

**Request for Approval under the "DOL Departmental Generic Clearance for
the Collection of Routine Customer Feedback"
(OMB Control Number: 1225-0088)**

TITLE OF INFORMATION COLLECTION:

Health Benefits Education Campaign Compliance Assistance Survey

PURPOSE:

The survey collects customer satisfaction data from seminar participants so that the seminars can be evaluated for effectiveness and improvement.

DESCRIPTION OF RESPONDENTS:

Respondents are seminar participants which consist of Employers, Plan Sponsors, Human Resource Managers, In-House Benefits Managers, Services Providers and State or Federal Representatives.


TYPE OF COLLECTION: (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input type="checkbox"/> Other: _____ |

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name:  2/15/2013

To assist review, please provide answers to the following question:

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? Yes No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? Yes No
3. If Applicable, has a System or Records Notice been published? Yes No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? Yes No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Private Sector	125	2.5 minutes	5.20 hours
Totals	125	2.5 minutes	5.20 hours

FEDERAL COST: The estimated annual cost to the Federal government is **\$206.15** which includes in-house printing (\$18.75) and review time (\$10.70) per seminar. There are seven (7) seminars held annually. Completed surveys are provided directly to the Health Benefits Education Campaign Coordinator at the close of the seminar.

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?
 Yes No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

EBSA does not have a sampling plan; however, all of the seminar participants are provided a survey to fill out.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
 Web-based or other forms of Social Media
 Telephone
 In-person
 Mail
 Other, Explain
2. Will interviewers or facilitators be used? Yes No

Please make sure that all instruments, instructions, and scripts are submitted with the request.