



**United States**  
**Office of Personnel Management**  
**Retirement and Insurance Service**

**Benefits Administration Letter**

Number: 98-701

Date: January 26, 1998

**Subject: Federal Employees' Group Life Insurance: Customer Feedback Survey**

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**General Information**

For the first time, the Office of Personnel Management is sponsoring a survey of Federal employees concerning the Federal Employees' Group Life Insurance (FEGLI) Program. We have notified the national offices of the major unions representing Federal employees about this survey.

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**What is the Survey's Objective?**

The objective of the survey is to obtain direct employee feedback about the Program's benefits and customer service. We will use the responses to help improve the Program.

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**How Were Employees Chosen to Participate in the Survey?**

We randomly selected non-Postal employees from information in the Civilian Personnel Data File (CPDF) as of June 1997. The United States Postal Service (USPS) randomly selected the Postal employees.

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**Who Is Conducting the Survey?**

The Office of Federal Employees' Group Life Insurance (OFEGLI) subcontracted with DeBow Communications, Ltd., to administer the survey.

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**When Will the Survey Be Conducted?**

In late January, the contractor will mail survey packets to agency Human Resources Officers for distribution to the non-Postal employees selected to participate. At the same time, the contractor will mail surveys directly to the selected Postal employees. Employees should complete

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*Civil Service  
Retirement  
System*

*Federal Employees  
Group Life  
Insurance*

*Federal Employees  
Health Benefits  
Program*

*Federal Employees  
Retirement  
System*

and return the survey questionnaire as soon as possible.

Along with the survey packets, the contractor will send a batch of reminder letters for the Human Resources Officers to send out about a week after initial distribution; these letters remind employees to complete and return the survey questionnaire, if they haven't already done so. The contractor will send reminder letters directly to the Postal employees.

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**Are Responses Confidential?**

Yes. Employees will complete and return the survey questionnaires anonymously. The contractor will report results only on an aggregate basis--individual responses will not be reported.

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**Where Should Completed Survey Questionnaires Be Sent?**

Employees randomly chosen to participate in the survey should mail their responses directly to DeBow Communications using the postage-paid, pre-addressed envelopes included with the survey. Employees who misplace the envelope should mail their responses to the address listed on the last page of the survey: DeBow Communications, Ltd., 350 West 31st Street, 3rd floor, New York, NY 10001-2726.

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**Are All Survey Questionnaires the Same?**

No. Randomly chosen employees who are currently enrolled in the FEGLI Program will receive a longer version of the survey. Randomly chosen employees who have a current waiver of life insurance on file will receive a separate, shorter version of the survey designed to find out why they chose to waive coverage.

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**What If an Employee Enrolled in the FEGLI Program Receives a Survey Meant for a Non-Enrollee?**

Enrollment information is based on data in the CPDF or USPS records for a given point in time. It is possible that enrolled employees may receive a copy of the survey intended for non-enrollees and vice-versa. If that happens, the employees should answer question #1 and return the survey without completing the rest of the questions. This is explained on the survey forms.

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**Can Anyone Else Submit a Survey Questionnaire?**

No. In order to protect the integrity of the survey process, only those employees who are randomly chosen to participate should complete and return the survey questionnaire. The contractor will not use questionnaires submitted by anyone else.

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**What If I Need More Information?**

If you have any questions about the survey itself or the contractor's role, please call Ms. Marie L'Etoile (202) 606-0745.

If you have questions regarding the survey distribution process, please call Mr. Thomas DeBow at DeBow Communications, Ltd., at (212) 239-3000.

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**When Can We Expect to Learn the Results?**

We will let you know the results of the survey after we accept the final report from the contractor, which we expect in early spring.

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**Samples**

Samples of the two survey questionnaires are attached to this BAL.

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Abby L. Block, Chief  
Insurance Policy  
and Information Division

Attachments



**United States  
Office of  
Personnel Management**

Washington, D.C. 20415

In Reply Refer To:

Your Reference:

**1998 Customer Feedback Survey About the  
Federal Employees' Group Life Insurance Program**

[FEGLI LOGO]

We need your help! Please take a few minutes to complete this questionnaire about your Federal life insurance program. Your answers and opinions are important to help us improve the Federal Employees' Group Life Insurance (FEGLI) Program for you and your family.

