

# OMJSP Member Satisfaction Survey



Member Name:

Phone Number:

Please rate the following questions on a scale of 1 to 5 (1 = Very Dissatisfied, 2 = Dissatisfied, 3 = Neutral, 4 = Satisfied, 5 = Very Satisfied).

1. How satisfied are you overall with the Ohio Municipal Joint Self-Insurance Pool?

1       2       3       4       5

2. How satisfied are you with the Ohio Municipal Joint Self-Insurance Pool's claim service?

1       2       3       4       5

3. How satisfied are you with the information and navigability of the Ohio Municipal Joint Self-Insurance Pool's website?

1       2       3       4       5

4. Comments/Suggestions