



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

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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
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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? _____



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(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
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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"/>
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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