



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 XXXXXXXXXXXXXXXX:

We recently processed a beneficiary designation for you on your **VA Life Insurance**. Now we 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
BENEFICIARY DESIGNATION 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 request the designation form.	[]	[]	[]	[]	[]	
2. You received the form quickly.	[]	[]	[]	[]	[]	
3. It was easy to complete the form.	[]	[]	[]	[]	[]	
4. The overall quality of our service was good.	[]	[]	[]	[]	[]	
5. Our service was good when compared with other life insurance companies.	[]	[]	[]	[]	[]	[]
6. How can we improve our service?						
						MMMMYYYY (survey #)

Public Reporting Burden Statement: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 6 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. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000. (OMB Approval No. 2900-0771)