



DEPARTMENT OF VETERANS AFFAIRS
Insurance Center
Wissahickon Avenue and Manheim Street
P. O. Box 8570
Philadelphia PA 19101

XXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX

In Reply Refer To:
310/295-S
XXXXXXXXXXXXXXXXXX

Dear XXXXXXXXXXXXXXX:

We are sorry for your recent loss. We processed your claim for **VA Life Insurance** and would like to know if we did the best possible job. You can help us by doing the following:

1. Fill out the enclosed survey.
2. Send it to us in the enclosed envelope. (We've paid for the postage.)

This survey is voluntary, for services provided by the **VA Life Insurance Center**, and completing it will help us improve our service.

Thank you for taking your time to help us. Please return your survey as soon as possible to make sure we can include your responses in the results.

If you have any questions about your insurance policy, then please feel free to contact us.

Sincerely yours,

Chief, Insurance Claims Division

Enclosures
Survey
Postage Paid Envelope

VA GOVERNMENT LIFE INSURANCE
CLAIM SURVEY

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>No Other Insurance</i>
1. It was easy to claim the insurance.	[]	[]	[]	[]	[]	
2. Instructions to claim the insurance were clear.	[]	[]	[]	[]	[]	
3. Our communications were understandable.	[]	[]	[]	[]	[]	
4. Our communications were courteous.	[]	[]	[]	[]	[]	
5. Your payment was received in a timely manner.	[]	[]	[]	[]	[]	
6. The amount of payment was easy to understand.	[]	[]	[]	[]	[]	
7. The overall quality of our service was good.	[]	[]	[]	[]	[]	
8. Our service was good when compared with other life insurance companies.	[]	[]	[]	[]	[]	[]

9. How can we improve our service?

(MMMM YYYY) (survey #)