The usefulness of this survey depends on you. An independent research company will process completed questionnaires. They will compile the results for reporting purposes. They won't report your individual responses, so your answers will be completely confidential.

To make this study truly accurate, we need you to complete and return your questionnaire. All you have to do is place a "✓" in the box next to the answer that best describes your circumstances. Then, return your completed questionnaire in the enclosed postage-paid envelope. It will take only a few minutes of your time.

Your opinions will help us improve the FEGLI Program for everyone. Thank you for your help with this important project.

Sincerely,

*(SIGNATURE)*

Frank D. Titus  
Assistant Director  
for Insurance Programs

## 1998 Customer Feedback Survey About the Federal Employees' Group Life Insurance Program

1. Are you currently enrolled in the Federal Employees' Group Life Insurance (FEGLI) Program?  
 Yes (*please continue with Question 2*)  
 No (*Thank you for your time. You have now completed this questionnaire.*)
  
2. When did you acquire Basic life insurance? (that's the minimum coverage you can get. It's based on your salary plus \$2,000)  
 As a new employee  During an open season  
 After submitting results of a physical  Don't know  
 Other \_\_\_\_\_ (please specify)
  
3. Do you currently have the extra \$10,000 of coverage? (Option A - Standard)  
 Yes (*please continue with Question 4*)  No (*please skip to Question 5*)  
 Don't know (*please skip to Question 5*)
  
4. When did you elect your Option A - Standard?  
 As a new employee  During an open season  
 After submitting results of a physical  Don't know  
 Other \_\_\_\_\_ (please specify)
  
5. Do you currently have additional coverage based on multiples of your salary? (Option B - Additional)  
 Yes (*please circle number of multiples*) 1 2 3 4 5 Don't know  
 No (*please skip to Question 7*)  Don't know (*please skip to Question 7*)
  
6. When did you elect your Option B - Additional?  
 As a new employee  During an open season  
 After submitting results of a physical  After a life event (marriage, divorce, children, death of spouse)  
 Don't know  Other \_\_\_\_\_ (please specify)
  
7. Do you currently have family coverage? (Option C - Family)  
 Yes (*please continue with Question 8*)  
 No (*please skip to Question 9*)  
 Don't know (*please skip to Question 9*)
  
8. When did you elect your Option C - Family?  
 As a new employee  During an open season  
 After a life event (marriage, divorce, children, death of spouse)  
 Don't know  Other \_\_\_\_\_ (please specify)

### FEGLI Customer Service

9. Please rate the customer service related to the FEGLI Program provided by the **Office of Personnel Management (OPM)** in terms of

- | 9a. ACCURACY                        | 9b. COURTEOUSNESS                   | 9c. TIMELINESS                      |
|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Poor       | <input type="checkbox"/> Poor       | <input type="checkbox"/> Poor       |
| <input type="checkbox"/> Fair       | <input type="checkbox"/> Fair       | <input type="checkbox"/> Fair       |
| <input type="checkbox"/> Good       | <input type="checkbox"/> Good       | <input type="checkbox"/> Good       |
| <input type="checkbox"/> Very good  | <input type="checkbox"/> Very good  | <input type="checkbox"/> Very good  |
| <input type="checkbox"/> Excellent  | <input type="checkbox"/> Excellent  | <input type="checkbox"/> Excellent  |
| <input type="checkbox"/> No opinion | <input type="checkbox"/> No opinion | <input type="checkbox"/> No opinion |

9d. My opinion is based on  
 My own experience    The experience of others    Marked "No opinion" above

10. Please rate the customer service related to the FEGLI Program provided by your own agency's **Human Resources/Personnel Office** in terms of

