



**<company>**  
**Customer Satisfaction Survey**

<company> strives to provide you with the best service possible: we'd like to know how we're doing. Please take a few minutes to give us your candid opinion. <company> has contracted with LOMA, an independent research firm, to conduct this survey and provide an unbiased analysis.

**What the survey asks**

This survey focuses on group life, disability, dental and health benefits. In each section of the survey, please consider your expectations for quality service from an excellent company. How does our service compare? For each question, please circle the option that best reflects your opinion.

The survey typically takes 10 to 15 minutes to complete.

**Thank you for taking the time to complete this survey.**  
**Please complete the survey on-line at [www.orgassess.com/](http://www.orgassess.com/)**  
**Or return your survey in the enclosed pre-paid envelope by**  
**May 1, 2001.**

## General Information

How many employees are in your firm?	What group products do you currently have with <company> (Please check all that apply)?	How long have you been a customer of <company>?
<input type="checkbox"/> Less than 25 <input type="checkbox"/> 25 to 50 <input type="checkbox"/> 51 to 100 <input type="checkbox"/> 101 to 500 <input type="checkbox"/> More than 500	<input type="checkbox"/> Life <input type="checkbox"/> Short Term Disability <input type="checkbox"/> Long Term Disability <input type="checkbox"/> Dental <input type="checkbox"/> Health	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> More than 3 years

### <company> Performance Relative to Expectations

In this section, please consider how the performance of <company> compares with your expectations for products and services provided by an excellent insurance company.

How does <company> compare to what you expect to receive from an excellent insurance company?	Much worse than expected	Worse than expected	About as expected	Better than expected	Much better than expected	N/A, Don't know
1. Uses technology to make it easy for me to contact them.	1	2	3	4	5	0
2. Has written communications (bills, statements, letters) which are clear and understandable.	1	2	3	4	5	0
3. Has written communications (bills, statements, letters) which are inviting to read.	1	2	3	4	5	0
4. Follows through on promised services.	1	2	3	4	5	0
5. Is a company on which I can depend.	1	2	3	4	5	0
6. Handles requests accurately.	1	2	3	4	5	0
7. Is willing to help me when I ask for assistance or information.	1	2	3	4	5	0
8. Is accessible when I try to contact them.	1	2	3	4	5	0
9. Responds quickly to requests for assistance or information.	1	2	3	4	5	0
10. Is able to answer questions about the policy or procedures for making changes.	1	2	3	4	5	0
11. Takes the time to listen to me.	1	2	3	4	5	0
12. Inspires trust and confidence.	1	2	3	4	5	0
13. Treats me with dignity and respect.	1	2	3	4	5	0
14. Makes an effort to understand my concerns.	1	2	3	4	5	0
15. Acts as though the customer is most important.	1	2	3	4	5	0

## Plan Administration Performance Relative to Expectations

In this section, please consider how <company>'s performance in setting up and administering your plan(s) compares to the performance you would expect from an excellent company.

Please evaluate ...	Much worse than expected	Worse than expected	About as expected	Better than expected	Much better than expected	N/A, Don't know
1. how promptly we confirmed coverage.	1	2	3	4	5	0
2. how promptly we delivered the contract.	1	2	3	4	5	0
3. how promptly the first billing arrived.	1	2	3	4	5	0
4. how promptly changes to your billing statements were completed.	1	2	3	4	5	0
5. how promptly we send forms or supplies when requested.	1	2	3	4	5	0
6. the accuracy of the first billing.	1	2	3	4	5	0
7. the accuracy of the certificates.	1	2	3	4	5	0
8. the accuracy of revisions to billing.	1	2	3	4	5	0
9. the accuracy of revisions to certificates.	1	2	3	4	5	0
10. the accuracy of revisions to contract.	1	2	3	4	5	0
11. the ease of completing administrative forms (other than claims forms).	1	2	3	4	5	0
12. the ease of making revisions.	1	2	3	4	5	0
13. the clarity of your billing statements.	1	2	3	4	5	0
14. the information <company> provides to help you administer your plan.	1	2	3	4	5	0
15. how adequately we explained how to use plan administration materials	1	2	3	4	5	0
Please evaluate our customer service staff's ...	Much worse than expected	Worse than expected	About as expected	Better than expected	Much better than expected	N/A, Don't know
1. accessibility.	1	2	3	4	5	0
2. responsiveness (e.g., willingness to help and provide prompt service).	1	2	3	4	5	0
3. knowledge.	1	2	3	4	5	0
4. reliability (e.g., provide service as promised).	1	2	3	4	5	0

