

Commerce Benefits Group wants to serve you better and appreciates you taking the time to complete this survey.

## Customer Evaluation Survey

- 1. Exceeds Expectations
- 2. Exceeds In Some Areas
- 3. Meets Expectations



- 4. Occasionally Meets Expectations
- 5. Expectations Are Not Being Met
- 6. Does Not Apply

### 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 to our Customer Service Specialists 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 Specialists 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 Specialists 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 Specialist 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 Specialist 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 Specialist 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 Specialist show 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 Web eXchange system 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. Were the pre-enrollment materials easy to understand?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Were the post-enrollment materials easy to understand?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. 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"/>
15. 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"/>
16. Please rate the quality and delivery of the Summary Plan Description.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Please rate the ease of understanding the Summary Plan Description.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. If you spoke with an Eligibility Representative, was s/he knowledgeable, courteous and professional?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### CLAIMS

	1	2	3	4	5	6
19. Were your claims processed in a timely manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Were your claims processed accurately?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Are the Explanation of Benefits clear and understandable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. If you had additional concerns, were they handled appropriately?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

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## Customer Evaluation Survey

(continued)

### SUMMARY/COMMENTS

23. How long have you been a customer of Commerce Benefits Group? \_\_\_\_\_

24. What do you like best about the services that we provide?

Comments: \_\_\_\_\_  
\_\_\_\_\_

25. What do you like least about the services that we provide?

Comments: \_\_\_\_\_  
\_\_\_\_\_

26. Would you refer a prospective customer to us? Yes\_\_\_\_ No\_\_\_\_

27. 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):

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28. Please comment on any additional strengths or areas where you feel we can improve our service to you or to your organization.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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29. Overall satisfaction with Commerce Benefits Group

1	2	3	4	5	6
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employee Name  
(Please print)

\_\_\_\_\_  
Date

Commerce Benefits Group  
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Thank you for completing our survey