



# SURVEY OF VETERANS' SATISFACTION WITH THE VA DENTAL INSURANCE PROGRAM

## Instructions

- Use a pencil or black pen.
- Please SHADE your answer box completely
- Mark only one box for each question, unless it tells you to “mark all that apply”.
- To maintain confidentiality, please do not include your name, address, claim number or any other identifying information.
- When you have completed the survey, please do not fold or staple, place it in the enclosed postage-paid envelope and put it in the mail.

**OMB Control Number: 2900-0770**  
**Paperwork Reduction Act Statement**

THE PAPERWORK REDUCTION ACT OF 1995 requires us to notify you that this information collected is in accordance with the clearance requirements of section 3507 of this Act. The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. No person will be penalized for failing to furnish this information if it does not display a currently valid OMB control number. Your obligation to respond to this survey is voluntary and failure to furnish this information will have no effect on any benefits you are entitled.

The information you supply will be confidential and protected by the Privacy Act of 1974 (5 U. S.C. 522a) and the VA's confidentiality statute (38 U.S.C. 5701) as implemented by 38 CFR 1.526(a) and 38 CFR 1.57 (b). Disclosure of information involves release of statistical data and other non-identifying data for the improvement of services within the VA health care processing system and associated administrative purposes. If you have comments regarding this burden estimate or any aspects of this collection of information, call 1-800-929-VETS for mailing information on where to send your comments.



### Department of Veterans Affairs Dental Insurance Program Survey

**Q1** Who did you select as your dental provider?

Delta Dental.....   
MetLife .....

**Q2** How would you describe the area where you live?

**Urban** (greater than 1000 people per square mile) .....       **Highly rural** (less than 8 people per square mile) .....   
**Rural** ( 8 to 999 people per square mile) .....

**Q3** How reasonable was the distance you had to travel to the dental provider?

Very reasonable .....   
Reasonable .....   
Neither reasonable or not reasonable .....   
Fairly reasonable .....   
Not reasonable at all .....

**Q4** Would you please provide your age?

Less than 30.....   
30 to 40 .....   
41 to 50 .....   
51 to 60 .....   
61 to 70 .....   
greater than 70.....

**Q5** How satisfied are you with how well the Dental plan met your dental needs?

Highly Satisfied.....   
Very satisfied.....   
Neither Satisfied or dis-satisfied .....   
Fairly Satisfied.....   
Not Satisfied at all .....

**Q6** Would you recommend VA Dental Insurance Program to another Veteran?

Yes .....   
No.....

**Q7** Considering premiums and out of pocket costs, how would you describe the value of the VA Dental Insurance Program?

Excellent.....   
Very good .....   
Good .....   
Fair.....   
Poor.....

**Q8** Would you like to see your family included in the program?

Yes .....   
No.....   
N/A .....

**Q9** Please rate your overall satisfaction with the VA Dental Insurance Program.

Excellent.....   
Very good .....   
Good .....   
Fair.....   
Poor.....

**Q10** If your satisfaction is not excellent or very good please tell us why.

**Q11** Do you plan on renewing your coverage under the VA Dental Insurance Program?

Yes .....   
No.....

**Q12** Please provide us any comments to improve the Dental program.