## Claims Performance Relative to Expectations

In this section, please consider how <company>'s performance in administering claims compares to the performance you would expect from an excellent company. Please evaluate ...	Much worse than expected	Worse than expected	About as expected	Better than expected	Much better than expected	N/A, Don't know
1. promptness with which claims are paid.	1	2	3	4	5	0
2. accuracy of claim payments.	1	2	3	4	5	0
3. ease of submitting claims.	1	2	3	4	5	0
4. clarity of the explanation about claim decision.	1	2	3	4	5	0
5. amount of claim payment compared with what was expected.	1	2	3	4	5	0
Please evaluate our claim staff's ...	Much worse than expected	Worse than expected	About as expected	Better than expected	Much better than expected	N/A, Don't know
6. accessibility.	1	2	3	4	5	0
7. appreciation of claimant's circumstances.	1	2	3	4	5	0
8. responsiveness (e.g., willingness to help and provide prompt service).	1	2	3	4	5	0
9. knowledge.	1	2	3	4	5	0
10. reliability (e.g., provides service as promised).	1	2	3	4	5	0

## Broker Performance Relative to Expectations

In this section, please consider how the services <u>you have experienced</u> with your broker compare to those you would expect from an excellent broker. Please evaluate ...	Much worse than expected	Worse than expected	About as expected	Better than expected	Much better than expected	N/A, Don't know
1. Is accessible when I try to contact him/her.	1	2	3	4	5	0
2. Conveys a professional image.	1	2	3	4	5	0
3. Is knowledgeable about different group insurance products.	1	2	3	4	5	0
4. Is someone on whom I could depend.	1	2	3	4	5	0
5. Has an attractive and well-maintained physical facility.	1	2	3	4	5	0
6. Recommends policies that meet my organization's needs.	1	2	3	4	5	0
7. Provides prompt service.	1	2	3	4	5	0
8. Is concerned with matching my organization's insurance needs with its budget/financial needs.	1	2	3	4	5	0
In this section, please indicate whether you disagree or agree with the statements.	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	N/A, Don't know
1. I am satisfied with the overall customer service I receive from my broker.	1	2	3	4	5	0
2. I would recommend my broker to other organizations.	1	2	3	4	5	0
3. I expect to do more business with my broker in the future.	1	2	3	4	5	0
4. Overall, I am satisfied with how often I speak to or communicate with my broker.	1	2	3	4	5	0

## IV. Service Turnaround Times:

For each of the following items, please evaluate how <company>'s current service turnaround meets your service expectations. To help us set realistic service standards, we would like your input on how long you think certain processes should take. Considering the steps involved in each process, please give us an expected number of working days you think each service should take.

Please evaluate the time taken to...

	Very dissatisfied, far below expectations	Dissatisfied, below expectations	Neither satisfied nor dissatisfied	Satisfied, meets expectations	Very satisfied, exceeds expectations	No Opinion/ Not applicable	Expected number of working days
1. process general correspondence (date mailed to date receive response).	1	2	3	4	5	0	
2. make administrative changes that require underwriting (date of request to date changes are verified).	1	2	3	4	5	0	
3. make administrative changes that do not require underwriting {e.g., premium adjustments} (date of request to date changes are verified).	1	2	3	4	5	0	
4. pay life claims (date complete information is submitted to date receive payment).	1	2	3	4	5	0	
5. pay short-term disability claims (date complete information is submitted to date receive payment).	1	2	3	4	5	0	
6. pay long-term disability claims (date complete information is submitted to date receive first payment).	1	2	3	4	5	0	
7. process employee certificates (date of request to date delivered).	1	2	3	4	5	0	

How many working days should this take? \_\_\_\_\_ ↑

\*Please estimate in whole days (e.g., not 3.5 days) and do not use ranges (e.g., 3-4 days). (Convert weekly figures into working days by multiplying weeks by 5.)

