

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 1530-0023)**

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**TITLE OF INFORMATION COLLECTION:** *myRA Customer Experience Study*

**PURPOSE:** *The purpose of this study is to provide ongoing assessment of those who have opened, attempted to open, and who have funded a myRA account. This study will gain feedback from myRA account holders throughout the year on the overall customer experience (activation, signup, funding, usage, breakoffs, communications, etc.) and will diagnose issues at specific points that may require attention. This research will uncover specific issues in the customer experience, as well as individual reactions and needs that drive both success and failure in the process. It will also obtain information on the characteristics of the individuals who are entering the system in order to be able to gauge how well the system is serving various categories of people. It is anticipated that data collection will be ongoing (conducted monthly) in order to track key customer experience metrics over time.*

**DESCRIPTION OF RESPONDENTS:** *The research will be conducted among individuals with a range of experience with myRA including 1) individuals who have opened and funded a myRA account, 2) individuals who have opened a myRA account, but not funded it, and 3) individuals who have started the process of creating a myRA account, but did not complete the application. The individuals will be 18 years and older who have provided an email address on the myRA site.*

**TYPE OF COLLECTION:** (Check one)

- |  |   |
|--|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input 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 checked="" type="checkbox"/> Other: <u>Online survey</u> |

**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: \_\_\_\_\_

Bruce A. Sharp

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

**Personally Identifiable Information:**

- 1. Is personally identifiable information (PII) collected? [ ] Yes [X] No
- 2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [ ] Yes [ ] No
- 3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [ ] Yes [ ] No

**Gifts or Payments:**

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

*A pretest will be conducted among a random subsample of 600 myRA account holders in order to get an initial sense of the survey response rate. Half will be offered an incentive of a \$10 Gift Card for survey participation and the other half will not be offered an incentive. The results of the pretest will be used to inform incentive offerings for ongoing data collection.*

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden
Individuals who opened and funded an account	3,900/year	9 minutes avg	585 hrs.
Individuals who opened but have not funded an account	2,400/year	9 minutes avg	360 hrs.
Individuals who started application but did not complete it	1,200/year	5 minutes avg	100 hrs.
<b>Totals</b>	<b>7,500/year</b>	8.4 minutes avg	<b>1,045 hrs.</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is not known at this time.

**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?  
[X] 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?

*The sample frame are those individuals who have opened and funded a myRA account, individuals who have opened a myRA account, but not funded it, and individuals who have started the process of creating a myRA account, including entering their email address, but did not complete the application. The invitation and survey link will be sent by Comerica Bank, the financial agent that services and administers myRA accounts on behalf of the U.S. Department of*

*the Treasury. Initially a pretest of 600 randomly selected individuals will be conducted. Following the pretest, the universe of myRA account holders (funded and unfunded) and those who started the process of creating a myRA account, including entering their email address, but did not complete the application will be surveyed as a baseline. Following this baseline survey, **new** account holders (funded and unfunded) and applicants who provide an email address but did not complete the application will be surveyed each month. Comerica Bank will select the new accounts and applicants and email the invitation and survey link to them. At one and two weeks following the initial email invitation, Comerica will send follow-up reminder emails.*

### **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.**

## **Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”**

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**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS:** Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

### **BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

**No. of Respondents:** Provide an estimate of the Number of respondents.

**Participation Time:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

### **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.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

**Submit all instruments, instructions, and scripts are submitted with the request.**