
MINISTRY/DEPARTMENT/AGENCY/AUTHORITY

PUBLIC SERVICES ASSOCIATION OF TRINIDAD & TOBAGO
PSA USER SATISFACTION SURVEY

We are seeking to determine from eligible Officers if you are satisfied with the operations of the UNIMED (Group Health) Plan.

We would appreciate if you can take the time to answer the questions below and return this Questionnaire to us. All information provided shall be held confidential.

1. Age: Less than 30 yrs. 30 – 40 yrs. 50 – 60 yrs.
2. Sex: Male Female
3. PSA ID# if any _____
4. Have you ever used the UNIMED Plan? Yes No
5. How recent was it?
Less than 3 mths 3 - 6 mths 6 - 9mths 9 mths and Over
6. Did you get a Refund? Yes No
7. Were you satisfied with the value of the Refund? Yes No
8. How long did it take to get the Refund?
Less than 2 wks 2 - 4 wks 4 - 9 wks 9 wks and over
9. What was the value of your largest Claim? _____
10. How do you rate the Service?
Very Good Good Alright Poor
11. What other Benefits would you like to see included in the Plan?

12. Would you like the UNIMED Plan to continue? Yes No