

## Ohio Deferred Compensation Website Satisfaction Questionnaire Spring 2024

*Welcome Text:* Thank you for participating in our survey! This short survey will ask for your input on your experiences with our website, as well as Ohio Deferred Compensation overall, and will take about 8-10 minutes to complete.

S1 - How long have you participated in Ohio Deferred Compensation?

- 1 Recently enrolled to 5 years
- 2 6-9 years
- 3 10-19 years
- 4 20 years or more
- 5 I have not participated in Ohio Deferred Compensation [TERMINATE]

Q38 On a scale of 1-10, where 10 is the most pleased, how pleased are you overall with Ohio Deferred Compensation?

(Least) 1      2      3      4      5      6      7      8      9      10 (Most)

Q41 Overall, what would you say Ohio Deferred Compensation could do to best serve you and keep you as a valued participant? \_\_\_\_\_

A1 Were you automatically enrolled in Ohio Deferred Compensation or did you need to sign up?

1. Auto-enrolled
2. Signed up
3. I don't recall

A2 (*Ask if A1=1 "Auto-enrolled"*) How were you alerted to the fact that you were enrolled in Ohio Deferred Compensation (ODC)? Select all that apply. (*Randomize*)

1. My employer told me
2. Received an email from ODC
3. Received something in the mail from ODC
4. Other (please specify) \_\_\_\_\_ (*Anchor*)
5. I was not alerted (*Anchor; Exclusive*)
6. I don't recall (*Anchor; Exclusive*)

A3 (*Ask if A1=2 "Signed up"*) Did you have the option to choose other plans or was Ohio Deferred Compensation the only plan available?

1. I had the option to choose other plans
2. Ohio Deferred Compensation was the only plan available
3. I don't recall

A4 (*Ask if A3=1 "I had the option to choose other plans" selected*) Why did you choose Ohio Deferred Compensation? Select all that apply. (*Randomize*)

1. I've heard good things about the plan
2. Recommendation from family or friend
3. Recommendation from a co-worker

4. It's the only plan I'm familiar with
5. Was already enrolled with a previous employer
6. I saw/heard advertising for the plan
7. ADD OTHER RESPONSE OPTIONS HERE AS APPROPRIATE

A5 [PGR: Ask if from auto-enrolled list only] Which of the following ways have you interacted with Ohio Deferred Compensation in the past 3 months?

1. Website [Follow Path E]
2. Service Center [Follow Path A]
3. Met with an Account Representative [Follow Path B]
4. None of these [Exclusive]

[PGR: Ask S2 IF web access indicated in sample]

S2 - Our records indicate you recently "[Pipe in text for specific Path E,A, or B]", is this correct?

- 1 Yes [Continue to beginning of related path]
- 2 No [Skip to Q31 - General Questions]

Text to pipe in:

E. accessed the Ohio Deferred Compensation website

A. Called into or visited the Ohio Deferred Compensation Service Center (Level 1, Level 2

B. Had contact with an Ohio Deferred Compensation Account Representative

## **Path E – Web on Web**

[PGR: Ask IF S2=Yes]

Q1 How frequently do you access the Ohio Deferred Compensation website?

- 1 Every day
- 2 Once or twice per week
- 3 Once or twice per month
- 4 Less than once per month

Q2 Please rate the Ohio Deferred Compensation website on each of the following items.

	Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied	Don't Know
<b>Your overall satisfaction with the website</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ease of finding information you were looking for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of completing transactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of understanding the information presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usefulness of the information presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance and appeal of the website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2a. [Ask only if any of the highlighted boxes are checked in Q2] You said that you were less than satisfied with the information provided on the website. What kind of information were you seeking? (Check all that apply.)

- ☐ Information about transferring/rolling over money
- ☐ Information about making a transaction
- ☐ Information about withdrawing money
- ☐ Information about fund performance
- ☐ Information about my account / personal information or beneficiaries
- ☐ Information about a new program or service offering
- ☐ Investment guidance or assistance
- ☐ Other (please explain) \_\_\_\_\_

[ONLY ASK Q3 IF OVERALL SATISFACTION RATING IN Q2 WAS 1, 2, OR 3.]

Q3 You rated your overall satisfaction as <pipe response from Q2>. What one thing could be improved on the website to make you either very or somewhat satisfied?

\_\_\_\_\_

[ONLY ASK Q3very IF OVERALL SATISFACTION RATING IN Q2 WAS 4.]

[3very.] You rated your overall satisfaction as “somewhat satisfied.” What one thing could be improved on the website to make you “very satisfied”?

\_\_\_\_\_

3a. How would you rate the ease of using the website to perform the following functions?

