



OHIO DEFERRED COMPENSATION

OHIO PUBLIC EMPLOYEES DEFERRED COMPENSATION PROGRAM

OHIO DEFERRED COMPENSATION

REQUEST FOR PROPOSALS FOR A PARTICIPANT AND EMPLOYER SATISFACTION STUDY PROVIDER

Issue Date: May 1, 2012

Written Question Deadline: May 21, 2012

Proposal Deadline: June 11, 2012 at 4:00 p.m.
Ohio Deferred Compensation
Jim Heagen
257 E. Town St., Ste 400
Columbus, OH 43215-4623

RFP Contact: Jim Heagen
Assistant Director, Administration
Phone: (614) 466-7245
Fax: (614) 728-2601
Email: jheagen@OhioDC.org

Description: The Ohio Deferred Compensation Program is requesting proposals for a Participant and Employer Satisfaction Study Provider.

A copy of this RFP can be obtained from the Ohio Deferred Compensation employer website as www.OhioDC.org. Until the expiration date of this solicitation, Vendors are responsible for checking this website for additional information and/or addendums. RFPs can also be obtained from Ohio Deferred Compensation, 257 E. Town St., Ste 400, Columbus, OH 43215-4623. If you have any questions, please call (614) 466-7245.

Written questions regarding the substance of the RFP or Scope of Services must be submitted via email to the contact listed above no later than the Written Question Deadline indicated above.

Summary of Key Items required for a Valid Proposal:

1. Transmittal Letter affirming authorized representative.
2. One original and three hard copies, sealed proposals, and one electronic copy are due prior to the Proposal Deadline indicated above and must be delivered to Ohio Deferred Compensation, located at 257 E. Town St., Columbus, OH 43215. Late proposals will not be accepted – NO EXCEPTIONS.
3. Separate sealed cost proposal.

TABLE OF CONTENTS

I.	CALENDAR OF EVENTS.....	2
II.	INTRODUCTION.....	3
III.	BACKGROUND AND GENERAL INFORMATION.....	4
IV.	GENERAL CONDITIONS AND CONTRACT REQUIREMENTS.....	8
V.	SCOPE OF SERVICES.....	12
VI.	EVALUATION CRITERIA AND SELECTION PROCESS.....	12
VII.	TECHNICAL PROPOSAL.....	13
VIII.	COST PROPOSAL.....	17
IX.	INSTRUCTIONS FOR SUBMITTING PROPOSALS.....	19

OHIO DEFERRED COMPENSATION REQUEST FOR PROPOSALS

I. CALENDAR OF EVENTS

5/01/12	Release of RFP
5/11/12	Deadline for letter of intent
5/21/12	Deadline for receipt of written questions regarding this RFP
5/28/12	Responses to all written questions by Ohio DC
6/11/12 (4:00 pm)	Deadline for receipt of completed proposals
6/25/12	Vendor selected
7/13/12	Contract negotiations and draft contract complete
8/01/12	Contract for participant and employer satisfaction study begins

Ohio Deferred Compensation reserves the right to amend the calendar of events as needed.

II. INTRODUCTION

The Ohio Public Employees Deferred Compensation Board (Board) is seeking proposals for a participant and employer satisfaction study provider (Provider) to provide services to the Ohio Public Employees Deferred Compensation Program (Program). The Provider will begin surveying participants and employers and providing satisfaction reports to the Program on August 1, 2012.

The Board currently contracts with Sequent for these surveying services and their contract expires on July 31, 2012. Sequent will be allowed to respond to this Request for Proposal (RFP).

The Board operates through its Executive Director and staff and references to the Board in the RFP should generally be construed as such for day-to-day operations and reporting.

The Board is willing to evaluate proposals for services that are provided on a different basis than the current level of services. Such proposals, for example, may change the frequency of surveys or method of surveying participants and employers. If an alternative proposal is made, the respondent must clearly differentiate the level of services to be provided from the level currently provided by Sequent. Each company responding may submit up to two proposals, one for similar services and one for an alternative level of services.

The Background and General Information section that follows provides a brief description of Program operations and generally describes the level of services Sequent provides to the Program. This description is not an exhaustive list of the services currently performed and the respondent should evaluate the services needed based on their knowledge and experience in conducting customer satisfaction studies in the public sector market place.

Visit the Program's participant website at www.Ohio457.org to view general information about the Program.

III. BACKGROUND AND GENERAL INFORMATION

The Program is an eligible deferred compensation plan and is administered in accordance with Section 457 of the Internal Revenue Code (IRC). A public employer deferred compensation plan is a voluntary fringe benefit that can be established by a state or a political subdivision of a state. The Program provides supplemental benefits, since nearly all public employees in Ohio are covered by one of the State authorized pension systems and not by Social Security.

The employer and participating employees enter into contractual agreements whereby the employees agree to have part of their current wages deferred until some future date. The deferred income is invested as directed by the employee. The deferred income and resulting earnings are not taxed until received by the employee - usually after retirement.

The Program is a separate legal entity, and is not considered a component unit of the State of Ohio. All assets of the Program are held in trust for the exclusive benefit of participants and their beneficiaries. The Program's current *Comprehensive Annual Financial Report*, which includes statistical information regarding Program participation, is available at the Program's employer website www.OhioDC.org.

