



Pension Enrollment Satisfaction

MARKING INSTRUCTIONS	
Please fill the response oval completely and print clearly.	
USE BLACK OR BLUE INK (NO RED) to complete the survey.	
CORRECT:	INCORRECT:
<div style="display: flex; justify-content: space-around; width: 100px;"> 0 5 </div>	<div style="display: flex; justify-content: space-around; width: 100px;"> 0 5 </div>
11	

OMB Control No. 2900-0782

Throughout the questionnaire, you may be asked to skip certain questions that may not apply to you.

Benefit Information

1. How did you FIRST learn about the VA pension benefit programs? (MARK ONLY ONE)
IF YOU ARE UNSURE, PLEASE INDICATE THE FIRST WAY YOU REMEMBER LEARNING ABOUT VA BENEFIT PROGRAMS.

<input type="radio"/> Online (e.g., eBenefits.va.gov, VA website, etc.) <input type="radio"/> Mail (from VA) <input type="radio"/> In person with a VA representative (e.g., VA medical center, VA Vet Center, Regional Office, etc.) <input type="radio"/> Transition Assistance Program/Disabled Transition Assistance Program briefings <input type="radio"/> Veterans Service Organizations (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.) <i>(Please specify):</i> _____ _____	<input type="radio"/> Other Veterans <input type="radio"/> Friends or family <input type="radio"/> Assisted living facility or any senior living facility (nursing home or ILS) <input type="radio"/> Other <i>(Please specify):</i> _____ <input type="radio"/> Don't know or not sure
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2. What method(s) do you MOST FREQUENTLY use to obtain general information about VA pension benefits? (MARK ALL THAT APPLY)

<input type="radio"/> Online (e.g., eBenefits.va.gov, VA website, etc.) <input type="radio"/> Phone <input type="radio"/> Mail (from VA) <input type="radio"/> E-mail <input type="radio"/> In person with a VA representative (e.g., VA medical center, VA Vet Center, Regional Office, etc.)	<input type="radio"/> Veterans Service Organizations (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.) <i>(Please specify):</i> _____ _____ <input type="radio"/> Friends or family <input type="radio"/> Other <i>(Please specify):</i> _____ <input type="radio"/> Don't know or not sure <input type="radio"/> None of the above
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3. How frequently would you like to receive communications (e.g., e-mails, letters, newsletters, etc.) about VA pension benefits? (MARK ONLY ONE)

<input type="radio"/> Weekly	<input type="radio"/> Quarterly (every 3 months)	<input type="radio"/> Annually (once per year)	<input type="radio"/> Don't know or not sure
<input type="radio"/> Monthly	<input type="radio"/> Semi-annually (twice per year)	<input type="radio"/> Never	

4. How would you like to receive information from VA about applying for VA pension benefits? (MARK ALL THAT APPLY)

<input type="radio"/> Phone	<input type="radio"/> In person at a Regional Office	<input type="radio"/> Other <i>(Please specify):</i> _____
<input type="radio"/> Mail	<input type="radio"/> Veterans Service Organizations (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.) <i>(Please specify):</i> _____	<input type="radio"/> Don't know or not sure
<input type="radio"/> E-mail		
<input type="radio"/> Online (e.g., eBenefits.va.gov, VA website, etc.)		

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Benefit Information (Continued)

The following question asks you to rate various aspects of your experience with VA's pension benefit using a scale of 1 to 10, where 1 is Unacceptable, 10 is Outstanding, and 5 is Average.

5. When thinking about your most frequently used methods of communication, please rate your experience in obtaining information about your benefit application on the following items: (MARK ONLY ONE PER ROW)

	Unacceptable			Average				Outstanding			
	1	2	3	4	5	6	7	8	9	10	N/A
a. Ease of accessing information	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10	<input type="radio"/> NA
b. Availability of information	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10	<input type="radio"/> NA
c. Clarity of information	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10	<input type="radio"/> NA
d. Usefulness of information	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10	<input type="radio"/> NA
e. Frequency of information provided by VA	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10	<input type="radio"/> NA
f. Overall rating of information	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10	

Benefit Eligibility and Application Process

6. Thinking about your most recent pension benefit application, what method did you use to apply for your benefit?

(MARK ONLY ONE)

- Online (SKIP TO Q8)
 Mail
 In person with a VA representative (e.g., VA medical center, VA Vet Center, Regional Office, etc.)
 In person at a Veterans Service Organization (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.)
 Other (Please specify): _____
 Don't know or not sure

7. Would you be willing and able to submit applications online if the VA was able to process your claim quicker (possibly within 2-14 days)? (MARK ONLY ONE)

- Yes
 No
 I do not have access to a computer/Internet
 Don't know or not sure

8. After you submitted your application, did you receive a notification/confirmation from VA that your claim was received?

