage I obtained were less than I would have paid for VGLI.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Needed more coverage than VGLI offered.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Needed different coverage than VGLI offered (e.g., I wanted whole life or permanent life insurance, not term life insurance).....	<input type="checkbox"/>	<input type="checkbox"/>
e. Insurance company's reputation.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

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

Male  
 Female

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

Very important  
 Somewhat important  
 Not very important  
 Not at all important → [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.)**

	<b>Very important</b>	<b>Somewhat important</b>	<b>Not very important</b>	<b>Not at all important</b>	<b>N/A at this time</b>
a. Insurance coverage to provide for dependent children.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Insurance coverage to provide for a spouse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Insurance coverage to provide for burial costs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Insurance coverage to provide for final medical costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Yes  
 No

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

O4 or above  
 O1 - O3  
 WO1 - CW4  
 E8 - E9  
 E5 - E7  
<sup>6</sup> E1 - E4

**27. What is your age?**

Under 25  
 25-29  
 30-34  
 35-44  
 45-54  
<sup>6</sup> 55-64  
 65 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/equivalent  
 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.)**

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  
<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)	<input type="checkbox"/>	<input type="checkbox"/>
b. Other dependents.....	<input type="checkbox"/>	<input type="checkbox"/>

32. Do you have a service-connected disability rating?

Yes  
 No → [Skip to Q34]

33. What is the percent rating of your service-connected disability rating?

35. Which of the following categories best describes your total household 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]

34. Which of the following categories best describes your total individual 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

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