## VII. Problem Resolution

The purpose of this section is to determine how we handle problems or concerns from policyholders. Your candid feedback on this section will help us provide better service to you in the future.

1. Have you had a problem or concern with your <company> benefit plan?  
 \_\_\_\_\_ (1) Yes                      \_\_\_\_\_ (2) No (Please go to the next page).

2. Which, if any, <company> representative did you contact?  
 \_\_\_\_\_ (1) Did not contact <company> representative (Please go to next page).  
 \_\_\_\_\_ (2) Do not know/Cannot recall  
 \_\_\_\_\_ (3) Client Service Consultant  
 \_\_\_\_\_ (4) Regional (Group) Sales office  
 \_\_\_\_\_ (5) Broker  
 \_\_\_\_\_ (6) Claims Analyst

3. What was the nature of your problem?  
 \_\_\_\_\_ (1) Claims decision  
 \_\_\_\_\_ (2) Turnaround time on claims  
 \_\_\_\_\_ (3) Billing (e.g., timeliness, clarity, accuracy)  
 \_\_\_\_\_ (4) Enrollments (Member Adds and/or Deletes)  
 \_\_\_\_\_ (5) <company>'s responsiveness or knowledge  
 \_\_\_\_\_ (6) Administration of plan changes  
 \_\_\_\_\_ (7) Certificate administration  
 \_\_\_\_\_ (8) Other (please briefly identify the problem)

<b>Thinking of the most urgent concern you had, please tell us how much you agree with the following:</b>						
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	No opinion
1. I was able to reach the right person quickly and easily.	1	2	3	4	5	0
2. The problem was resolved to my satisfaction.	1	2	3	4	5	0
3. The problem was resolved promptly.	1	2	3	4	5	0
<b>&lt;company&gt;'s representative...</b>						
1. listened to my problem with concern.	1	2	3	4	5	0
2. was able to answer my questions.	1	2	3	4	5	0
3. followed up on my problem as promised.	1	2	3	4	5	0

<b>In this section, please indicate whether you disagree or agree with the statements.</b>	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly agree</b>	<b>N/A, Don't know</b>
1. Overall, I am satisfied with <company>.	1	2	3	4	5	0
2. I am satisfied with the overall service I receive from <company> employees.	1	2	3	4	5	0
3. I expect to do more business with <company> in the future.	1	2	3	4	5	0
4. I say positive things about <company> to other organizations.	1	2	3	4	5	0
5. I would recommend <company> to other organizations.	1	2	3	4	5	0
6. Overall, it's easy to do business with <company>.	1	2	3	4	5	0
7. Overall, I am satisfied with the range of products and options offered by <company>.	1	2	3	4	5	0
8. I am satisfied with the overall customer service I receive from <company>'s employees.	1	2	3	4	5	0

## **General Comments**

Please include any additional comments or suggestions that you believe may be helpful in improving <company>'s service to you.

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**\*\*\*Thank You for Your Participation.\*\*\***

## Request for Information

If you would like <company> to send you more information, please print your name and phone number, and your company's name and address. LOMA will separate this section from your survey responses and forward your request to <company>.

Please recognize that it will take some time for <company> to receive your request due to the mailing time for LOMA to receive this form and forward it to <company>. <company> values your candid feedback; LOMA will forward your information as quickly as possible.

Your name (please print) \_\_\_\_\_

Your phone number \_\_\_\_\_

Your company's name \_\_\_\_\_

Your company's contact person \_\_\_\_\_

Your company's e-mail address \_\_\_\_\_

Your company's address \_\_\_\_\_

**If you haven't already, please complete the remainder of the survey. Thank you.**