



DEPARTMENT OF VETERANS AFFAIRS
Regional Office and Insurance Center
Wissahickon Avenue and Manheim Street
P. O. Box 7208
Philadelphia PA 19101

XXXXXXXXXX
XXXXXXXXXX
XXXXXXXXXX

In Reply Refer To
310/295-S
CXXXXXXXXXX

Dear XXXXXXXXXX :

We recently processed an application for Service-Disabled Veterans Insurance.

Now we would like to know if we did the best possible job. You can help us by doing the following:

1. Fill out the enclosed survey.
2. Send it to us in the enclosed envelope. (We've paid for the postage.)

Completing the survey is voluntary, and it will help us improve our service.

If you have any questions and would like us to call you, fill in the box at the bottom of the survey.

Thank you for taking your time to help us. Please return your survey as soon as possible to make sure we can include your responses in the results.

This survey is anonymous. Names and personal identifiers will be used to locate survey participants when appropriate and/or necessary and will thereafter be stripped from any files as well as reports.

Sincerely yours,

JOE TOMASELLI
Chief, Insurance Claims Division

Enclosures
Survey
Postage Paid Envelope

VA GOVERNMENT LIFE INSURANCE
APPLICATION SURVEY

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>No Other Insurance</i>
1. It was easy to obtain the application form.	[]	[]	[]	[]	[]	
2. The application was easy to complete.	[]	[]	[]	[]	[]	
3. Our communications were understandable.	[]	[]	[]	[]	[]	
4. Our communications were courteous.	[]	[]	[]	[]	[]	
5. Your application was approved in a timely manner.	[]	[]	[]	[]	[]	
6. Overall quality of service was good.	[]	[]	[]	[]	[]	
7. Our service was good when compared with other life insurance companies.	[]	[]	[]	[]	[]	[]
8. How can we improve our service?	<hr/> <hr/>					



Complete This Section ONLY If You Would Like Someone To Call You About This Insurance



Yes, I would like an Insurance Representative to call me about my recent request.

Name: _____ Daytime Phone Number: _____

Insurance File Number: _____ Best time to call during the day: _____

MMMMYYYY (survey #)

Privacy Act Information: The information you supply will be confidential and protected by the Privacy Act of 1974 (5 U.S.C. 522a) and the VA's confidentiality statute (38 U.S.C. 5701) as implemented by 38 CFR 1.526(a) and 38 CFR 1.576(b). Disclosure of information involves releases of statistical data and other non-identifying data for the improvement of services within the VA benefits processing system and associated administrative purposes. If you have comments regarding this burden estimate or any aspects of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

Public Reporting Burden Statement: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 6 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000.