(MARK ONLY ONE)

- Yes
 No (SKIP TO Q15)
 Don't know or not sure (SKIP TO Q15)

9. Thinking about the notification/confirmation from VA, was it clear and easy to understand? (MARK ONLY ONE)

- Not at all clear
 Somewhat clear
 Completely clear
 Don't know or not sure
 I did not read the letter

10. Did you contact VA to obtain clarification about any of the notification(s)/confirmation(s) you received? (MARK ONLY ONE)

- Yes
 No
 Don't know or not sure

11. Did you provide VA with the documentation that was requested in the notification(s)/confirmation(s)? (MARK ONLY ONE)

- Yes
 No (SKIP TO Q13)
 Nothing was requested (SKIP TO Q13)
 Don't know or not sure (SKIP TO Q13)

12. How did you submit the documentation to VA that was requested in the notification/confirmation? (MARK ONLY ONE)

- Online
 In person with a VA representative (e.g., VA medical center, VA Vet Center, Regional Office, etc.)
 Mail
 Through a Veterans Service Organization (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.)
 Other (Please specify): _____
 Don't know or not sure

13. What is your preferred method for submitting documentation to VA? (MARK ONLY ONE)

- Online
 In person with a VA representative (e.g., VA medical center, VA Vet Center, Regional Office, etc.)
 Mail
 Through a Veterans Service Organization (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.)
 Other (Please specify): _____
 Don't know or not sure

Benefit Eligibility and Application Process (Continued)

14. Did you receive a subsequent notification requesting information in support of your claim from VA? (MARK ONLY ONE)
 Yes No Don't know or not sure

15. During the application process, did you have to provide the same information more than once? (MARK ONLY ONE)
 Yes No (SKIP TO Q17) Don't know or not sure (SKIP TO Q17)

16. What information did you have to provide more than once? (MARK ALL THAT APPLY)
 Discharge papers (DD214) Proof of dependency Other (Please specify): _____
 Service treatment records (e.g., marriage license, Don't know or not sure
 Private medical records birth certificate, etc.)

The following question asks you to rate various aspects of your experience with your pension benefit application using a scale of 1 to 10, where 1 is **Unacceptable**, 10 is **Outstanding**, and 5 is **Average**.

17. Please rate your experience with the benefit application process on the following items: (MARK ONLY ONE PER ROW)

	Unacceptable	Average	Outstanding								
	1	2	3	4	5	6	7	8	9	10	N/A
a. Ease of completing the application	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(NA)
b. Timeliness of eligibility/entitlement notification	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(NA)
c. Flexibility of application methods	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(NA)
d. Overall rating of application process	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	

PLEASE ANSWER Q18-Q20 IF YOU WERE PREVIOUSLY FOUND INELIGIBLE FOR VA BENEFITS. OTHERWISE, PLEASE SKIP TO Q21.

18. If you were previously found ineligible for VA benefit payments, did you understand why you were found ineligible? (MARK ONLY ONE)
 Yes No Don't know or not sure Not applicable, never been found ineligible

19. Were you provided information about how to appeal your decision? (MARK ONLY ONE)
 Yes No Don't know or not sure

20. Using a scale of 1 to 10 where 1 is **Unacceptable**, 10 is **Outstanding**, and 5 is **Average**, please rate the clarity of the information you were provided about appealing your decision. (MARK ONLY ONE)

Unacceptable	Average	Outstanding							
1	2	3	4	5	6	7	8	9	10
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

Benefit Entitlement

The following question asks you to rate various aspects of your experience with your pension benefit payment using a scale of 1 to 10, where 1 is **Unacceptable**, 10 is **Outstanding**, and 5 is **Average**.

21. Please rate your benefit payment on the following items: (MARK ONLY ONE PER ROW)

	Unacceptable	Average	Outstanding								
	1	2	3	4	5	6	7	8	9	10	N/A
a. Amount of benefit payment	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(NA)
b. Timeliness of receiving initial benefit payment	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(NA)
c. Overall rating of your benefit payment	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	

Overall Application Experience

22. Thinking about ALL aspects of your experience applying for your pension benefit, please rate VA overall, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. (MARK ONLY ONE)

<u>Unacceptable</u>			<u>Average</u>				<u>Outstanding</u>		
1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall Experience with VA

23. Taking into consideration all of the non-medical benefits (e.g., education, compensation, pension, home loan guaranty, vocational rehabilitation and employment, insurance, etc.) you have applied for or currently receive, please rate your experience with VA overall, using a scale of 1 to 10 where 1 is Unacceptable, 10 is Outstanding, and 5 is Average. (MARK ONLY ONE)

<u>Unacceptable</u>			<u>Average</u>				<u>Outstanding</u>		
1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. Now think about your experiences with all the services provided by the Department of Veterans Affairs (which include healthcare, benefits programs, or memorial services). Please tell us how you feel about the following statements. (MARK ONLY ONE PER STATEMENT)

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
a. I got the service I needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. It was easy to get the service I needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I felt like a valued customer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I trust VA to fulfill our country's commitment to Veterans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Do you have any other comments or concerns about your experience?

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THANK YOU FOR TAKING THE TIME TO PARTICIPATE IN THIS IMPORTANT STUDY.

Please return to: J.D. Power and Associates Survey Processing Center
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