- | 10a. ACCURACY                       | 10b. COURTEOUSNESS                  | 10c. TIMELINESS                     |
|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Poor       | <input type="checkbox"/> Poor       | <input type="checkbox"/> Poor       |
| <input type="checkbox"/> Fair       | <input type="checkbox"/> Fair       | <input type="checkbox"/> Fair       |
| <input type="checkbox"/> Good       | <input type="checkbox"/> Good       | <input type="checkbox"/> Good       |
| <input type="checkbox"/> Very good  | <input type="checkbox"/> Very good  | <input type="checkbox"/> Very good  |
| <input type="checkbox"/> Excellent  | <input type="checkbox"/> Excellent  | <input type="checkbox"/> Excellent  |
| <input type="checkbox"/> No opinion | <input type="checkbox"/> No opinion | <input type="checkbox"/> No opinion |

10d. My opinion is based on  
 My own experience    The experience of others    Marked "No opinion" above

11. Please rate the customer service related to the FEGLI Program provided by the **Office of Federal Employees' Group Life Insurance (OFEGLI)** in terms of

- | 11a. ACCURACY                       | 11b. COURTEOUSNESS                  | 11c. TIMELINESS                     |
|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Poor       | <input type="checkbox"/> Poor       | <input type="checkbox"/> Poor       |
| <input type="checkbox"/> Fair       | <input type="checkbox"/> Fair       | <input type="checkbox"/> Fair       |
| <input type="checkbox"/> Good       | <input type="checkbox"/> Good       | <input type="checkbox"/> Good       |
| <input type="checkbox"/> Very good  | <input type="checkbox"/> Very good  | <input type="checkbox"/> Very good  |
| <input type="checkbox"/> Excellent  | <input type="checkbox"/> Excellent  | <input type="checkbox"/> Excellent  |
| <input type="checkbox"/> No opinion | <input type="checkbox"/> No opinion | <input type="checkbox"/> No opinion |

- 11d. My opinion is based on  
 My own experience    The experience of others    Marked "No opinion" above

### **The FEGLI Program and Benefits**

12. How satisfied are you that the FEGLI Program provides good value for your money?  
 Very dissatisfied  
 Dissatisfied  
 Neither satisfied nor dissatisfied  
 Satisfied  
 Very satisfied  
 Do not know
13. How satisfied are you with the amount of coverage available under the Program?  
 Very dissatisfied  
 Dissatisfied  
 Neither satisfied nor dissatisfied  
 Satisfied  
 Very satisfied  
 Do not know
14. Are you aware of when/how you can change your current coverage in the FEGLI Program?  
 Yes       No
15. Before reading this question, were you aware that you may assign (give up ownership of) your life insurance coverage to another person, firm or trust?  
 Yes       No
16. Before reading this question, were you aware that if you are terminally ill, with a life expectancy of nine months or less, you may request that all or part of your Basic insurance be paid to you directly (this is called a Living Benefit)?  
 Yes       No

17. Do you currently have a life insurance designation of beneficiary (SF 54 or SF 2823) on file?  
 Yes (*please continue with Question 18*)  
 No (*please skip to Question 19*)  
 Don't know (*please skip to Question 19*)

18. If Yes, when is the last time you reviewed it?  
 Reviewed it during the last year  
 Reviewed it more than 1 year ago  
 Have not reviewed it since I filed it  
 Don't know

### **Access to FEGLI Information**

19. Do you feel that you know what your benefits are under the FEGLI Program?  
 Yes       No       Basically       Don't know
20. Do you feel you need additional information on the FEGLI Program in general?  
 Yes       No       Don't know
21. Do you feel you need additional information on your FEGLI enrollment in particular?  
 Yes       No       Don't know
22. Where do you **usually** go first to get an answer to a question you may have about the **FEGLI Program** in general?  
 My HR/Personnel Office     OPM       FEGLI Booklet  
 OFEGLI in New York       Friend       Don't have questions  
 Other
23. Where do you **usually** go first to get an answer to a question you may have about your **FEGLI enrollment** in particular?  
 My HR/Personnel Office     OPM       FEGLI Booklet  
 OFEGLI in New York       Friend       Don't have questions  
 Other
24. How would you like to receive future information about the FEGLI Program?  
 Through the Internet       Kiosk (like Employee Express)       Touch-tone phone  
 Mail at work       Mail at home       Other \_\_\_\_\_ (please specify)



25. Do you have access to the Internet at (*check as many as apply*)  
Work - at your desk      Work - away from your desk  
Home      No access