Please drag and drop the following functions to rate as top 3 easiest to perform. Place the easiest to perform at the top as "1", followed by the "2nd" and 3rd".

~~Please drag and drop the following functions to rate them from easiest to most difficult to perform. Place the easiest to perform at the top as "1" and the most difficult to perform at the bottom as "6."~~  
(Randomize)

- Ease of navigation
- Ease of login
- Ease of finding forms
- Ease of finding tools and calculators
- Ease of accessing account information
- Ease of completing transactions

Q3b. And which of the remaining website functions would you rate as the most difficult to use?

• PN – SHOW REMAINING 3 OPTIONS NOT RANKED TOP 3 AT 3A

- Option 1
- Option 2
- Option 3

Q3c. In your opinion, what is difficult about the (ANSWER CHOSEN AT Q3B) function and how could it be improved?

- Open Ended Response

Q6 For which of the following services do you typically use the website?

- 1 General information (such as news, investment education, etc.)
- 2 Viewing investment options
- 3 Making investment transactions, including withdrawing money (Skip to Q8)
- 4 Checking my account balance
- 5 Other \_\_\_\_\_

Q7 Do you ever make investment transactions on the website?

YES (Continue)      NO (Skip to Q11)

Q8 Which of the following types of transactions have you completed on the website?

- 1 Increase/decrease in contribution amount
- 2 Allocation change (to change where new contributions are invested)
- 3 Investment exchange (to exchange where current balances are invested)
- 4 Withdraw money
- 5 Other \_\_\_\_\_

Q9 Thinking about the transactions that you have made online, please rate the ease of using the website to make these transactions. (Only those checked in Q8 will be displayed.)

	<b>Very Easy to Use</b>	<b>Somewhat Easy to Use</b>	<b>Neither Easy nor Difficult</b>	<b>Somewhat Difficult to Use</b>	<b>Very Difficult to Use</b>
Increase/decrease in contribution amount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allocation change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Withdraw money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(Text from Q8 inserted)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q10 [For each box marked “somewhat difficult” or “very difficult” in Q9] Please check which of the following reasons best describe why it is difficult to make an [insert text from Q9] transaction?**

- 1      There are too many steps
- 2      The instructions are confusing
- 3      The online forms are difficult to fill out
- 4      The system is too slow/have to wait
- 5      Other (please explain) \_\_\_\_\_

Q11 Please rate each of the following sections of the website on how helpful it is *to you*. If you are not familiar with a section, please check “Not Familiar.”

	<b>Very Helpful</b>	<b>Somewhat Helpful</b>	<b>Indifferent</b>	<b>Not Very Helpful</b>	<b>Not At All Helpful</b>	<b>Not Familiar</b>
About Ohio Deferred Compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investments (fund profiles & prospectus, performance data, fees, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resources (Videos, Calculators, definitions, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forms & Help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact Us	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secure Login	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enroll	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q12 Of the interactive calculators offered on the website, which ones have you used?

- 1 My Interactive Retirement Planning Calculator
- 2 My Health Care Estimator
- 3 Asset Allocation Tool
- 4 Paycheck Impact Calculator
- 8 Roth Analyzer Tool
- 9 Payout Illustrator Calculator
- 5 I have not used any of the interactive planning tools (Skip to Q15)

Q13 Please rate the **ease of using** each tool. (Only those checked in Q12 will appear.)

	<b>Very Easy to Use</b>	<b>Somewhat Easy to Use</b>	<b>Neither Easy Nor Difficult</b>	<b>Somewhat Difficult to Use</b>	<b>Very Difficult to Use</b>
My Interactive Retirement Planning Calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My Healthcare Estimator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asset Allocation Tool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paycheck Impact Calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roth Analyzer Tool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payout Illustrator Calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q14 Please rate the **usefulness or helpfulness** of each tool . (Only those checked in Q12 will appear.)

	<b>Very Helpful</b>	<b>Somewhat Helpful</b>	<b>Indifferent</b>	<b>Not Very Helpful</b>	<b>Not At All Helpful</b>
My Interactive Retirement Planning Calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My Health Care Estimator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asset Allocation Tool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paycheck Impact Calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roth Analyzer Tool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payout Illustrator Calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q20 When using the website, have you ever had problems finding the information you were looking for?

- 1 YES
- 2 NO **(Skip to Q21)**

20a. Did you get your question answered from another source?

