



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.

Benefit Information

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

<input type="checkbox"/> Online (e.g., eBenefits.va.gov, VA website, etc.)	<input type="checkbox"/> Other Veterans
<input type="checkbox"/> Mail (from VA)	<input type="checkbox"/> Friends or family
<input type="checkbox"/> In person with a VA representative (e.g., VA medical center, VA Vet Center, Regional Office, etc.)	<input type="checkbox"/> Assisted living facility or any senior living facility (nursing home or ILS)
<input type="checkbox"/> Transition Assistance Program/Disabled Transition Assistance Program briefings	<input type="checkbox"/> Other <i>(Please specify):</i> _____
<input type="checkbox"/> Veterans Service Organizations (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.) <i>(Please specify):</i> _____	<input type="checkbox"/> Don't know or not sure

- 2. What method(s) do you MOST FREQUENTLY use to obtain general information about VA pension benefits? (MARK ALL THAT APPLY)**

<input type="checkbox"/> Online (e.g., eBenefits.va.gov, VA website, etc.)	<input type="checkbox"/> Veterans Service Organizations (e.g., Amer. Legion, DAV, VFW, PVA, MOPH, etc.) <i>(Please specify):</i> _____
<input type="checkbox"/> Phone	<input type="checkbox"/> Friends or family
<input type="checkbox"/> Mail (from VA)	<input type="checkbox"/> Other <i>(Please specify):</i> _____
<input type="checkbox"/> E-mail	<input type="checkbox"/> Don't know or not sure
<input type="checkbox"/> In person with a VA representative (e.g., VA medical center, VA Vet Center, Regional Office, etc.)	<input type="checkbox"/> None of the above

- 3. How frequently would you like to receive communications (e.g., e-mails, letters, newsletters, etc.) about pension benefits? (MARK ONLY ONE)**

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

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

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

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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 on the following items:

(MARK ONLY ONE PER ROW)

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

Benefit Entitlement

6. What is your preferred method to submit a claim? (MARK ONLY ONE)

- 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.)
- Online (SKIP TO Q8)
- Other (Please specify): _____
- Don't know or not sure

7. 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

8. 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)

9. 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)

10. Did the exam seem appropriate and/or address your claimed condition(s)? (MARK ONLY ONE)

- Yes
- No
- Don't know or not sure

11. 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)
- No
- Don't know or not sure (SKIP TO Q13)
- Not applicable (SKIP TO Q13)

12. What did you find unclear/didn't understand about your ineligibility decision? Please specify: _____

13. 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 Q16)
- Don't know or not sure (SKIP TO Q16)

14. Was there any change (increase or decrease) to your pension benefits based on the verification of the documents submitted? (MARK ONLY ONE)

- Yes
- No (SKIP TO Q16)
- Don't know or not sure (SKIP TO Q16)

15. Were you informed as to the reason why your benefit payment changed? (MARK ONLY ONE)

- Yes
- No
- Don't know or not sure

Benefit Entitlement (Continued)

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

16. Please rate your pension benefits on the following items: (MARK ONLY ONE PER ROW)	<u>Unacceptable</u>			<u>Average</u>					<u>Outstanding</u>		N/A
	1	2	3	4	5	6	7	8	9	10	
a. Amount of pension benefit payment	<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"/>	<input type="radio"/>
b. Timeliness of receiving benefit payment	<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"/>	<input type="radio"/>
c. Overall rating of your benefit	<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 Benefit

17. Thinking about ALL aspects of your experience with your pension benefits, please rate VA overall, using a 1 to 10 scale 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

18. 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"/>

19. 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"/>

20. 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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