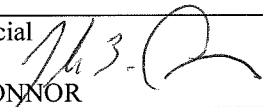


**CUSTOMER SATISFACTION SURVEY AND CONFERENCE
EVALUATION CLEARANCE FORM**

A. SUPPLEMENTAL SUPPORTING STATEMENT

A.1. Title: EBSA Participant Assistance Program Customer Survey			
A.2. Compliance with 5 CFR 1320.5: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		A.3. Assurances of confidentiality: No confidential data will be collected, however, the interviewer reads the following statement of assurance: “I want to assure you that Gallup and EBSA will protect your privacy. Your voluntary cooperation is requested to make the results of this study complete and accurate. Gallup will not share your individual responses with EBSA and your data will only be used in aggregate with responses of others like you.”	
A.4. Federal cost: \$630,452 (\$623,543 for the research contractor and 5% of GS14 Step 10 salary for contract oversight).		A.5. Requested expiration date (Month/Year): 03/2016	
A.6. Burden Hour estimates: a. Number of Respondents: 11,000 a.% Received Electronically 0% b. Frequency: Once c. Average Response Time: 8 minutes d. Total Annual Burden Hours: 1,467 hours		A7. Does the collection of information employ statistical methods? <input type="checkbox"/> Yes (Complete Section B and attach BLS review sheet).	
A.8. Abstract: This survey will collect customer satisfaction data for a sample of private citizens who call into the participant assistance program to ask about their private sector employer provided benefits such as pensions, retirement savings, and health benefits. Three types of callers will be queried: 1. Those who need benefit claim assistance 2. Those who have a valid benefit claim and 3. Those who have an invalid benefit claim.			
Program Official MARK B. CONNOR		Date 12/18/2014	Departmental Clearance Officer Date