



## **Group Satisfaction Survey**

Thank you for allowing USHL to ensure your employees and their families—we value the confidence you place in us, and are committed to providing excellent coverage and service in the protection of your group.

Please help us ensure that our service and processes meet or exceed your expectations by taking a moment to complete this brief survey. All responses are received by, and processed by, the marketing department—you can elect to either have your answers known by our staff or to have your answers submitted anonymously by checking the appropriate box on the final survey question.

Please indicate:

This is a USHL group

This is an EGP group

On an overall basis, how smoothly did this transaction go for your group?

A+ — Very smoothly

B—Some issues, but all were resolved satisfactorily

C—Not smoothly, some issues remain to be resolved

D—Very rough, dissatisfactory transaction

Have you interacted with USHL Client Services? Y N

If yes, please rate their performance:

Excellent

Good

Neutral

Poor

Comment(s):

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Have you interacted with the USHL Enrollment Department? Y N

If yes, please rate their performance:

Excellent

Good

Neutral

Poor

N/A (no knowledge of or interaction with USHL Enrollment)

Comment(s):

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Have you interacted with the USHL Claims Department? Y N

If yes, please rate their performance:

Excellent

Good

Neutral

Poor

N/A (no knowledge of or interaction with USHL Claims)

Comment(s):

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Have you interacted with the USHL Billing Department? Y N

If yes, please rate their performance:

Excellent

Good

Neutral

Poor

N/A (no knowledge of or interaction with USHL Billing)

Comment(s):

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Are you satisfied with the timeframe in which your group received ID cards and member packets? Y N

Was this your first time your group has been insured with USHL? Y N

Have you visited the USHL website, [www.ushealthandlife.com](http://www.ushealthandlife.com), for employer resources, including forms, provider lookups and secure services? Y N

If so, did you find the site includes the resources you need? Y N

Suggested additional content / improvements:

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Are your members aware they can visit the USHL website, [www.ushealthandlife.com](http://www.ushealthandlife.com), for 24/7 access to summaries of benefits and coverage, EOB copies, provider lookups and prescription drug lookup tools? Y N

Are there questions / problems with your group's USHL coverage you need addressed? If so, please provide general details and indicate how you would like Client Services to contact you (by phone or email):

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Comments you'd like to share regarding your experience with USHL:

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Do you want your responses to be kept anonymous? Y N

***Thank you for your participation.***

***If you have any questions or comments about this survey, contact Kimberly Harrison, USHL Director of Marketing and Communications, at (248) 341-3023 or [kharrison@ushealthandlife.com](mailto:kharrison@ushealthandlife.com).***