



We appreciate your comments. By completing the below survey, we can evaluate our services and improve your experience.

CUSTOMER EVALUATION SURVEY

- | | |
|--------------------------|------------------------------------|
| 1. Exceeds Expectations | 4. Occasionally Meets Expectations |
| 2. Exceeds In Some Areas | 5. Expectations Are Not Being Met |
| 3. Meets Expectations | 6. Not Applicable |

CUSTOMER SERVICE

| | 1 | 2 | 3 | 4 | 5 | 6 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Is the telephone system user friendly? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Were your calls answered promptly? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Were the Customer Service Representatives knowledgeable and professional? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Were the Customer Service Representatives courteous and friendly? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Did the Customer Service Representative listen to your concerns and/or understand your specific service needs? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Did the Customer Service Representative treat you in a manner that made you feel comfortable? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Were your questions or issues resolved in one call? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Did the Customer Service Representative respond promptly to your e-mail inquiry? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Did the Customer Service Representative convey a sense of urgency to fulfill your request promptly? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. How would you compare our customer service with other companies? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. Did you find the on-line claim access to be user friendly? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

ADMINISTRATION

| | 1 | 2 | 3 | 4 | 5 | 6 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 12. Did you understand the enrollment materials? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. How would you rate the quality and delivery of the ID cards? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. How was the accuracy of the ID cards? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. If you spoke with an Eligibility Representative, was he/she knowledgeable, courteous and professional? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



CUSTOMER EVALUATION SURVEY

| | |
|--------------------------|------------------------------------|
| 1. Exceeds Expectations | 4. Occasionally Meets Expectations |
| 2. Exceeds In Some Areas | 5. Expectations Are Not Being Met |
| 3. Meets Expectations | 6. Not Applicable |

(continued)

| CLAIMS | 1 | 2 | 3 | 4 | 5 | 6 |
|---------------|----------|----------|----------|----------|----------|----------|
|---------------|----------|----------|----------|----------|----------|----------|

| | | | | | | |
|--|---|---|---|---|---|---|
| 16. Were your claims processed in a timely manner? | O | O | O | O | O | O |
| 17. Were your claims processed accurately? | O | O | O | O | O | O |
| 18. Are the Explanation of Benefits clear and understandable? | O | O | O | O | O | O |
| 19. If you had additional concerns, were they handled appropriately? | O | O | O | O | O | O |

Comments: _____

SUMMARY/COMMENTS

20. How long have you been a customer of Significa Benefit Services, Inc.? _____

21. What do you like (**best**) about the services we provide?

22. What do you like (**least**) about the services we provide?

23. Would you refer a prospective customer to us? Yes _____ No _____
 If no, why? _____



CUSTOMER EVALUATION SURVEY

- | | |
|--------------------------|------------------------------------|
| 1. Exceeds Expectations | 4. Occasionally Meets Expectations |
| 2. Exceeds In Some Areas | 5. Expectations Are Not Being Met |
| 3. Meets Expectations | 6. Not Applicable |

(continued)

24. If you feel we haven't met your service expectations, please describe the situation, including the name of the staff member involved (if known) and the date the incident occurred (if known):

25. Please comment on any additional ways we can improve our service to you.

26. Would you like a representative to contact you in response to this survey? Yes_____ No_____

Preferred method of contact: Telephone_____

Email _____

| | | | | | | |
|--|----------|----------|----------|----------|----------|----------|
| | 1 | 2 | 3 | 4 | 5 | 6 |
|--|----------|----------|----------|----------|----------|----------|

| | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 27. Overall satisfaction with Significa Benefit Services, Inc. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|

Optional

Employee Signature

Employer

Employee Name

Date

We value your input, thank you for completing our survey.

Please save completed survey and then email to customerservice@significabenefits.com

or

Print completed survey and fax it to 717-581-6529.

www.significabenefits.com

800-433-3746