- 1 YES
- 2 NO **(Skip to Q21)**

20b. Where did you go to get your question answered? **(Select all that apply)**

- 1 The telephone Service Center
- 2 Account Representative
- 3 Printed educational brochures
- 4 Email
- 5 My Employer
- 8 Some other website
- 6 Other \_\_\_\_\_
- 7 Don't Know

## **Path A – Service Center**

[PGR: Ask only if S3 = yes to A – Change the data map to match the CATI data map and edit this questionnaire to match]

[PGR: Insert at top of question page “**Service Center Satisfaction**” centered in larger font to indicate the change of what is being rated]

Q22 Please rate your satisfaction with the Service Center on each of the following items.

	Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied	Don't Know
<b>Your overall satisfaction with the telephone Service Center</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The speed at which your call was answered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The knowledge level of the representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The professionalism of the representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The ability of the representative to answer your question and explain Ohio Deferred Compensation rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The quality of information you received as a result of your call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22a. [Ask only if any of the highlighted boxes are checked in Q22] You said that you were less than satisfied with the knowledge level and/or information you received from the representative.

What kind of information were you seeking? (Check all that apply.)

- ☐ Information about transferring/rolling over money
- ☐ Information about making a transaction
- ☐ Information about withdrawing money
- ☐ Information about fund performance
- ☐ Information about my account / personal information or beneficiaries
- ☐ Information about the website / password or login information
- ☐ Information about a new program or service offering
- ☐ Investment guidance or assistance
- ☐ Other (please explain) \_\_\_\_\_



## **PATH B: Ohio Deferred Compensation Account Representative**

[Only ask this series for people that qualify to go down Path B – Change data map to match CATI Q’naire and edit this document]

1. You indicated that you have communicated with an Ohio Deferred Compensation Account Representative. Was your communication through a group meeting or a personal account review meeting with a representative?

Q24

- 1 Group Meeting/Workshop
- 2 Personal Account Review Meeting

**Q25 [Only ask this question if “Yes” in either Q23 or Q24a]** Thinking about the meeting that you attended, please rate the meeting on each of the following items.

	Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied	Don’t Know
<b>Your overall satisfaction with the meeting</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Usefulness of the information presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The knowledge level of the representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The professionalism of the representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The ability of the representative to answer your questions and explain Ohio Deferred Compensation rules during the meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The availability of the representative to answer your questions one-on-one after the meeting <b>[show only if Q24=Group Meeting/workshop]</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**25a. [Ask only if any of the highlighted boxes are checked in Q25]** You said that you were less than satisfied with the knowledge level and/or information you received from the representative.

What kind of information were you seeking? (Check all that apply.)

- ☐ Information about transferring/rolling over money
- ☐ Information about making a transaction
- ☐ Information about withdrawing money
- ☐ Information about fund performance
- ☐ Information about my account / personal information or beneficiaries
- ☐ Information about the website / password or login information
- ☐ Information about a new program or service offering
- ☐ Investment guidance or assistance
- ☐ Other (please explain) \_\_\_\_\_

2. How were you first made aware of the services of the personal Account Representative? **(Select all that apply.)**

Q28

- 1 Co-worker
- 2 General announcement
- 3 Newsletter
- 4 Email
- 5 Website
- 6 Other \_\_\_\_\_
- 7 Don't know

3. Following the meeting, did you feel well enough informed to make a decision?

Q30

1 = Yes

2 = No

3 = Don't Know

## **General Questions continued**

Q28 What are your two most preferred methods for receiving general communication from Ohio Deferred Compensation? **[Rank top two.]**

Q31

- 1 Mail
- 2 Email
- 3 Calling in or receiving calls from the Service Center
- 4 Representatives at your job site
- 5 Website
- 6 Other \_\_\_\_\_

28a. **[Only if "Email" selected in Q28]** How often would you like to receive emails with information from Ohio Deferred Compensation?

Q31a

- 1 Weekly
- 2 Bi-weekly
- 3 Monthly
- 4 Less than monthly

Q29

JOB TITLE. Which of the following best describes your job title?

- 1. Manager or Director
- 2. Licensed Professional
- 3. Clerical/ Data Processor

4. Laborer
5. Public Safety (Police or Fire)
6. Retired
7. Other \_\_\_\_\_

AGE. What is your age?

1. 18-29
2. 30-39
3. 40-49
4. 50-59
5. 60 or over
6. Prefer not to answer (*Do not read*)

GENDER. What is your gender?

- 1 Male
- 2 Female
- 3 Other
- 4 Prefer not to answer

AREACODE. What is your three-digit area code? \_\_\_\_\_

Thank you for participating in our survey!

### Programming Notes

Fields to be included in each respondent's data record:

- Employee Type:
  - Municipal/State Employee
  - School Employee
- Employment Status:
  - Retired
  - Currently Employed