Currently, about 1,800 public employers throughout Ohio participate in the Program. Total Program assets exceed \$8.8 billion. Additional participant statistics are shown below

	Total Participant Accounts	Active Participants	Average Annual Deferral
2011	200,059	104,835	\$4,300
2010	199,900	108,100	\$4,100
2009	196,000	109,200	\$4,200

Enrollment, Education and Customer Service

Enrollment, education and customer service is provided by Nationwide Retirement Solutions (NRS). The Board has contracted through June 30, 2014 with NRS to be the exclusive enrollment, education, and customer service provider for the Program. As of December 2011, NRS employs 46 dedicated employees to conduct Program activities, including 15 full-time licensed salaried Field Account Executives, who are geographically located throughout Ohio. NRS has 19 licensed internal Account

Executives, 3 administrative support employees, 4 Retirement Planning Specialists, and 5 management employees.

NRS is currently compensated by a flat dollar base fee plus an opportunity to earn incentive compensation. Incentives are based on quality controls, service goals and production goals. Some data from the satisfaction study is used to determine eligibility for a portion of the incentive compensation.

Plan Level

As the exclusive enrollment agent for the Program, NRS representatives contact potential Program eligible employers to determine interest in the Program. Existing Program employers are contacted regularly to schedule presentations, provide written materials, and provide Program specific information to employer payroll officers.

Participant Level

Currently, field Account Executives perform the following services:

- Conduct group presentations to explain the Program rules, investment options and operation of the Program,
- Meet individually with participants,
- Complete enrollment forms,
- Provide on-going counseling and educational workshops,
- Assist participants in preparing change forms and retirement election forms, and
- Provide in-field service to employees, including deferral increases, decreases, and suspensions, catch-up computations, transfers, benefit counseling, investment allocation modeling, and prospectus requests.

Participants can also initiate enrollments, deferral increases, decreases, and suspensions by three non-paper methods: using the Program's website, using the Program's automated telephone system, or speaking directly with an internal Account Executive.

Customer Service

The Service Center staff received over 168,000 calls during 2011. In addition, the automated telephone system received over 183,000 calls during 2011. To date, over 129,000 personal identification numbers have been established on the automated telephone system.

A staff of 19 internal Account Executives answers a toll-free number for customer inquiries and is available for walk-in assistance. Eight of the more experienced Account Executives make outbound service calls when not in peak volume times (i.e., following mailing of quarterly statements). Outbound calls provide services for new enrollments, inactive participants, and support with the field Account Executives as needed. Four Retirement Planning Specialists provide one-on-one benefit planning and counseling with participants.

The main functions of internal Account Executives are:

- Interact with participants who call the Service Center for information on the Program in general and their accounts,
- Enter participant requests for deferral amount changes and balance exchanges into the NRS database,
- Process all enrollment forms, increases and decreases and other change forms,
- Provide unforeseeable emergency withdrawal assistance to participants,
- Discuss benefit payment options with participants, and send correspondence and forms to participants,
- Maintain a toll-free telephone number for the Service Center between 8:00 a.m. - 5:30 p.m. Monday through Friday. Currently, 26 incoming phone lines are used,
- Maintain "walk-in" facilities for assisting participants, including benefit counseling.

The Program requires that Account Executives have passed the NASD Series 6 exam.

Communication Services

As the Program's educator and enroller, and in consultation with Program staff, NRS develops, writes, designs, prints, and distributes all promotional and educational materials. NRS is responsible for providing the participant transactional based automated telephone system and transactional website (www.Ohio457.org). The unsecured portion of the website provides general information to eligible employees and employers. The secure portion of the website allows participants to view their current account information, and make changes to their personal information, deferral amount, deferral allocation, and investment balance allocation. NRS Account

Executives enter new enrollments, exchanges, deferral and allocation changes, and demographic data updates through an Intranet connection to the website applications.

Current Participant and Employer Satisfaction Studies – provided by Sequent.

In order to fulfill the requirements of the contract between the Board and NRS, The Program contracted with Sequent to measure the participant and employer satisfaction levels of the services provided by NRS. Sequent's contract expires July 31, 2012.

Participant Surveys

Satisfaction scores are measured in four areas of service:

1. Website
2. Service Center
3. Meetings with Account Executives
4. Printed Educational Materials and Brochures

Participant research is divided into two distinct collection methods:

Telephone surveys are administered on a bi-weekly basis during approximately a four-month research period (two research periods within a year). The sample population is collected by Board personnel and sent to Sequent via email for each bi-weekly period. The sample contains names and telephone numbers of participants who had either called into the Service Center or had participated in a group meeting in the prior two weeks. The survey is segmented into equal parts for the four areas of service listed above and lasts from 8 to 10 minutes in total.

Online surveys are administered by placing a link on the Program's website which invites participants to take the survey. In addition, emails have been sent to participants with a link to the survey. When the link is selected, a pop-up window containing the survey appears. The website questionnaire is concentrated on web services, but addresses all four areas of service.

Employer Surveys

Satisfaction scores are measured in three areas of service:

1. Program communications.
2. The Service Center.
3. Group Meetings.

Approximately 310 employers are telephoned annually to gauge employer's satisfaction with the Program.