### **New Products**

26. Do you feel that the current Family coverage (\$5,000 for a spouse and \$2,500 for eligible children) is adequate?  
Yes      No      Don't know
27. Would you be willing to pay more money for more Family coverage?  
Yes      No      Don't know
28. Life insurance coverage provided under the FEGLI Program has no cash value other than a death benefit, and has no investment value. By contrast, Group Universal Life (GUL) provides life insurance benefits combined with a cash accumulation fund. Participants pay premiums to the fund and are also able to contribute additional money to the fund. The fund earns competitive interest rates. Participants are also able to make withdrawals or borrow from the cash value in their accumulation funds. Participants are charged a record keeping fee (about \$1.50 per month).

Do you think that you would participate in GUL if the FEGLI Program offered this coverage?  
Yes      No      Don't know

29. The cost of GUL varies by the age of the individual insured. The amount of cash value varies depending on the earned rate of interest and the funds contributed. Sample rates for \$40,000 of GUL coverage are indicated below.

Biweekly Premiums for \$40,000 Coverage

Age	Current Optional * (no cash value)	New GUL** (est \$729.00 cash value)
25	\$ 1.60	\$29.60
35	\$ 2.00	\$30.00
45	\$ 4.40	\$32.40
55	\$12.00	\$40.00
65	\$28.00	\$56.00

\* For comparison purposes, this is the biweekly cost of \$40,000 worth of optional coverage under the current FEGLI program (which never accumulates a cash value).

\*\* This is the estimated biweekly cost for \$40,000 worth of GUL, resulting in an estimated cash value after the first year of \$729.00. This assumes no contributions to the cash fund other than these premiums and an interest rate of 5 percent.

What would you prefer to pay?

- Lower premiums for lower cash value  
 Higher premiums for higher cash value  
 The same premiums as the above example  
 Not interested in GUL

30. Are you currently participating in the Federal Thrift Savings Plan (TSP)?  
 Yes (*please continue with Question 31*)     No (*please skip to Question 32*)  
 Don't know
31. If yes, would you consider GUL as supplemental to the TSP or instead of the TSP?  
 Supplemental                       Instead of                       Not interested in GUL

32. Group Variable Universal Life (GVUL) is similar to GUL, but allows participants to invest money in either a fixed fund that guarantees the principal plus interest (similar to GUL) or variable funds that do not guarantee the principal, such as domestic and international stocks. The record keeping fee for GVUL would be about \$3.00 per month.

Do you think that you would participate in GVUL if the FEGLI Program offered this coverage?

Yes      No      Don't know

33. The FEGLI Program currently provides Accidental Death and Dismemberment (AD&D) coverage as part of both Basic and Option A - Standard. AD&D provides benefits in the event of a fatal accident or accident resulting in loss of limb or sight, at no extra cost.

Another type of coverage -- Voluntary Accidental Death and Dismemberment (VADD) coverage -- provides more benefits at an extra cost. Participants choose how much coverage to buy.

If the cost were \$.0102 biweekly per \$1,000 of VADD coverage (for example, \$50,000 worth of coverage would cost \$.51 biweekly), do you think that you would participate in VADD if the FEGLI Program offered this coverage?

Yes      No      Don't know

### **Other Coverage**

34. Do you have any life insurance coverage **other than** Federal Employees' Group Life Insurance?

Yes (*please continue with Question 35*)    No (*please skip to Question 37*)

35. If yes, why did you purchase this additional coverage? (*check as many as apply*)

It is cheaper than FEGLI coverage  
It is not term insurance--it builds a cash value, and FEGLI does not  
I wanted more coverage than I can get under the FEGLI Program  
I wanted more coverage for my spouse and/or dependents  
Other \_\_\_\_\_ (please specify)

36. What is the dollar amount of your **other** life insurance coverage?
- \$10,000 or under                      \$10,001 - \$49,000  
\$49,001 - \$99,000                      over \$99,000

### **Demographic Information**

(Please note that your answers will be kept confidential. This information will only be reported in the aggregate.)

