

## Pension Servicing 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:

OMB Control No. 2900-0782

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

	Ren	etit intor	mat	lon			
1.	How IF YOU	did you FIRS	T lear	n about VA's pension benefit p	rograms?	(MARK	ONLY ONE) A BENEFIT PROGRAMS.
		Online (e.g.,	eBene	efits.va.gov, VA website, etc.)			Other Veterans
		Mail (from V		, ,			Friends or family
		In person wi	th a V/	A representative (e.g., VA medica	al		Assisted living facility or any senior living facility (nursing
		center, VA V	et Cer	nter, Regional Office, etc.)			home or ILS)
		Transition As	ssistan	ce Program/Disabled Transition			Other (Please specify):
		Assistance F	rograr	n briefings			Don't know or not sure
		Veterans Se	rvice C	Organizations (e.g., Amer. Legion	١,		
		DAV, VFW,	PVA, N	MOPH, etc.) (Please specify):			
2.	Wha	t method(s) d	o vou	MOST FREQUENTLY use to obt	tain genera	al info	ormation about VA pension benefits? (MARK ALL THAT APPLY)
			-	efits.va.gov, VA website, etc.)	_	$\supset$	Veterans Service Organizations (e.g., Amer. Legion, DAV,
		Phone		,			VFW, PVA, MOPH, etc.) (Please specify):
		Mail (from V	A)			$\supset$	Friends or family
		E-mail			(	$\supset$	Other (Please specify):
		In person wi	th a V	A representative (e.g., VA medica	al center, (	$\supset$	Don't know or not sure
		VA Vet Cent	er, Re	gional Office, etc.)	(	$\supset$	None of the above
3.		frequently wo	uld yo	u like to receive communication	s (e.g., e-m	nails,	letters, newsletters, etc.) about pension benefits?
	0	Weekly		Quarterly (every 3 months)		Annı	ually (once per year) — Don't know or not sure
		Monthly		Semi-annually (twice per year)		Neve	er
4.	How	would you lik	e to re	ceive information from VA about	t pension l	benef	its? (MARK ALL THAT APPLY)
		Phone			(	$\supset$	Veterans Service Organizations (e.g., Amer. Legion, DAV,
		Mail					VFW, PVA, MOPH, etc.) (Please specify):
		E-mail				$\supset$	Other (Please specify):
		Online (e.g.,	eBene	efits.va.gov, VA website, etc.)		$\supset$	Don't know or not sure
		In person at	a Reg	onal Office			

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Benefit Information (	(Continued)
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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 <a href="Unacceptable"><u>Unacceptable</u></a>, 10 is <a href="Outstanding">Outstanding</a>, and 5 is <a href="Average">Average</a>.

5. When thinking about your most frequently used methods of communication, please rate your experience in obtaining information about your benefit on the following items:

(MAF	RK ONLY ONE PER ROW)	<u>Unaccep</u>	<u>table</u>		<u>Average</u>				<b>Outstanding</b>			
		1	2	3	4	5	6	7	8	9	10	N/A
a.	Ease of accessing information	1	2	3	4	5	6	7	8	9	10	NA
b.	Availability of information	1	2	3	4	5	6	7	8	9	10	NA
c.	Clarity of information	1	2	3	4	5	6	7	8	9	10	NA
d.	Usefulness of information	1	2	3	4	5	6	7	8	9	10	NA
e.	Frequency of information provided by VA	1	2	3	4	5	6	7	8	9	10	NA
f.	Overall rating of information	1	2	3	4	5	6	7	8	9	10	

## **Benefit Entitlement**

What is your preferred method to submit a claim? (MARK ONLY ONE)
☐ Mail ☐ Online (skip to Q8)
☐ In person with a VA representative (e.g., VA medical center, ☐ Other (Please specify):
VA Vet Center, Regional Office, etc.) Don't know or not sure
In person at a Veterans Service Organization (e.g., Amer.
Legion, DAV, VFW, PVA, MOPH, etc.)
Would you be willing and able to submit your claim 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
Did VA require you to provide additional medical evidence after you submitted your claim? (MARK ONLY ONE)
Yes No (SKIP TO Q11) Don't know or not sure (SKIP TO Q11)
Were you required to undergo a VA medical evaluation as a result of your claim? (MARK ONLY ONE)
Yes No (SKIP TO Q11) Don't know or not sure (SKIP TO Q11) Not applicable (SKIP TO Q11)
Did the exam seem appropriate and/or address your claimed condition(s)? (MARK ONLY ONE)
○ Yes ○ No ○ Don't know or not sure
If you were previously found ineligible for VA pension benefits, did you understand why you were found ineligible? (MARK ONLY ONE
✓ Yes (skip to q13)
What did you find unclear/didn't understand about your ineligibility decision? Please specify:
That are you find anoisan and issue your mongishing assistant risass speeny.
In the past 6 months, have you submitted any documentation required to verify your eligibility for benefits (e.g., income
verification, marriage certificate, medical records, dependent information, etc.)? (MARK ONLY ONE)
Yes No (skip to a16) Don't know or not sure (skip to a16)
Was there any change (increase or decrease) to your pension benefits based on the verification of the documents submitted? (MARK ONLY ONE)
Yes ☐ No (sкiр то a16) ☐ Don't know or not sure (skiр то a16)
Were you informed as to the reason why your benefit payment changed? (MARK ONLY ONE)
☐ Yes ☐ No ☐ Don't know or not sure





Bei		efit Entitleme																		
Th	ne	following question as	ks you to ra	ate vario	us asp	ects	of yo	our ex	perie	nce w	ith y	our p	pens	sion l	enef	its, u	sing	a sca	le of	f 1 to
wh	he	ere 1 is <u>Unacceptable,</u>	10 is <u>Outsta</u>	nding, a	nd 5 is	Ave	erage.													
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		the following items: (N		PER ROW)							1	2	3	4	5	6	7	8	9	10
a.		Amount of pension be	nefit payme	ent							D	2	3	4	5	6	7	8	9	10
b.		Timeliness of receivin	g benefit pa	ayment							D	2	3	4	5	6	7	8	9	10
c.		Overall rating of you	r benefit							C	D	2	3	4	5	6	7	8	9	10
)	_	rall Evnerione	o with I	Donof	:+															
		rall Experience																		
		nking about ALL aspe	-	-				-	on b	enefit	s, pl	lease	rate	e VA	over	all, u	sing	a 1 to	o 10	scale
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				'	2	3	4	5	0											
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THANK YOU FOR TAKING THE TIME TO PARTICIPATE IN THIS IMPORTANT STUDY.





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