IV. GENERAL CONDITIONS AND CONTRACT REQUIREMENTS

This section states the minimum requirements of a contract to provide the services described in this RFP. The proposal shall set forth the prime contractor and fully describe any services that will be sub-contracted.

The Program makes no representations or warranties, expressed or implied, as to the accuracy or completeness of the information in the RFP and nothing contained herein is or shall be relied upon as a promise or representation, whether as to the past or the future. The RFP does not purport to contain all of the information that might be required to evaluate the RFP and any recipient hereof should conduct its own independent analysis of the Program and the data contained or referenced herein. The Program does not anticipate updating or otherwise revising the RFP. However, this RFP may be withdrawn, modified, or re-circulated at any time at the sole discretion of the Program.

The Program reserves the right, at its sole discretion and without giving reasons or notice, at any time and in any respect, to alter these procedures, to change and alter any and all criteria, to terminate discussions, to accept or reject any response, in whole or in part, to negotiate modifications or revisions to a response and to negotiate with any one or more respondents to the RFP.

The Program is not and will not be under any obligation to accept, review, or consider any response to the RFP and is not and will not be under any obligation to accept the lowest offer submitted or any offer at all. The Program is not and will not be under any obligation to any recipient of, or any respondent to, the RFP except as expressly stated in any binding agreement ultimately entered into with one or more parties, either as part of this RFP process, or otherwise.

This RFP is not an offer but a request to receive a response. The Program will consider a response as an offer to develop an agreement based on the contents of the response. Respondents agree that the contents of their responses are valid for one year from the date of submission.

Amendments to RFP

The Program reserves the right to issue amendments to this RFP or to provide any additional information or responses to questions received prior to the deadline for submission of proposals. In the event it becomes necessary to amend any part of this RFP, the Program will provide copies of the amendment to all Providers.

Bid Requirements

- All proposals become the property of the Program and will not be returned to the Provider. All proposals submitted are subject to the laws of the State of Ohio regarding public access to such documents and are, therefore, not confidential.

- Failure to adequately furnish information specifically required in this RFP might disqualify a proposal.
- All Providers must agree to honor the cost proposals for a period of six months from the date of submission.
- The Program will notify all unsuccessful Providers within seven days following final contract negotiations.
- This RFP and Provider responses submitted in the selected proposal will become part of the resulting contract and binding through the contract term, except as otherwise amended by mutual agreement.
- The selected Provider will have three weeks after written notice of selection to execute the necessary contract with the Program. Failure to execute the contract within this time might result in removal as the selected Provider.

Contract Term

It is expected that the contract shall have an initial term of five years with a beginning date of August 1, 2012 and an ending date of July 31, 2017.

Contract Revisions

Revisions to the contract during the contract period or any extensions shall be by mutual written agreement signed by both parties.

Contract Parties

The parties to any contract or contract amendment shall be the Program and the Provider. Any sub-contracted entity will not be party to this contract and will maintain their relationship directly with the Provider.

Miscellaneous Provisions

The following provisions shall be included in the contract between the parties:

- (1) The Program may terminate the contract if any significant or substantial change occurs in the ownership or control of the Provider.
- (2) The Provider may not subcontract the furnishing of any significant work or services under the contract without the express written approval of the Program.
- (3) The provider shall notify the Program in writing of its intent to replace any key personnel whose responsibilities include significant work or services under the contract. The Program reserves the right to reject any proposed personnel changes that the Program, in its sole discretion, finds unsatisfactory.

- (4) If, during the contract term, the Provider, or any subsidiary, principle owner (10% or more), affiliate or subcontractor is involved as plaintiff or defendant in any litigation which is related to your company's servicing of the Ohio Program, this fact shall be promptly disclosed to the Program.
- (5) The Provider shall be authorized to do business in the State of Ohio prior to the contract initiation day.
- (6) The Provider shall comply with all applicable laws, including licensing requirements of the State and Federal government and with applicable accreditation and other standards of quality generally accepted in the field of the contractor's activities.
- (7) The officers, employees, and agents of the Provider will act in an independent capacity concerning the terms of the contract and will neither act nor be considered as employees of the Program or of any political subdivision thereof. The Provider also agrees that it will abide by Program policies and practices regarding the security of participant data.
- (8) The Provider shall agree that neither it nor any subcontractor will use any information concerning individual Program participants, information collected under the contract or other Program data for any purpose other than to fulfill its duties under the contract. The Provider shall be prohibited from selling or revealing participant lists without Program approval. The selected company's personnel assigned to provide services to the Program will not be permitted to market, or offer to any person surveyed, any other products or services.
- (9) If at any time during the existence of the contract the Provider fails to observe or perform any term, condition, stipulation, agreement, provision, or obligation of the Provider hereunder or becomes insolvent or if an application or petition in bankruptcy is filed by or against the Provider, the Provider shall, ipso facto, be in default of the contract without any demand, notice, or putting in default, as time is of essence to the Provider's satisfactory observance and performance thereof and any failure by the Provider with respect thereto shall constitute an active breach of the contract.
- (10) The Provider shall agree to hold harmless and indemnify the State of Ohio, the Board, the Program, the participants, the Board members and its employees against all losses and liability and shall defend them against all claims and legal actions arising from the acts or omissions of the Provider or any of its officers and employees in servicing the Program, insofar as such acts or omissions were not specifically directed by the Board nor were necessarily implicit therein. This obligation of the Provider, as well as all other obligations of the Provider under this contract, shall be secured as provided herein above in the sub-section above relative to bonding.
- (11) The Provider will be required to provide transitional services prior to the effective date of August 1, 2012 to assist in the transfer of servicing responsibilities from the prior Provider. The Provider will not receive any fees under the contract until it has

begun providing regular services as called for under the contract. The Provider shall provide any requested advice and counsel to the Program during the transition. The Provider is expected to be fully operational on August 1, 2012 and ready to provide all services requested in this RFP.

