



**HEALTH ELIGIBILITY CENTER (HEC)
NEW ENROLLEE SURVEY**

This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor, and you are not required to respond to a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this survey will average 5.7 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. Customer satisfaction surveys are used to gauge customer perceptions of VA services as well as customer expectations and desires. The results of this survey will lead to improvement in the quality of service delivery by helping to shape the direction and focus of specific programs and services. Disclosure of information involves release of statistical data and other non-identifying data for the improvement of services within the VA healthcare system and associated administrative purposes. Submission of this form is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

1) How did you apply for VA Health Care Benefits?

- | | |
|--|--|
| <input type="checkbox"/> a. Internet | <input type="checkbox"/> d. Over the telephone |
| <input type="checkbox"/> b. In person at VA medical facility | <input type="checkbox"/> e. Other |
| <input type="checkbox"/> c. By mail | |

**2) How easy was it to fill out the Application for Health Benefits?
(VA form 1010EZ or 1010EZR)**

- | | |
|---|--|
| <input type="checkbox"/> a. Very Easy | <input type="checkbox"/> d. Somewhat difficult |
| <input type="checkbox"/> b. Easy | <input type="checkbox"/> e. Difficult |
| <input type="checkbox"/> c. Neither easy or difficult | |

3) How long did it take to fill out the application form?

- | | |
|--|--|
| <input type="checkbox"/> a. Less than 15 minutes | <input type="checkbox"/> c. Less than 45 minutes |
| <input type="checkbox"/> b. Less than 30 minutes | <input type="checkbox"/> d. One hour or more |

4) How long did it take to get your Enrollment Decision Letter?

- | | |
|---|--|
| <input type="checkbox"/> a. 2 weeks or less | <input type="checkbox"/> d. 6 weeks or more |
| <input type="checkbox"/> b. 3 weeks | <input type="checkbox"/> e. Have not received my
Enrollment Decision Letter |
| <input type="checkbox"/> c. 4 weeks | |

**5) How would you describe your overall experience with the VA Healthcare
Enrollment Process?**

- a. Highly Satisfied
 b. Satisfied
 c. Not Satisfied

**6) If you enrolled under the Expanded Enrollment for Priority Group 8 Veterans,
how did you hear about the expanded benefits? (Check all that apply)**

- | | |
|---|--|
| <input type="checkbox"/> a. Doctor or HealthCare Professional | <input type="checkbox"/> f. Veteran Service Organization |
| <input type="checkbox"/> b. Another Veteran | <input type="checkbox"/> g. VA Internet |
| <input type="checkbox"/> c. Friend or Family member | <input type="checkbox"/> h. Letter from the VA |
| <input type="checkbox"/> d. VA Staff member | <input type="checkbox"/> i. Do not recall |
| <input type="checkbox"/> e. Flyer, brochure or newsletter | <input type="checkbox"/> j. Other |