

DEFINED BENEFIT PLAN RECENTLY RETIRED MEMBER COUNSELING SATISFACTION SURVEY



SERS wants to meet or exceed your needs and expectations regarding our counseling services. To help us maintain and improve our service, we need your opinions about the counseling session. Please take a few minutes to complete this survey.

COUNSELING SESSION INFORMATION	
Counselor's Name	Appointment Date
Name (Optional)	

My Overall Satisfaction

	Very Satisfied	Satisfied	Somewhat Satisfied	Dissatisfied
My overall level of satisfaction with the entire counseling experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What, if anything, could SERS have done to increase your level of satisfaction?

My Appointment

	Yes	No
Did your counselor offer you three meeting options for completing your retirement application -- by phone, through an online meeting, or in person?	<input type="checkbox"/>	<input type="checkbox"/>

	Phone	Online	In-person
If yes, which meeting option did you choose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Excellent	Very Good	Good	Fair	Poor
Ability to schedule an appointment at a time convenient for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of time available for my appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree to which my appointment began at the scheduled time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My Counselor

	Excellent	Very Good	Good	Fair	Poor
Counselor's knowledge regarding my SERS benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselor's ability to explain my retirement in a way I could understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselor's ability to answer my questions clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselor's professionalism.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselor's overall helpfulness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy of counselor's estimate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What comments do you have about your SERS retirement counseling experience?

What comments do you have about the timeliness of your first payment?