- (12) The Provider must subscribe to the Ohio Ethics laws regarding business conducted with a State Board.
- (13) The Program may terminate the agreement without cause by providing 60 days written notice to the provider.
- (14) Any provision of any contract arising hereunder is severable if that provision is in violation of the laws of the State of Ohio or the United States, or becomes inoperative due to changes in State or Federal Law, or applicable State or Federal regulations.
- (15) Neither the benefits nor the burden of the contract will be assigned or delegated by the Provider either in whole or in part or in any other manner without the written consent of the Program. Any assignment, pledge, subcontract, or hypothecation of right or responsibility to any person, firm, or corporation shall be fully explained and detailed in the proposal.
- (16) The contract shall be subject to and governed by the laws of the State of Ohio.
- (17) The Provider agrees that Provider, any subcontractor, and any person acting on behalf of Provider or subcontractor, will not discriminate, by reason of race, color, religion, gender, sexual orientation, age, handicap, national origin, or ancestry against any citizen of this state in the employment of any person qualified and available to perform the work under this Agreement. The Provider further agrees that Provider or subcontractor shall not, in any manner, discriminate against, intimidate, or retaliate against any employee hired for the performance of work under this Agreement on account of race, creed, color, religion, gender, sexual orientation, age, handicap, national origin, or ancestry.

Any exceptions or modifications to the foregoing provisions shall only be effective upon mutual written agreement signed by both parties.

V. SCOPE OF SERVICES

Participant Surveys

The Provider will develop and conduct telephone interview surveys with participants such that the results have a confidence level of 95% +/- 5% and at least 385 participants are surveyed at least semi-annually each year of the contract. The interviews will be designed to last 8 to 10 minutes focusing primarily on participant satisfaction with the Program with occasional questions on other topics.

The Provider will develop and conduct an on-line survey of participants who visit the Program's website such that the results have a confidence level of 95% +/- 5% and at least 250 participants are surveyed at least semi-annually each year of the contract. The survey will be in the form of a website link that invites the participants to complete the survey. The focus of the survey will be to capture usage and satisfaction with occasional questions on other matters. A copy of the most recent participant survey phone and website surveys including scoring criteria are attached for all Providers to review (see attachments A and B).

At the end of each six month survey period, the Provider will analyze the data and present a written report of the conclusions, in-person, to the staff and additionally to the Board, if requested.

Employer Surveys

The Provider will develop and conduct telephone interview surveys such that the results have a confidence level of 95% +/- 5% with at least 310 participating employers at least once each year of the contract. The interviews will be designed to last 8 to 10 minutes focusing primarily on employer satisfaction with the Program with occasional questions on other topics. A copy of the most recent employer survey including scoring criteria is attached for all Providers to review (see attachment C).

At the end of each survey period, the Provider will analyze the data and present a written report of the conclusions, in-person, to the staff and additionally to the Board, if requested.

Hardware, Software and Services

The Provider shall obtain at their cost all necessary telecommunications services equipment, software and computer equipment to provide the services requested in the RFP and, in order to conduct the website surveys, interface with the Program's website.

VI. Evaluation Criteria and Selection Process

Board Staff will screen the written proposals. The Staff may present a Provider with questions about its proposal. The Provider's response to the Program's question(s) shall also be submitted in writing and shall be incorporated as part of the proposal. The Staff will select the Provider that it believes will best meet the needs of the Program.

- (1) Quality of the Provider's proposal as an indicator of its probability for success.
- (2) Ability of the Provider to develop and conduct appropriate and statistically relevant surveys to measure satisfaction and gather other agreed upon information from participants and employers.
- (3) Experience and demonstrated success as indicated in its listing of current major clients.
- (4) Professional qualifications, knowledge, and experience of Provider's employees to be assigned to this account.
- (5) Ability of the Provider to present its findings in timely, concise, meaningful and useful reports to the staff and Board.
- (6) Ability of the Provider to provide the latest technological advances such as an automated telephone systems, websites, and computer programs to facilitate the fulfillment of the required services.
- (7) Organizational structure, experience, professionalism, leadership, and knowledge that Provider can apply to assist the Program in meeting the goals and objectives set for the Program. This includes technical support services and resources from the company to assist the Program.
- (8) Ability of the Provider to fulfill the terms of the contract until expiration, and provide a long-term commitment to the success of the Program.
- (9) Significant consideration will be given to the proposed fee structure and estimated costs, but price will not be the primary determining factor. The cost proposal structure must be flexible to allow the Program to adjust the level of services during the term of the contract.

VII. Technical Proposal

The technical proposal must contain the following information. Please structure your responses in the same order as this outline, restating each item before your response.

