

Comments/Suggestions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. What additional information would you want to receive?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### COMMENTS

9. What ONE thing could the Department of Labor do to improve the seminar for someone like you?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE RETURN THE COMPLETED FORM TO THE SESSION ORGANIZERS.**

#### Paperwork Reduction Act Notice

This survey has been approved under Office of Management and Budget (OMB) control number 1225-0088 (exp. 11/30/17). The Paperwork Reduction Act of 1995 provides that no person is required to respond to a Federal collection of information unless it displays a valid OMB control number. Your response is voluntary, and we will use this information to evaluate and improve the quality of our services. The Department estimates that it will take approximately 2.5 minutes (on average) for respondents to complete the survey. Please send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Information Management Program, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email dol\_pra\_public@dol.gov and reference the OMB Control Number 1225-0088.



# Health Benefits Education Campaign

## Compliance Assistance Seminar Survey

### Simple Instructions to Complete this Survey

- Use a blue or black ink pen that will not soak through the paper.
- Place a X inside the appropriate box next to each question.
- PLEASE COMPLETE AND RETURN THIS FORM TO THE SESSION ORGANIZERS.

#### EXAMPLE



### WHAT IS YOUR ROLE?

1. Please indicate your role below:

- Employer/Plan Sponsor/Human Resources Manager/In House Benefits Manager
- Service Provider (Examples: Third Party Administrator, Insurance Broker, Agent)
- State or Federal Representative
- Other (*please specify*)

### PLEASE RATE THE SEMINAR OVERALL:

- |   | Very Helpful | 4           | 3           | 2           | 1           | Not at all Helpful | Don't Know |
|---|--------------|-------------|-------------|-------------|-------------|--------------------|------------|
| 2. Please rate your overall satisfaction with the seminar:                            | 5<br>▽<br>□  | 4<br>▽<br>□ | 3<br>▽<br>□ | 2<br>▽<br>□ | 1<br>▽<br>□ | ▽<br>□             | ▽<br>□     |
| 3. Please rate the overall usefulness of the information you received at the seminar: | □            | □           | □           | □           | □           | □                  | □          |
| 4. Please rate the overall performance of the presenters:                             | □            | □           | □           | □           | □           | □                  | □          |

5. Please rate how much you agree or disagree with the following statements as they pertain to the Health Benefits Education Campaign Compliance Assistance seminar. (Mark ONE response for EACH statement)

|  | Strongly Agree |   |   | Not at all Satisfied | Don't Know |
|--|----------------|---|---|----------------------|------------|
|  | 5              | 4 | 3 | 2                    | 1          |
|  | 5              | 4 | 3 | 2                    | 1          |
|  | ▽              | ▽ | ▽ | ▽                    | ▽          |
|  | □              | □ | □ | □                    | □          |
| a. The information I received was clear and easy to understand   |                |   |   |                      |            |
| b. The information I received increased my understanding of the health benefits regulations and issues |                |   |   |                      |            |
| c. The presenters were well informed and knowledgeable   |                |   |   |                      |            |
| d. The presenters gave the right level of detail   |                |   |   |                      |            |
| e. The presentations answered all of my questions  |                |   |   |                      |            |

6. How did you hear about the seminar?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Please rate the helpfulness of each of the seminar sessions/discussions and whether you felt the session was too long, too short, or just long enough. You may wish to write comments or suggestions in the space provided.

Mark ONE response for each helpfulness and length of the session Mark "Does Not Apply" if you did not attend the session or the session was not offered.

**a. What it Means to be a Group Health Plan Fiduciary**

| Very Helpful |   |   | Not at all Helpful | Don't Know | Too Long | Just Enough | Too Short | Don't Know | Does Not Apply |
|--------------|---|---|--------------------|------------|----------|-------------|-----------|------------|----------------|
| 5            | 4 | 3 | 2                  | 1          |          |             |           |            |                |
| 5            | 4 | 3 | 2                  | 1          |          |             |           |            |                |
| ▽            | ▽ | ▽ | ▽                  | ▽          | ▽        | ▽           | ▽         | ▽          | ▽              |
| □            | □ | □ | □                  | □          | □        | □           | □         | □          | □              |

Comments/Suggestions \_\_\_\_\_

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**b. State Department of Insurance Update**

| Very Helpful |   |   | Not at all Helpful | Don't Know | Too Long | Just Enough | Too Short | Don't Know | Does Not Apply |
|--------------|---|---|--------------------|------------|----------|-------------|-----------|------------|----------------|
| 5            | 4 | 3 | 2                  | 1          |          |             |           |            |                |
| 5            | 4 | 3 | 2                  | 1          |          |             |           |            |                |
| ▽            | ▽ | ▽ | ▽                  | ▽          | ▽        | ▽           | ▽         | ▽          | ▽              |
| □            | □ | □ | □                  | □          | □        | □           | □         | □          | □              |

Comments/Suggestions \_\_\_\_\_

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**c. COBRA Continuation Coverage**

| Very Helpful |   |   | Not at all Helpful | Don't Know | Too Long | Just Enough | Too Short | Don't Know | Does Not Apply |
|--------------|---|---|--------------------|------------|----------|-------------|-----------|------------|----------------|
| 5            | 4 | 3 | 2                  | 1          |          |             |           |            |                |
| 5            | 4 | 3 | 2                  | 1          |          |             |           |            |                |
| ▽            | ▽ | ▽ | ▽                  | ▽          | ▽        | ▽           | ▽         | ▽          | ▽              |
| □            | □ | □ | □                  | □          | □        | □           | □         | □          | □              |

Comments/Suggestions \_\_\_\_\_

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**d. Family and Medical Leave Act**

| Very Helpful |   |   | Not at all Helpful | Don't Know | Too Long | Just Enough | Too Short | Don't Know | Does Not Apply |
|--------------|---|---|--------------------|------------|----------|-------------|-----------|------------|----------------|
| 5            | 4 | 3 | 2                  | 1          |          |             |           |            |                |
| 5            | 4 | 3 | 2                  | 1          |          |             |           |            |                |
| ▽            | ▽ | ▽ | ▽                  | ▽          | ▽        | ▽           | ▽         | ▽          | ▽              |
| □            | □ | □ | □                  | □          | □        | □           | □         | □          | □              |

Comments/Suggestions \_\_\_\_\_

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\_\_\_\_\_

**e. Federal Health Benefits Laws: Group Health Plan Coverage Provisions**

| Very Helpful |   |   | Not at all Helpful | Don't Know | Too Long | Just Enough | Too Short | Don't Know | Does Not Apply |
|--------------|---|---|--------------------|------------|----------|-------------|-----------|------------|----------------|
| 5            | 4 | 3 | 2                  | 1          |          |             |           |            |                |
| 5            | 4 | 3 | 2                  | 1          |          |             |           |            |                |
| ▽            | ▽ | ▽ | ▽                  | ▽          | ▽        | ▽           | ▽         | ▽          | ▽              |
| □            | □ | □ | □                  | □          | □        | □           | □         | □          | □              |

Comments/Suggestions \_\_\_\_\_

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