

EMAIL SUBJECT LINE: VA Life Insurance Beneficiary Designation Survey (4 minutes)

EMAIL PREHEADER: Tell us about your Beneficiary Designation experience with VA Life Insurance.



U.S. Department
of Veterans Affairs

OMB Number: 2900-0876
Expiration: 03/31/2023
Estimated Burden: 4 minutes

Your opinion matters.

Dear <First Name Last Name>,

We care about your experience with VA. Please take this [4 minute survey](#) to let us know about your Beneficiary Designation experience with VA Life Insurance. The more information you share with us, the better we can serve you.

Take Our Survey

Thank you,

Veterans Experience Office

Department of Veterans Affairs

Whether you're just getting out of the service or you've been a civilian for years, the [VA Welcome Kit](#) can help guide you to the benefits and services you've earned.

The Veterans Crisis Line provides free, confidential support for Veterans and their families and friends in crisis. Dial 1 (800) 273-8255 (Press 1), or text 838255 to receive confidential support 24/7 (System of Records Notice VA158VA10NC5). Visit <https://www.veteranscrisisline.net> for more information.

Additionally, the National Call Center for Homeless Veterans (NCCHV) provides free, confidential support for Veterans and their family members and friends who are homeless or at risk of homelessness. Veterans can either call or chat online with the National Call Center for Homeless Veterans where trained counselors are ready to talk confidentially 24 hours a day, 7 days a week. Dial 1 (877) 424-3838 or visit <https://www.va.gov/HOMELESS/> to receive confidential support.

Please do not reply to this email - it is unmonitored.

If you wish to share your feedback, please do so by <Month DD, YYYY at TT:TT>.

You received this email because you provided your email address to VA. If you would like to opt out from receiving future surveys, please click below.

[Unsubscribe from this VA Survey](#) | [Privacy Policy](#)

This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 4 minutes to review the instructions and complete this survey. The results of this survey will be used to inform opportunities for program improvement in the quality of VA services. Participation in this survey is voluntary, and your decision not to respond will have no impact on VA benefits or services which you may currently be receiving. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at <https://www.reginfo.gov/public/do/PRAMain>. Information gathered will be kept private to the extent provided by law.

EMAIL SUBJECT LINE: We still want to hear about your VA Life Insurance Beneficiary Designation experience (4 minutes)

EMAIL PREHEADER: Tell us about your Beneficiary Designation experience with VA Life Insurance.



U.S. Department
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Your feedback is important to us.

Dear <First Name Last Name>,

VA still wants to hear about your Beneficiary Designation experience with VA Life Insurance. Please let us know how we are doing by taking a [4 minute survey](#) regarding your experience. The more information you share with us, the better we can serve you.

Take Our Survey

Thank you,

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Help us serve you better.

We want to hear about your recent VA Life Insurance experience. By indicating how much you agree or disagree with the statements below, you directly help us improve VA services.

This survey should take approximately 4 minutes to complete. Please respond to all questions in order to continue the survey.

<Logic: Red “Required” text only shows up if a question is skipped>

I found it easy to complete the Beneficiary Designation form. <Required>

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

The instructions on the Beneficiary Designation form were clear. <Required>

<Logic: A Strongly Agree or Strongly Disagree response triggers the Clarity Supplemental Question>

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

<Required>

My most recent Beneficiary Designation process with VA Life Insurance felt respectful.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

The overall quality of service provided to me was excellent. <Required>

<Logic: A Strongly Agree or Strongly Disagree response triggers the Quality Supplemental Question>

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

I trust VA Life Insurance to fulfill our country’s commitment to Veterans. <Required>

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

Can VA contact you about your feedback? <Required>

- ☐ Yes, VA can contact me about my insurance experience.
- ☐ No, I do not want VA to contact me about my insurance experience.

Next

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Thank you for your feedback.

In order to improve VA services we are asking for your help. Please provide additional information below so that we can better serve you.

“The instructions on the Beneficiary Designation form were clear.” <Required>
You selected Strongly Disagree. Please tell us why. Select all that apply.

<Logic: This question is triggered by a Strongly Disagree response to Q2>

- ☐ I had difficulty understanding the complicated words or VA terminology used in the instructions.
- ☐ I experienced a language barrier while interacting with VBA Insurance Services.
- ☐ I had technical issues accessing the instructions.

“The instructions on the Beneficiary Designation form were clear.” <Required>
You selected Strongly Agree. Please tell us why. Select all that apply.

<Logic: This question is triggered by a Strongly Agree response to Q2>

- ☐ I was provided explanations and instructions that I could understand.
- ☐ I had no issues accessing this application/form.
- ☐ I felt as though the process was easy.

“The overall quality of service provided to me was excellent.” <Required>
You selected Strongly Disagree. Please tell us why. Select all that apply.

<Logic: This question is triggered by a Strongly Disagree response to Q4>

- ☐ The service I received was unhelpful.
- ☐ The process took (or is taking) too long.
- ☐ The response provided did not answer my question.
- ☐ I did not understand the response.

“The overall quality of service provided to me was excellent.” <Required>
You selected Strongly Agree. Please tell us why. Select all that apply.

<Logic: This question is triggered by a Strongly Agree response to Q4>

- ☐ The service I received was helpful.
- ☐ I understood the time frame or process.
- ☐ The response/service provided answers to my question(s).
- ☐ I was satisfied with the response/service provided.

What estimated completion time frame was communicated to you? <Required>

<Logic: This question is triggered only if another supplemental question is triggered>

- ☐ 7 days or fewer
- ☐ Between 8-30 days
- ☐ Between 31-90 days
- ☐ No estimated completion date was provided
- ☐ I do not remember

Finish

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VA



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Thank you for choosing VA.

The U.S. Department of Veterans Affairs uses these surveys to collect your feedback in order to continuously improve your experience with VA services.

Please visit [VA.gov](https://www.va.gov) to explore benefits, resources, and information at VA.

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