(1) General Information regarding your company

- a. Give a brief history of your company. Provide this information for subcontractors, if applicable.
- b. Describe all of your company's lines of business and the approximate contribution of each business to your organization's total revenue. If your company is an affiliate or subsidiary of an organization, state what percentage of the parent company's total revenue your affiliate or subsidiary generates.
- c. Describe any significant developments in your organization within the last three years, such as changes in ownership, personnel reorganization, and staff departures.
- d. Are any of the services being proposed provided under a subcontracted arrangement? If so, describe the arrangement, its terms and conditions and whether your company and the other companies have been involved in similar arrangements in the past. How will you control the quality of the services provided by subcontractors?
- e. Has your company ever filed a petition or has your company been petitioned into bankruptcy or insolvency or has your company ever made any assignment for the benefit of your creditors? If so, provide complete details.
- f. How many years has your company been providing services substantially similar to those requested in this RFP?
- g. Provide the resumes of all principals, professionals, and support personnel expected to be assigned to this account. Include their length and type of experience in participant and employer satisfaction studies, length of employment with current your company, and any specialty expertise they possess.
- h. Identify the five (5) largest entities for which the company is providing similar satisfactions survey services. For each entity identified, summarize the type of services provided, the dates of the contracts, and for reference purposes the name, title, address, and telephone number of a contact for each entity.
- i. Has your company been involved in litigation in the last five years or is there any pending litigation arising out of your performance of similar services? Exclude routine interpleader actions, garnishments and similar routine matters involving

employees that do not reflect on your performance of your contract. If so, describe.

- j. Is your company licensed to conduct business in Ohio? If not, do you anticipate any difficulties in obtaining all necessary licenses? In the past five years, has your company been denied a license or reprimanded by a licensing agency?

(2) Service Proposal

Fully describe how your company intends to provide satisfaction survey services as described in the Contract Requirements, Scope of Services.

Providers shall clearly identify any proposed deviations from the language contained in the Scope of Services. Each exception must be clearly defined and referenced to the proper paragraph in this RFP. The exception shall include, at a minimum, the Provider's proposed substitute language and opinion as to why the suggested substitution will provide equivalent or better service and performance. If the Provider has no exceptions to the proposal specifications, the Provider should note this. Proposals not meeting all requirements may be rejected.

List any exceptions or proposed modifications to the Miscellaneous Provisions section of this RFP. If all of the Miscellaneous Provisions are acceptable, please confirm in your proposal that your company accepts all of these provisions.

All of the following topics must be addressed in your response.

Participant Surveys

- a. Describe the satisfaction survey service processes, procedures, and materials being proposed, including the process and procedures for transmitting information and reports to the staff and Board.
- b. Describe what your company will do to ensure high quality, error-free and statistically reliable survey results with the confidence level requested in this RFP.
- c. Describe the training your telephone survey representatives will receive prior to placing survey calls. Describe any procedures or systems to track and report participant inquiries outside the scope of the surveys.
- d. Describe how telephone survey representatives are monitored for accurate, consistent information.
- e. Describe the normal times that survey calls are made. Please list the hours the calls will be placed. Describe any expanded (after 5:00 p.m. and weekends) survey times your company is able to provide.

- f. Describe any automated telephone systems you are proposing to use to make survey calls.

Employer Surveys

Describe the satisfaction survey service processes, procedures, and materials being proposed including the process and procedures for transmitting information and reports to the staff and Board.

Reporting of Results

Describe how your company proposes to present its findings to the staff and Board. Attach samples reports, if available.

Technology

- a. Your company must provide all necessary telecommunications equipment, and computer equipment to provide the services requested in the RFP and, in the case of the website survey, interface with the Board's website. Do you agree to this requirement? Describe the system components and capabilities you are proposing.
- b. Describe your ability and plans for interfacing with the Board's website. Describe what type of website capabilities would be provided. Describe the flexibility of the website and the ability to be customized to meet the needs of the Program. Describe the security features of the website and your backup procedures.
- c. If available provide the URL for a similar website survey to the one that you are proposing and a test account for the Board staff to view a sample survey. The test survey should be made available through the date on which our final decision is scheduled.

Administrative Capacity

- a. Describe your company's staffing plan for the servicing of the Program. Provide your proposed organizational structure and a description of the types of personnel to be involved and provide biographical information on the managers/key personnel to be assigned to this contract.
- b. Describe your company's overall philosophy regarding customer satisfaction surveys of a large population of employees.
- c. What support services, systems development and reporting, if any, would the local office rely on from the Provider's "Parent" or "Headquarter" office?

Continuity & Responsibility

- a. Provide a statement of your company's strategic commitment to the satisfaction surveying line of business and any documentation or evidence to support this commitment.
- b. Detail the procedures you will use to protect the privacy of individual participants in the Program.
- c. Describe your company's plan to recover from a disruption of phone or computer service. Indicate whether you would have a "hot-shell" site to set up calling operations in the event of a disaster. Describe your procedures for relocating telephone operations.
- d. Is there any other aspect of your company's business or the business of an affiliate, other than enrollment services, that is or could potentially represent a conflict of interest in the event that you are awarded a contract to perform the requested services? If so, please describe the circumstances and explain how you propose to resolve the conflict of interest.
- e. If your company is selected, describe in detail your company's plan for the start-up process and transition from the previous provider. Include in the plan how your company will ensure a complete transition by the contract effective date and what actions are required by the Program and the current provider and by what date. Note the requirement that the company must provide transitional services prior to the effective date of the contract and that fees will not be paid until regular services are provided under the contract.

