Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 1530-0023)

TITLE OF INFORMATION COLLECTION: *my*RA Employer Survey Phase 2

PURPOSE: *This study is the second phase in a multi-phase survey of employers to gather systematic information on needs, issues and messages that will help recruit employers to make myRA available to their employees, and to aid in employer onboarding and employee education/support needs. The sampling plan for phase 2 is similar to phase 1. The questionnaire retains some elements from phase 1, but probes in deeper detail employer needs, and the effectiveness of new messaging that is built on the findings from phase 1 and experience gleaned in early employer recruiting efforts. This research will be conducted quarterly in order to address research questions as they arise and to support timely analysis of relevant employer onboarding issues and concerns***.**

DESCRIPTION OF RESPONDENTS: *This research will be conducted among business executives who are responsible for making decisions about benefits programs for the employees in their companies. These employer decision makers will be in small, medium and large companies (both those that do and do not currently offer payroll-based retirement accounts to their employees).*

TYPE OF COLLECTION: (Check one)

[ ] Customer Comment Card/Complaint Form
[ ] Usability Testing (e.g., Website or Software
[ ] Focus Group
[ ] Customer Satisfaction Survey
[ ] Small Discussion Group
[X] Other: Telephone survey

CERTIFICATION:

I certify the following to be true:
1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.*
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The 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 future.

Name: Bruce A. Sharp

Digitally signed by Bruce A. Sharp
DN: c=US, o=U.S. Government, ou=Department of the Treasury, ou=Bureau of the Public Debt, ou=People, serialNumber=404211, cn=Bruce A. Sharp
Date: 2014.09.23 09:58:54 -04'00'

Bruce A. Sharp

*Per OMB Guidance, results will be published and made available to interested parties as circumstances demand. Where that occurs, the Bureau of the Fiscal Service will communicate the qualitative nature of the results and indicate that they are not generalizable to the population of study.

To assist review, please provide answers to the following question:

Personally Identifiable Information:
1. Is personally identifiable information (PII) collected? [ ] Yes [X] No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [ ] Yes [ ] No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [ ] Yes [ ] No

Gifts or Payments:
Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [X] No

Business benefits decision-makers will be asked to participate voluntarily in this telephone survey.

BURDEN HOURS

Category of Respondent	**No. of Respondents**	**Participation Time**	**Burden**
Business benefits decision makers	400	15 minutes avg	100 hrs
Totals	**400**	15 minutes avg	**100 hrs**

FEDERAL COST: The estimated annual cost to the Federal government is not known at this time.

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents
1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?
[X] Yes [ ] No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

The sample framework for the companies will be drawn from a Dun & Bradstreet business file that allows sorting of businesses by size and industry. This is a standard protocol for business surveys because Dun & Bradstreet manages one of the largest and most accurate data bases of businesses in the United States, has data that allows sorting and selection of companies by size and industry sectors (using NAICS codes), and includes contact information that makes telephone surveying feasible.

The survey instrument includes a screening protocol once a respondent has been contacted to assure that the respondent has decision-making authority that covers decisions about benefits programs for employees.

Target quotas have been established to assure that the sample includes specific numbers of respondents in small (10-99 employees), medium (100-499 employees) and larger (500+ employees) companies. Five industry sectors are being targeted for the survey, corresponding to the sectors in which outreach efforts are concentrated. Response rates by size/sector will be monitored to assure a distribution of respondents that corresponds to the sectors targeted – especially important in this study because much of the focus is on examining differences across those size and sector groups.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
   [ ] Web-based or other forms of Social Media
   [X] Telephone
   [ ] In-person
   [ ] Mail
   [ ] Other, Explain
2. Will interviewers or facilitators be used? [X] Yes [ ] No

Please make sure that all instruments, instructions, and scripts are submitted with the request.

Instructions for completing Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback"

TITLE OF INFORMATION COLLECTION: Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

PURPOSE: Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

DESCRIPTION OF RESPONDENTS: Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

TYPE OF COLLECTION: Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

CERTIFICATION: Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

Personally Identifiable Information: Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

Gifts or Payments: If you answer yes to the question, please describe the incentive and provide a justification for the amount.

BURDEN HOURS:
Category of Respondents: Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households;(2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.
No. of Respondents: Provide an estimate of the Number of respondents.
Participation Time: Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)
Burden: Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

FEDERAL COST: Provide an estimate of the annual cost to the Federal government.

<u>If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:</u>

The selection of your targeted respondents. Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

Administration of the Instrument: Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

Submit all instruments, instructions, and scripts are submitted with the request.