



DEPARTMENT OF VETERANS AFFAIRS  
Regional Office and Insurance Center  
Wissahickon Avenue and Manheim Street  
P. O. Box 42954  
Philadelphia PA 19101

XXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXX

In Reply Refer To:  
310/292-S  
XXXXXXXXXXXXXXXX

Dear XXXXXXXXXXXX:

You recently called the Insurance toll-free number and used our automated Interactive Voice Response System to get information about the above referenced government life insurance.

Now we would like to know if we did the best possible job. You can help us by doing the following :

- 1. Fill out the enclosed survey.
- 2. Send it to us in the enclosed envelope. (We've paid for the postage.)

This survey is voluntary; however completing it will help us improve our service.

Thank you for taking your time to help us. Please return your survey as soon as possible to make sure we can include your responses in the results.

If you have any questions about your insurance policy, then please feel free to contact us.

Sincerely yours,

JACQUELINE Y. HOWARD  
Chief, Policyholders Services Division

Enclosures  
Survey  
Postage Paid Envelope

VA GOVERNMENT LIFE INSURANCE  
INTERACTIVE VOICE RESPONSE SYSTEM SURVEY

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	
1. The automated instructions were easy to understand and follow.	[ ]	[ ]	[ ]	[ ]	[ ]	
2. You were able to quickly access the information you wanted.	[ ]	[ ]	[ ]	[ ]	[ ]	
3. The information you accessed was easy to understand.	[ ]	[ ]	[ ]	[ ]	[ ]	
4. You were able to get the information you wanted without needing to speak to a representative.	[ ]	[ ]	[ ]	[ ]	[ ]	
5. You received the information you asked the system to mail to you.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ] N/A
6. We quickly replied to your voice message.	[ ]	[ ]	[ ]	[ ]	[ ]	
7. You would use the Interactive Voice Response System again.	[ ]	[ ]	[ ]	[ ]	[ ]	
8. The overall quality of our service was good.	[ ]	[ ]	[ ]	[ ]	[ ]	
9. Our service was good when compared with other life insurance companies.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ] No other insurance

10. How can we improve our service?

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(MMMMYYYY)(Survey #)