VIII. COST PROPOSAL

A cost proposal must be prepared and submitted with your company's service proposal **under separate sealed cover**. Your cost proposal must include the base fixed annual fees in each of the five years of the anticipated contract, based on the services you have proposed.

- (1) Clearly identify and explain all additional fees, if any, such as extraordinary start-up costs or variable costs including travel, postage and printing.
- (2) Clearly explain the timing and basis for periodic payment of fees.
- (3) If you proposed any services beyond the scope of services in this RFP, clearly identify and explain optional fees that would apply to the additional proposed services.

Providers must submit your proposed fees in the format prescribed below for a five-year contract term.

Five-Year Contract	Annual Fees
Year 1	\$
Year 2	\$
Year 3	\$
Year 4	\$
Year 5	\$
Grand Total	\$

IX. INSTRUCTIONS FOR SUBMITTING PROPOSALS

(1) Letter of Intent

Consultants intending to submit a proposal are encouraged to send an email expressing their intent to the attention of the RFP Contact by May 11, 2012 at RFP@OhioDC.org. You will receive an acknowledgment by return email.

(2) Questions Concerning the RFP

Questions regarding this RFP must be submitted in writing by email not later than May 21, 2012 and addressed to:

Assistant Director - Administration
Ohio Public Employees Deferred Compensation Program
257 East Town Street, Suite 400
Columbus, OH 43215-4623

EMAIL: RFP@OhioDC.org

FAX: 614-728-2601

Questions and answers will be put in writing and distributed to all companies who have returned a Letter of Intent by May 28, 2012. No verbal responses are to be relied upon.

(3) Transmittal Letter

The responding company's proposal must be accompanied by a transmittal letter on the company's official letterhead, signed by an individual authorized to bind the company and including the following statement: "The information presented in this proposal by **(Company Representative)** is correct to the best of our knowledge and belief as of the date submitted. The individual executing this document on behalf of **(Company Name)** is authorized to execute documents of this nature under the scope of his/her employment responsibilities."

There shall be no reference to the cost of services in the technical proposal.

All costs of developing the proposals will be borne by the Providers. Except as provided below, the proposals and all related materials will become the property of the Program and will be subject to the Ohio Public Records Law.

Issuance of this RFP does not constitute a commitment by the Program to award a contract. The Program reserves the right to reject any and all proposals received in response to this RFP or to cancel this RFP if it is in the best interests

of the Program. In the event that the Program rejects a proposal prior to review of the cost proposal, the sealed cost proposal will be returned to the Provider.

(4) Deadline for Submission of Proposal

The original and 3 copies of the complete proposal package (technical and cost) must be received in the Program's office **June 11, 2012 by 4:00 p.m.** to be considered. Proposals received after this date and time will be returned unopened.

Please send the original and 3 copies to:

RFP Coordinator
Ohio Public Employees Deferred Compensation Program
257 East Town Street, Suite 400
Columbus, OH 43215-4623

Please send the electronic copies to RFP@OhioDC.org.

NOTE: Packages (envelopes) must be clearly marked "TECHNICAL SURVEY PROPOSAL". Cost proposals must be separately sealed and clearly marked "COST PROPOSAL". Providers must submit their fees in the format and manner prescribed in the Cost Proposal section. Once the Company is selected, the fees may be further negotiated, but in no case will the fees be higher than contained in the proposal.

Modifications to the proposal may be submitted prior to the date and time specified for receipt of responses. Copies of the modifications must be submitted as specified for the actual proposal above. Modifications must have "Modification - Company Name" marked in the lower left-hand corner of the envelope.

(5) Questions by the Staff

The Staff may present a Provider with questions about its proposal. The response to the Program's question(s) shall also be submitted in writing and shall be incorporated as part of the proposal.

Ohio Deferred Compensation reserves the right, in its sole discretion, to reject any and all proposals submitted, and to waive as to any prospective Provider or as to all prospective Providers, any informality or irregularity in a proposal or proposals or any failure to conform to the instructions in the RFP.

Attachment A

**Ohio Deferred Compensation
Phone Satisfaction Questionnaire
Spring 2012**

Record Phone # _____

Hello. My name is _____ with Sequent, calling on behalf of the Ohio Deferred Compensation Program. Sequent is a Columbus, OH based company that performs market research nationwide, and we are conducting a survey related your experiences with the Program. We're calling you because you have recently had contact with the Program. Is this correct?

YES [CONTINUE]

NO/Refused [END SURVEY]

My questions will take only about ten minutes, and your answers will be very helpful to the Program in continuing to improve your service levels. Your answers will be kept completely anonymous. Is this a convenient time for you? (If not, try to reschedule) (CIRCLE ONE)

1 Male

2 Female

1. Through which of the following have you communicated with the Ohio Deferred Compensation Program in the past 30 days? **[Check all that apply.]**

- 1 The Service Center **(Continue with PATH A)**
- 2 Group Meetings/Workshops at your place of employment **(Continue with PATH B)**
- 3 A personal, face-to-face meeting with a representative **(Continue with PATH B)**
- 4 The Website **(Continue with PATH C)**
- 5 Other _____

(Following all appropriate PATHS, continue with GENERAL QUESTIONS.)

