7. What additional information would you want to receiv	7.	What additional	information	would you	want to receive	?
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COMMENTS

8. What ONE thing could the Department of Labor do to improve the seminar for someone like you?

PLEASE RETURN THE COMPLETED FORM TO THE SESSION ORGANIZERS.

Paperwork Reduction Act Notice

This survey has been approved under Office of Management and Budget (OMB) control number 1225-0088 (exp. 6/30/14). The Paperwork Reduction Act of 1995 provides that no person is required to respond to a Federal collection of information unless it displays a valid OMB control number. Your response is voluntary, and we will use this information to evaluate and improve the quality of our services. The Department estimates that it will take approximately 2.5 minutes (on average) for respondents to complete the survey. Please send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer. Attention: Information Management Program, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email dol_pra_ public@dol.gov and reference the OMB Control Number 1225-0088.



Health Benefits Education Campaign

Compliance Assistance Seminar Survey

Simple Instructions to Complete this Survey

Use a blue or black ink pen that will not soak through the paper.

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EXAMPLE

RIGHT WAY WRONG WAY

ΓŇ

Not at all

Helpful

Ϋ́

Don't

Know

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Π

Π

- Place a X inside the appropriate box next to each guestion.
- PLEASE COMPLETE AND RETURN THIS FORM TO THE SESSION ORGANIZERS.

WHAT IS YOUR ROLE?

- 1. Please indicate your role below:
- Employer/Plan Sponsor/Human Resources Manager/In House Benefits Manager
- Service Provider (Examples: Third Party Administrator, Insurance Broker, Agent)

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3 \[\]

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- State or Federal Representative
- □ Other (*please specify*)

PLEASE RATE THE SEMINAR OVERALL:

- Helpful 2. Please rate your overall satisfaction with the **5** ∑ seminar:
- 3. Please rate the overall usefulness of the information you received at the seminar:
- 4. Please rate the overall performance of the presenters:

5. Please rate how much you agree or disagree with the following statements as they pertain to the Health Benefits Education Campaign Compliance Assistance seminar. (*Mark ONE response for EACH statement*)

	Strongly Agree				Not at all Satisfied	Don't Know
a. The information I received was clear and easy to understand	5 ▽ □	4 □	3 ▽	2 ▽	1 \[\] \[]	
b. The information I received increased my understanding of the health benefits regulations and issues						
c. The presenters were well informed and knowledgeable						
d. The presenters gave the right level of detail						
e. The presentations answered all of my questions						

6. Please rate the helpfulness of each of the seminar sessions/discussions and whether you felt the session was too long, too short, or just long enough. You may wish to write comments or suggestions in the space provided.

Mark ONE response for each helpfulness and length of the session Mark "Does Not Apply" if you did not attend the session or the session was not offered.

a. Fiduciary Education for Health Plan Sponsors



Comments/Suggestions			

b. Federal COBRA and State Specific Continuation of Coverage

Very Helpful	Not at all Helpful	Don't	Too	Just Enough	Too Short	Don't Know	Does Not	
$ \begin{array}{c} 5 & 4 & 3 \\ \nabla & \nabla & \nabla \\ \Box & \Box & \Box \end{array} $	$\begin{array}{ccc} 2 & 1 \\ \nabla & \nabla \\ \Box & \Box \end{array}$	Know	Long				Apply	

Comments/Suggestions		

c. Family and Medical Leave Act

Very Helpful	Not at all Helpful	Don't	Тоо	Just	Too		Does Not
543	2 1	Know	Long	Enough	Short	Know	Apply
$\nabla \dot{\nabla} \dot{\nabla}$	$\overline{\nabla}$ $\dot{\nabla}$	\sum_{\square}		∇	\sum_{\square}	\sum_{\square}	

Comments/Suggestions		

d. HIPAA, Affordable Care Act, GINA, MHPAEA and Other Related Health Laws

Very Helpful	Not at all Helpful	Don't	Тоо	Just	Тоо		Does Not
543	2 1	Know	Long	Enough	Short	Know	Apply
$\nabla \dot{\nabla} \dot{\nabla} \nabla$	$\bar{\nabla}$ $\dot{\nabla}$	\sum_{\square}	\sum_{\square}	∇	\sum_{\square}	\sum_{\square}	

Comments/Suggestions _____