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| **ABOUT OUR SURVEY** |
| SSA Logo, Black**Social Security would like to know how well we served you when you filed your application for retirement benefits. The survey asks you to rate the service you received in person, on the telephone, or on our website. The survey also asks you to share how the pandemic affected your decision to retire. The survey should take about 10 minutes to finish.** |
| * Answer all questions as directed. You may be told to skip over some questions. When that happens, you will see an arrow with a note telling you what question to answer next:
 |
| Example: | 🞏 Yes |
|  | 🗷 No 🡺 **SKIP to Question 1** |
| **INSTRUCTIONS FOR MARKING YOUR ANSWERS** |
| * Use a pen with blue or black ink or a number 2 pencil.
 | * Make no stray marks.
 |
| * Do not use a pen with ink that soaks through the paper.
 | * Keep all entries within the appropriate boxes.
 |

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| **FILING FOR RETIREMENT BENEFITS DURING THE COVID-19 PANDEMIC** |

1. Did you stop working before or after the COVID-19 pandemic was declared a national emergency on March 13, 2020?

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| **Mark** 🗷 **ONLY one answer.** |
| 🞏 | I stopped working **before** the pandemic was officially declared |
| 🞏 | I stopped working **after** the pandemic was officially declared |
| 🞏 | I am **still currently** working |

1. What effect, did the COVID-19 pandemic have on your employment status prior to filing for retirement benefits?

|  |
| --- |
| **Mark** 🗷 **ONLY one answer.** |
| 🞏 | I was laid off/furloughed |
| 🞏 | My hours/wages were reduced |
| 🞏 | I closed/lost my business |
| 🞏 | I was already retired from employment |
| 🞏 | None, I am still employed |

1. What effect did the COVID-19 pandemic have on your plans about when to file for retirement benefits?

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| **Mark** 🗷 **ONLY one answer.** |
| 🞏 | I filed **earlier** than I had planned  |
| 🞏 | I filed **later** than I had planned  |
| 🞏 | The pandemic had **no effect** on when I decided to file for retirement |

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| **HOW YOU FILED YOUR APPLICATION FOR RETIREMENT BENEFITS** |

1. Did you make an appointment with Social Security to file your retirement application?

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| **Mark** 🗷 **ONLY one answer.** |
| 🞏 | Yes |
| 🞏 | No 🡺 **SKIP to Question 6.** |

1. Please rate how soon you could get an appointment with Social Security.

| **Mark** 🗷 **one answer for each item.** | **Excellent** | **Very Good** | **Good** | **Fair** | **Poor** | **Very Poor** |
| --- | --- | --- | --- | --- | --- | --- |
| How soon you could get an appointment | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

1. How did you file your application for retirement benefits?

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| **Mark** 🗷 **ONLY one answer.** |
| 🞏 | In person with a Social Security employee 🡺 **SKIP to Question 9.** |
| 🞏 | Over the telephone with a Social Security employee |
| 🞏 | On Social Security’s website |

1. Would you have preferred to file your application in-person?

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| **Mark** 🗷 **ONLY one answer.** |
| 🞏 | Yes |
| 🞏 | No |
| **SATISFACTION WITH THE ONLINE APPLICATION** |
|  |
| The next question is for people who filed their application for retirement benefits on Social Security’s website.**If you did NOT file your retirement application online, please SKIP TO Question 9.** |

1. Please rate the following aspects of your experience using Social Security’s online application.

| **Mark** 🗷 **one answer for each item.** | **Excellent** | **Very Good** | **Good** | **Fair** | **Poor** | **Very Poor** |
| --- | --- | --- | --- | --- | --- | --- |
| Helpfulness of the explanations in the “More Info” links on the online application | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Availability of other help from Social Security to complete the online application | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| How well the online application explained what would happen after you submitted it | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

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| **SATISFACTION WITH SOCIAL SECURITY’S TELEPHONE SERVICE** |

1. Did you ever call Social Security about your application for retirement benefits?

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| **Mark** 🗷 **ONLY one answer.** |
| 🞏 | Yes |  |
| 🞏 | No | 🡺 **SKIP to Question 12.** |

|  |
| --- |
| **Mark** 🗷 **ONLY one answer.** |
| 🞏 | National toll-free number |
| 🞏 | Local Social Security office |
| 🞏 | Both |
| 🞏 | Not sure |
|  |  |

1. Did you call Social Security’s national toll-free number, a local office, or both?
2. Please rate the following aspects of Social Security’s telephone service.

| **Mark** 🗷 **one answer for each item.** | **Excellent** | **Very Good** | **Good** | **Fair** | **Poor** | **Very Poor** |
| --- | --- | --- | --- | --- | --- | --- |
| The automated system that answered your call | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| How long it took you to get through to an employee | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| How clearly the agent explained things | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