37. Are you currently employed  
Full-time    Part-time
38. Is your current position  
Permanent    Term                      Temporary                      Intermittent    Other
39. Are you currently employed with the United States Postal Service?  
Yes                      No
40. How long have you worked for the Federal Government and/or U.S. Postal Service?  
Less than 2 years    2 to 5 Years    5+ to 10 Years    More than 10 Years
41. What is your current retirement system?  
Civil Service Retirement System (CSRS)  
Federal Employees Retirement System (FERS)  
Other  
Don't know
42. How old are you?  
Under age 35                      35 through 39                      40 through 44                      45 through 49  
50 through 54                      55 through 59                      60 or over

43. What is your current annual salary?  
\$18,000 or under    \$18,001-\$25,000    \$25,001-\$35,000    \$35,001-\$45,000  
\$45,001-\$55,000    \$55,001-\$65,000    \$65,001-\$75,000    Over \$75,000
44. What is your gender?  
Male            Female
45. Are you married?  
Yes            No
46. Do you have any unmarried dependent children under age 22?  
Yes            No
47. What is your highest level of education?  
Some high school - did not complete  
High school graduate or certificate of equivalency  
Some college - did not complete  
College degree  
Graduate work and/or graduate degree

This concludes the questionnaire. Kindly return your completed questionnaire in the postage-paid, pre-addressed envelope provided for your convenience. If the return envelope is missing, please mail your completed questionnaire to our independent research company at the address listed below:

DeBow Communications, Ltd.  
Attn: Ms. Angela Cheung  
350 West 31st Street  
3rd Floor  
New York, NY 10001-2726

Thank you for your assistance.



United States  
**Office of  
Personnel Management**

Washington, D.C. 20415

In Reply Refer To:

Your Reference:

## **1998 Customer Feedback Survey About the Federal Employees' Group Life Insurance Program**

[FEGLI LOGO]

We need your help! Please take a few minutes to complete this questionnaire about your Federal life insurance program. Your answers and opinions are important to help us improve the Federal Employees' Group Life Insurance (FEGLI) Program for you and your family.

The usefulness of this survey depends on you. An independent research company will process completed questionnaires. They will compile the results for reporting purposes. They won't report your individual responses, so your answers will be completely confidential.

To make this study truly accurate, we need you to complete and return your questionnaire. All you have to do is place a "✓" in the box next to the answer that best describes your circumstances. Then, return your completed questionnaire in the enclosed postage-paid envelope. It will take only a few minutes of your time.

Your opinions will help us improve the FEGLI Program for everyone. Thank you for your help with this important project.

Sincerely,

*(SIGNATURE)*

Frank D. Titus  
Assistant Director  
for Insurance Programs

## 1998 Customer Feedback Survey About the Federal Employees' Group Life Insurance Program

1. Are you currently enrolled in the Federal Employees' Group Life Insurance (FEGLI) Program?  
 Yes (*Thank you for your time. You have now completed this questionnaire.*)  
 No (*please continue with Question 2*)
  
2. What is the main reason you are not enrolled in the FEGLI Program?  

(please specify)	(please list)
------------------	---------------

  
 Not eligible to enroll                       Too expensive  
 Have life insurance elsewhere               Do not need life insurance  
 FEGLI doesn't offer features I need       Other
  
3. Do you have any life insurance coverage **other than** Federal Employees' Group Life Insurance?  
 Yes (*please continue with Question 4*)       No (*please skip to Question 6*)
  
4. If yes, why did you purchase this additional coverage? (*check as many as apply*)  
 It is cheaper than FEGLI coverage  
 It is not term insurance--it builds a cash value, and FEGLI does not  
 I wanted more coverage than I can get under the FEGLI Program  
 I wanted more coverage for my spouse and/or dependents  
 Other \_\_\_\_\_ (please specify)
  
5. What is the dollar amount of your **other** life insurance coverage?  
 \$10,000 or under                       \$10,001 - \$49,000  
 \$49,001 - \$99,000                       over \$99,000

### New Products

6. Do you feel that the current Family coverage (\$5,000 for a spouse and \$2,500 for eligible children) is adequate?  
 Yes               No               Don't know
  
7. Would you be willing to pay more money for more Family coverage?  
 Yes               No               Don't know

8. Life insurance coverage provided under the FEGLI Program has no cash value other than a death benefit, and has no investment value. By contrast, Group Universal Life (GUL) provides life insurance benefits combined with a cash accumulation fund. Participants pay premiums to the fund and are also able to contribute additional money to the fund. The fund earns competitive interest rates. Participants are also able to make withdrawals or borrow from the cash value in their accumulation funds. Participants are charged a record keeping fee (about \$1.50 per month).