PATH A: SERVICE CENTER

2. Please rate the Ohio Deferred Compensation Service Center on each of the following attributes that apply using a scale of 1-5, where 5 represents that you are “very satisfied,” 4 is “somewhat satisfied,” 3 is “neither satisfied nor dissatisfied,” 2 is “somewhat dissatisfied,” and 1 represents that you are “very dissatisfied.”

	5	4	3	2	1	Don't Know
Your overall satisfaction with the Service Center	☐	☐	☐	☐	☐	
The speed at which your call was answered	☐	☐	☐	☐	☐	☐
The knowledge level of the representative	☐	☐	☐	☐	☐	☐
The professionalism of the representative	☐	☐	☐	☐	☐	☐
The ability of the representative to answer your question and explain Program rules	☐	☐	☐	☐	☐	☐
The quality of information you received as a result of your call	☐	☐	☐	☐	☐	☐

2a. **[Ask only if any of the highlighted boxes are checked in Q2]** You said that you were not “very” or “somewhat” satisfied with the knowledge level and/or information you received from the representative. Can you tell me what kind of information it was that you were seeking?

(Check all that apply. Read prompts only to clarify a response.)

- ☐ 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) _____

3. How would you judge your confidence in the information you received as a result of your call?

- 1 Very Confident
- 2 Somewhat Confident
- 3 Not Very Confident
- 4 Not At All Confident

4. In your opinion, what is an appropriate waiting time for your call to be answered?

_____ seconds _____ minutes

5. How long would you say you waited for your call to be answered?

_____ seconds _____ minutes

6. In the past six months, have you made a call to the Ohio Deferred Compensation Service Center and hung up before your call was answered due to the length of hold time?

- 1 YES How many times? _____
- 2 NO

[ONLY ASK Q7 IF OVERALL SATISFACTION RATING IN Q2 WAS 1, 2, OR 3. THE RESPONDENT CANNOT CHANGE THE RATING.]

7. You rated the Service Center with a ____ for your overall satisfaction. What one thing could the Program improve about the Service Center to make you either very or somewhat satisfied?

[ONLY ASK Q7a IF OVERALL SATISFACTION RATING IN Q2 WAS 4. THE RESPONDENT CANNOT CHANGE THE RATING.]

- 7a. You rated the Service Center with a “4” for your overall satisfaction. What one thing could the Program improve about the Service Center to make you very satisfied?

PATH B: GROUP MEETINGS/FACE-TO-FACE MEETINGS

[ASK Q8 if “Group Meeting/Workshop” or “Face-to-Face Meeting” is checked in Q1]

8. You indicated that you have communicated with Ohio Deferred Compensation through a group meeting or a personal face-to-face meeting with a representative. How were you first made aware of the meeting? **(Choose only one.)**

- 1 Friend or associate
- 2 General announcement
- 3 Email invitation
- 4 Other _____
- 5 Don’t know

[ASK Q9 only if “Group Meeting/Workshop” is checked in Q1]

9. Which type of group meeting did you attend?

- 1 Enrollment workshop
- 2 Information workshop

[ASK Q9a only if “Face-to-Face meeting” is checked in Q1]

- 9a. During your personal face-to-face meeting with a representative, where did the meeting take place?

- 1 Service Center
- 2 Work Site
- 3 Someplace else (for example, a hotel or library)

10. Thinking about the meeting or meetings that you attended, please rate the meeting on each of the following attributes that apply using a scale of 1-5, where 5 represents that you are “very satisfied,” 4 is “somewhat satisfied,” 3 is “neither satisfied nor dissatisfied,” 2 is “somewhat dissatisfied,” and 1 represents that you are “very dissatisfied.”

	5	4	3	2	1	Don't Know
Your overall satisfaction with the meeting	☐	☐	☐	☐	☐	
Usefulness of the information presented	☐	☐	☐	☐	☐	☐
The knowledge level of the presenter	☐	☐	☐	☐	☐	☐
The professionalism of the presenter	☐	☐	☐	☐	☐	☐
The ability of the presenter to answer your questions and explain program rules during the meeting	☐	☐	☐	☐	☐	☐
The availability of the presenter to answer your questions one-on-one after the meeting	☐	☐	☐	☐	☐	☐

10a. **[Ask only if any of the highlighted boxes are checked in Q10]** You said that you were not “very” or “somewhat” satisfied with the knowledge level and/or information you received from the representative. Can you tell me what kind of information it was that you were seeking? (Check all that apply. Read prompts only to clarify a response.)

- ☐ 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) _____

11. Following the meeting, did you feel well enough informed to make an investment decision?

1 = Yes

2 = No

3 = Don't Know

[ONLY ASK Q12 IF OVERALL SATISFACTION RATING IN Q10 WAS 1, 2, OR 3. THE RESPONDENT CANNOT CHANGE THE RATING.]

12. You rated the meeting with a ____ for your overall satisfaction. What one thing could the Program improve about the meetings to make you either very or somewhat satisfied?