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| **SATISFACTION WITH SOCIAL SECURITY’S IN-PERSON SERVICE** |

1. Did you ever visit a Social Security office about your application for retirement benefits?

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| --- |
| **Mark** 🗷 **ONLY one answer.** |
| 🞏 | Yes |  |
| 🞏 | No | 🡺 **SKIP to Question 16.** |

1. Did you have an appointment when you visited a Social Security office about your application for retirement benefits?

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| --- |
| **Mark** 🗷 **ONLY one answer.** |
| 🞏 | Yes | 🡺 **SKIP to Question 15.** |
| 🞏 | No |  |

1. Did you know that you needed an appointment when you visited a Social Security office?

|  |
| --- |
| **Mark** 🗷 **ONLY one answer.** |
| 🞏 | Yes | 🡺 **SKIP to Question 16.** |
| 🞏 | No | 🡺 **SKIP to Question 16.** |

1. Please rate the following aspects of your visit to the Social Security office.

| **Mark** 🗷 **one answer for each item.** | **Excellent** | **Very Good** | **Good** | **Fair** | **Poor** | **Very Poor** |
| --- | --- | --- | --- | --- | --- | --- |
| Office privacy | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Waiting time to beserved in the office | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| How clearly the staff explained things | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

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| **OVERALL SATISFACTION WITH THE APPLICATION EXPERIENCE** |

1. Please rate the following aspects of your experience filing for retirement benefits.

| **Mark** 🗷 **ONLY** **one answer for each item.** | **Excellent** | **Very Good** | **Good** | **Fair** | **Poor** | **Very Poor** |
| --- | --- | --- | --- | --- | --- | --- |
| How quickly you received Social Security’s decision on your application | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Clarity of Social Security’s letter explaining the amount of your benefits and when they would be paid | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Social Security’s service overall | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

1. Are you more or less likely to use service options like phone, internet, or video since the global pandemic in 2020?

|  |
| --- |
| **Mark** 🗷 **ONLY one answer.** |
| **Much more likely** | **More likely** | **Unchanged** | **Less likely** | **Much less likely** |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

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| **DOING BUSINESS ONLINE** |

1. Do you currently use the Internet?

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| --- |
| **Mark** 🗷 **ONLY one answer.** |
| 🞏 | Yes |  |
| 🞏 | No | 🡺 **STOP END OF SURVEY** |

1. Social Security offers a service called *my* Social Security ([www.socialsecurity.gov/myaccount](http://www.socialsecurity.gov/myaccount)) where people can create a secure online account with a user name and password to conduct various types of business. Have you already created an online account with Social Security?

|  |
| --- |
| **Mark** 🗷 **ONLY one answer.** |
| 🞏 | Yes | 🡺 **STOP END OF SURVEY** |
| 🞏 | No |  |

1. How likely would you be to create an online account for handling future Social Security business?

|  |
| --- |
| **Mark** 🗷 **ONLY one answer.** |
| 🞏 | Very Likely **🡺 STOP END OF SURVEY** |
| 🞏 | Somewhat Likely **🡺 STOP END OF SURVEY** |
| 🞏 | Not Very Likely **🡺 GO to Question 21.** |
| 🞏 | Not at All Likely **🡺 GO to Question 21.** |

1. What is the **main** reason why you **might not be likely** to create an online account with Social Security?

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| --- |
| **Mark** 🗷 **ONLY one answer.** |
| 🞏 | Prefer to speak to a person |
| 🞏 | Concerned about security and/or privacy of my information  |
| 🞏 | Problem with computer or Internet access |
| 🞏 | Concerned completing online business might be too hard, complicated |
| 🞏 | Some other reason you might not use it **Please explain**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Thank you for your time and attention with this survey. Please return the completed questionnaire in the enclosed postage-paid envelope as soon as possible to:

|  |
| --- |
| Social Security Survey |
| *[Contractor Return Address]* |
|  |
|  |

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| --- | --- |
| **PRIVACY ACT STATEMENT**The Social Security Administration is authorized to collect the information for this survey under Executive Order 12862, “Setting Customer Service Standards.” Your response to these questions is strictly voluntary. The information you provide will be used to help us improve the service that we give you. Your response will not be disclosed to any other government or private agency. | **PAPERWORK REDUCTION ACT STATEMENT**This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts and answer the questions. You may send comments on our time estimate above to: Social Security Administration, 6401 Security Blvd., Baltimore, MD 21235-6401. (*Send only comments relating to our time estimate to this address, not the completed form.)* |
| **OMB CONTROL NO:** 0960-0526**EXPIRATION DATE:** TBD |