Do you think that you would participate in GUL if the FEGLI Program offered this coverage?

Yes      No      Don't know

9. The cost of GUL varies by the age of the individual insured. The amount of cash value varies depending on the earned rate of interest and the funds contributed. Sample rates for \$40,000 of GUL coverage are indicated below.

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\*\* This is the estimated biweekly cost for \$40,000 worth of GUL, resulting in an estimated cash value after the first year of \$729.00. This assumes no contributions to the cash fund other than these premiums and an interest rate of 5 percent.

What would you prefer to pay?

- Lower premiums for lower cash value  
Higher premiums for higher cash value  
The same premiums as the above example  
Not interested in GUL



10. Are you currently participating in the Federal Thrift Savings Plan (TSP)?  
 Yes (*please continue with Question 11*)     No (*please skip to Question 12*)  
 Don't know
11. If yes, would you consider GUL as supplemental to the TSP or instead of the TSP?  
 Supplemental                       Instead of                       Not interested in GUL
12. Group Variable Universal Life (GVUL) is similar to GUL, but allows participants to invest money in either a fixed fund that guarantees the principal plus interest (similar to GUL) or variable funds that do not guarantee the principal, such as domestic and international stocks. The record keeping fee for GVUL would be about \$3.00 per month.

Do you think that you would participate in GVUL if the FEGLI Program offered this coverage?

Yes                       No                       Don't know

13. The FEGLI Program currently provides Accidental Death and Dismemberment (AD&D) coverage as part of both Basic and Option A - Standard. AD&D provides benefits in the event of a fatal accident or accident resulting in loss of limb or sight, at no extra cost.

Another type of coverage -- Voluntary Accidental Death and Dismemberment (VADD) coverage -- provides more benefits at an extra cost. Participants choose how much coverage to buy.

If the cost were \$.0102 biweekly per \$1,000 of VADD coverage (for example, \$50,000 worth of coverage would cost \$.51 biweekly), do you think that you would participate in VADD if the FEGLI Program offered this coverage?

Yes                       No                       Don't know

### **Demographic Information**

(Please note that your answers will be kept confidential. This information will only be reported in the aggregate.)

14. Are you currently employed  
 Full-time     Part-time

15. Is your current position  
Permanent Term Temporary Intermittent Other
16. Are you currently employed with the United States Postal Service?  
Yes No
17. How long have you worked for the Federal Government and/or U.S. Postal Service?  
Less than 2 years 2 to 5 Years 5+ to 10 Years More than 10 Years
18. What is your current retirement system?  
Civil Service Retirement System (CSRS)  
Federal Employees Retirement System (FERS)  
Other  
Don't know
19. How old are you?  
Under age 35 35 through 39 40 through 44 45 through 49  
50 through 54 55 through 59 60 or over
20. What is your current annual salary?  
\$18,000 or under \$18,001 - \$25,000 \$25,001 - \$35,000 \$35,001 - \$45,000  
\$45,001 - \$55,000 \$55,001 - \$65,000 \$65,001 - \$75,000 Over \$75,000
21. What is your gender?  
Male Female
22. Are you married?  
Yes No
23. Do you have any unmarried dependent children under age 22?  
Yes No
24. What is your highest level of education?  
Some high school - did not complete  
High school graduate or certificate of equivalency  
Some college - did not complete  
College degree  
Graduate work and/or graduate degree

This concludes the questionnaire. Kindly return your completed questionnaire in the postage-paid, pre-addressed envelope provided for your convenience. If the return envelope is missing, please mail your completed questionnaire to our independent research company at the address listed below:

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Attn: Ms. Angela Cheung  
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Thank you for your assistance.