Deliverable 2
VGLI Survey
Survey Questions for Review and Comment
Non-Converter version
VBA Contract -- VA244-P-0432

Associated Veterans, LLC

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
   ☐[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
   ☐ 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
   ☐[6] 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

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 [*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.)*

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

☐ Yes
☐ No
☐ Don't remember

13. Did you visit the VA insurance website, 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.)

	Yes	No	Don't know
a. If you submit your application within 120 days of separation, you do not need evidence of good health to get VGLI coverage............................	☐	☐	☐
b. You can apply for VGLI coverage up to 1 year and 120 days after separation. .	☐	☐	☐
c. You can renew VGLI coverage regardless of your health........................	☐	☐	☐
d. You can keep VGLI coverage for your entire life......................................	☐	☐	☐
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....................	☐	☐	☐
f. VGLI provides free financial counseling to survivors...........................	☐	☐	☐

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	☐	☐
b. I did not know I was eligible for VGLI	☐	☐
c. I did not understand the features and benefits	☐	☐
d. It was too difficult/I did not know how to enroll for coverage	☐	☐
e. Life Insurance coverage is too 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 purchased on your own?	☐	☐
d. A military benefits association (e.g., 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.)*

	Yes	No
a. The coverage is provided through my employer	☐	☐
b. The premiums for the coverage I obtained were less than I would have paid for VGLI	☐	☐
c. Needed more coverage than VGLI offered	☐	☐
d. Needed different coverage than VGLI offered (e.g., I wanted whole life or permanent life insurance, not 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
☐ 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.......	☐	☐	☐	☐	☐
b. Insurance coverage to provide for a spouse.....	☐	☐	☐	☐	☐
c. Insurance coverage to provide for burial costs.	☐	☐	☐	☐	☐
d. Insurance coverage to provide for final medical costs...........	☐	☐	☐	☐	☐

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

☐ 04 or above
☐ 01 - 03
☐ W01 - CW4
☐ E8 - E9
☐ E5 - E7
☐[6] E1 - E4

25. What is your marital status

☐ Married
☐ Widowed
☐ Divorced
☐ Separated
☐ Never married

26. 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

27. 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
☐[6] Retired
☐ On disability
☐[95] Other (please specify) _____

28. 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.....................	☐	☐

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

☐ Yes
☐ No [*Skip to Q31*]

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

_____

31. 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

32. 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

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

_____ [number of people]