

**Request for Approval under the "Generic Clearance for Improving
Customer Experience: OMB Circular A-11, Section 280
Implementation"
(OMB Control Number: 0960-0818)**

TITLE OF INFORMATION COLLECTION: Internet Claim (iClaim) and SSA-3368 Adult Disability Report End of Task Survey

PURPOSE OF COLLECTION:

The purpose of this collection is to obtain customer feedback on the effectiveness, ease, efficiency, and transparency of the online retirement, auxiliary spouse, Medicare, disability, and Supplemental Security Income filing process. SSA will use the feedback to make improvements to the online filing process and to benchmark customer trust and satisfaction with the process.

TYPE OF ACTIVITY: (Check one)

- ☐ Customer Research (Interview, Focus Groups, Surveys)
- ☒ **Customer Feedback Survey**
- ☐ Usability Testing of Products or Services

ACTIVITY DETAILS

1. If this is a survey, will the results of this survey be reported to Touchpoints as part of quarterly reporting obligations specified in OMB Circular A-11 Section 280?
- ☒ **Yes (for our designated services of Applying for Social Security retirement benefits and Applying for adult disability benefits)**

- ☐ No
- ☐ Not a survey

2. How will you collect the information? (Check all that apply)

- ☒ **Web-based or other forms of Social Media**
- ☐ Telephone
- ☐ In-person
- ☐ Mail
- ☐ Other, Explain

3. Who will you collect the information from?

SSA will collect information from all customers who save or submit an online application for benefits or an SSA-3368 (Adult Disability Report) and ask for their feedback. Currently, customers filing for retirement, auxiliary spouse, Medicare, disability, and Supplemental Security Income can use the online filing system.

4. How will you ask a respondent to provide this information?

We will present the iClaim End of Task Survey as an intercept when the user reaches the end of their online iClaim path.

5. What will the activity look like?

Customers are presented with a web-based intercept survey when saving or submitting their application online. The participant can choose to abandon the survey at any point. The participant provides their answers to the questions and clicks submit to send their feedback back to us. This is a web survey, without any facilitators or interviewers involved.

6. Please provide your question list. Please make sure that all instruments, instructions, and scripts are submitted with the request.

On a scale from 1 to 5, where 1 means "Do Not Agree At All" and 5 means "Completely Agree," please rate the following statements:

I am satisfied with my recent experience using the online application.*

<input type="radio"/> 1: Do Not Agree At All
<input type="radio"/> 2
<input type="radio"/> 3
<input type="radio"/> 4
<input type="radio"/> 5: Completely Agree

Based on my recent experience using the online application, I trust Social Security to meet the public's needs.*

<input type="radio"/> 1: Do Not Agree At All
<input type="radio"/> 2
<input type="radio"/> 3
<input type="radio"/> 4
<input type="radio"/> 5: Completely Agree

If 5, present multiselect driver questions:

What about this interaction made the difference? Select all that apply.

I was able to complete my application online.

It was easy to use the online application.

It took a reasonable amount of time.

I understood what was asked of me throughout the process.

Something else *(if selected, present open ended feedback question "Please explain.")*

If 1-4, present multiselect driver questions:

What could have been better? Select all that apply.

I was not able to complete my application online.

It was not easy to use the online application.

It did not take a reasonable amount of time.

I did not understand what was asked of me throughout the process.

Something else *(if selected, present open ended feedback question – “Please explain.”*

Which benefits are you applying for today? (Please select all that apply.)

<input type="checkbox"/>	Retirement
<input type="checkbox"/>	Disability
<input type="checkbox"/>	Medicare

Did you also apply for SSI (Supplemental Security Income) benefits? The SSI program pays benefits to people age 65 and older or blind or disabled adults under 65 who have limited income and resources.*

<input type="radio"/>	Yes, I applied for SSI today
<input type="radio"/>	I plan to apply for SSI in the future
<input type="radio"/>	No, I do not plan to apply for SSI
<input type="radio"/>	I do not know what SSI is

Please provide us with any additional information about your experience and/or suggestions for improvement:

- Please do not enter any personal information (name, SSN, email, date of birth, etc.)

7. When will the activity happen?

This feedback collection is ongoing with no anticipated end date.

8. Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?

[] Yes [X] No

If Yes, describe:

9. Will personally identifiable information (PII) be collected through this information collection?

[] Yes

[X] No

10. If "yes" to Question 9, will any information that is collected be included in records that are subject to the Privacy Act of 1974?

☐ Yes

☐ No

11. If "yes" to Question 10, has an up-to-date System of Records Notice been published?

☐ Yes

☐ No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Members of the public	100,000	5 minutes	8,333
Totals	100.000		8,333

CERTIFICATION:

I certify the following to be true:

1. The collections are voluntary;
2. The collections are low-burden for respondents (based on considerations of total burden hours or burden-hours per respondent) and are low-cost for both the respondents and the Federal Government;
3. The collections are non-controversial ;
4. Any collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the near future;
5. Personally identifiable information (PII) is collected only to the extent necessary and is not retained;
6. Information gathered is intended to be used for general service improvement and program management purposes
7. Upon agreement between OMB and the agency aggregated data may be released as part of A-11, Section 280 requirements only on performance.gov. Summaries of customer research and user testing activities may be included in public-facing customer journey maps.
8. Additional release of data will be coordinated with OMB.

Name and email address of person who developed this survey/focus group/interview:

Name: Joseph Boggs

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All instruments used to collect information must include:

OMB Control No. 0960-0818

Expiration Date: 8/31/26