

**Request for Approval under the "Generic Clearance for Improving
Customer Experience: OMB Circular A-11, Section 280
Implementation"
(OMB Control Number: 960-0818)**

TITLE OF INFORMATION COLLECTION: Online Services Customer Satisfaction Survey

PURPOSE OF COLLECTION:

The primary purpose of these collections will be for improving service delivery. We use the customer feedback to identify opportunities for improving service delivery and inform resource decisions.

TYPE OF ACTIVITY: (Check one)

- Customer Research (Interview, Focus Groups)
- Customer Feedback Survey
- User Testing

ACTIVITY DETAILS

1. How will you collect the information? (Check all that apply)

- Web-based or other forms of Social Media
- Telephone
- In-person
- Mail
- Other, Explain

2. Who will you collect the information from?

We will collect the customer feedback via an automated online survey offered to customers after the customer accesses one of eight online services: Business Service Online, Help with Medicare Prescription, iAppeals, iClaim RIB, iClaim DIB, SSA.gov, [my Social Security](http://my.SocialSecurity.gov), and Retirement Estimator.

3. How will you ask a respondent to provide this information?

We will randomly select customers after taking two or more actions in one of the mentioned online services and offer the opportunity to complete the online survey. A pop up box will populate offering the customer the opportunity to take the survey and if they accept, the system will route them to complete the survey online.

4. What will the activity look like?

We will randomly select customers after taking two or more actions in one of the mentioned online services and offer the opportunity to complete the online survey. A pop up box will populate offering the customer the opportunity to take the survey and if they accept, the system will route them to complete the survey online

5. Please provide your question list.

Please see the attached pdf of survey questions for each of the eight online services: Business Service Online, Help with Medicare Prescription, iAppeals, iClaim RIB, iClaim DIB, SSA.gov, [my Social Security](http://my.SocialSecurity.gov), and Retirement Estimator. Several of the survey questions seek information to help SSA understand the reason for the customer visiting the online service, the type of

information they are seeing, and the usability of the online service. Please note that the actual questions presented to customers may vary depending on customer selections.

Please make sure that all instruments, instructions, and scripts are submitted with the request.

6. When will the activity happen?

The survey will begin on October 1, 2020, and will remain online throughout the duration of the overall clearance.

7. Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?

Yes No

If Yes, describe: N/A

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Customer (Annual Estimates)	345,000	10 min/survey	57,500

CERTIFICATION:

I certify the following to be true:

1. The collections are voluntary;
2. The collections are low-burden for respondents (based on considerations of total burden hours or burden-hours per respondent) and are low-cost for both the respondents and the Federal Government;
3. The collections are non-controversial and do not raise issues of concern to other Federal agencies;
4. Any collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the near future;
5. Personally identifiable information (PII) is collected only to the extent necessary and is not retained;
6. Information gathered is intended to be used for general service improvement and program management purposes; and,
7. Information gathered will only be shared publically in the manner described in the umbrella clearance of this control number.

Name: Naomi Sipple

All instruments used to collect information must include:

OMB Control No. 0960-0818

Expiration Date: 07/31/2023

HELP SHEET
(OMB Control Number: 0960-0818)

TITLE OF INFORMATION COLLECTION: Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

PURPOSE: Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

TYPE OF COLLECTION: Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

CERTIFICATION: Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

Personally Identifiable Information: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

BURDEN HOURS:

Category of Respondents: Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

No. of Respondents: Provide an estimate of the Number of respondents.

Participation Time: Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

Burden: Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.