



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?

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MMMMYYYY (survey #)