[ONLY ASK Q12a IF OVERALL SATISFACTION RATING IN Q10 WAS 4. THE RESPONDENT CANNOT CHANGE THE RATING.]

12a. You rated the meeting with a “4” for your overall satisfaction. What one thing could the Program improve about the meetings to make you very satisfied?

PATH C: WEBSITE

13. Please rate the Ohio Deferred Compensation website on each of the following attributes that apply using a scale of 1-5, where 5 represents that you are “very satisfied,” 4 is “somewhat satisfied,” 3 is “neither satisfied nor dissatisfied,” 2 is “somewhat dissatisfied,” and 1 represents that you are “very dissatisfied.”

	5	4	3	2	1	Don't Know
Your overall satisfaction with the website	☐	☐	☐	☐	☐	
Ease of finding information you were looking for	☐	☐	☐	☐	☐	☐
Ease of completing transactions	☐	☐	☐	☐	☐	☐
Ease of understanding the information presented	☐	☐	☐	☐	☐	☐
Usefulness of the information presented	☐	☐	☐	☐	☐	☐
Appearance and appeal of the website	☐	☐	☐	☐	☐	☐

13a. **[Ask only if any of the highlighted boxes are checked in Q13]** You said that you were not “very” or “somewhat” satisfied with the information provided on the website. Can you tell me what kind of information it was that you were seeking? (Check all that apply. Read prompts only to clarify a response.)

- ☐ 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) _____

14. [REMOVED]

15. For which of the following services do you typically use the website? **[Check all that apply.]**

- 1 General information (such as news, investment education, etc.)
- 2 Viewing investment options
- 3 Making investment transactions
- 4 Checking your account balance
- 5 Other _____

16. In the past six months, when using the website, have you had problems finding the information you were looking for?

- 1 YES
- 2 NO **(Skip to Q17)**

16a. Did you get your question answered from another source?

- 1 YES
- 2 NO **(Skip to Q17)**

16b. Where did you go to get your question answered? **(Select all that apply)**

- 1 The Program Service Center
- 2 Account Representative
- 3 Printed educational brochures
- 4 Email
- 5 Your employer
- 6 Other _____
- 7 Don't know

[ONLY ASK Q17 IF OVERALL SATISFACTION RATING IN Q13 WAS 1, 2, OR 3. THE RESPONDENT CANNOT CHANGE THE RATING.]

17. You rated the website with a ____ for your overall satisfaction. What one thing could the Program improve on the website to make you either very or somewhat satisfied?

[ONLY ASK Q17a IF OVERALL SATISFACTION RATING IN Q13 WAS 4. THE RESPONDENT CANNOT CHANGE THE RATING.]

17a. You rated the website with a "4" for your overall satisfaction. What one thing could the Program improve on the website to make you very satisfied?

GENERAL QUESTIONS

18. **[Ask only if PATH B was *not* followed]** In the past 6 months, have you been notified of a group meeting or workshop and not attended?

- 1 YES What was the primary reason you did not attend? _____
- 2 NO

19. **[Ask only if PATH C was *not* followed]** In the past 6 months, have you used the Ohio Deferred Compensation website?

1 YES

2 NO **(Skip to Q21)**

19a. Were you able to find the information you were looking for?

1 YES **(Skip to Q21)**

2 NO

3 Not looking for anything in particular **(Skip to Q21)**

19b. Did you find the information from another source?

1 YES

2 NO **(Skip to Q21)**

19c. Where did you go to find the information? **(Select all that apply)**

1 The Program Service Center

2 Account Representative

3 Printed educational brochures

4 Email

5 Your employer

6 Other _____

7 Don't know

~~20. [REMOVED]~~

21. Do you recall recently reading any Program printed materials or brochures other than your Account Statement?

1 Yes

2 No/Unsure **(Skip to Q24)**

22. Thinking about the printed educational materials and brochures that you have received from the Program, please rate them on each of the following attributes using a scale of 1-5, where 5 represents that you are “very satisfied,” 4 is “somewhat satisfied,” 3 is “neither satisfied nor dissatisfied,” 2 is “somewhat dissatisfied,” and 1 represents that you are “very dissatisfied.” (If N/A, leave blank.)

	5	4	3	2	1	Don't Know
Your overall satisfaction with the printed educational materials and brochures	☐	☐	☐	☐	☐	
Ease of understanding the information presented	☐	☐	☐	☐	☐	☐
Depth of information provided (too much/too little)	☐	☐	☐	☐	☐	☐
Appearance and appeal of the materials	☐	☐	☐	☐	☐	☐
The ability to help you make an investment decision	☐	☐	☐	☐	☐	☐

22a. [Ask only if any of the highlighted boxes are checked in Q22] You said that you were not “very” or “somewhat” satisfied with the information provided in the materials. Can you tell me what kind of information it was that you were seeking? (Check all that apply. Read prompts only to clarify a response.)

- ☐ 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) _____

[ONLY ASK Q23 IF OVERALL SATISFACTION RATING IN Q22 WAS 1, 2, OR 3. THE RESPONDENT CANNOT CHANGE THE RATING.]

23. You rated the printed educational materials and brochures with a ____ for your overall satisfaction. What one thing could the Program improve about the printed educational materials and brochures to make you either very or somewhat satisfied?

[ONLY ASK Q23a IF OVERALL SATISFACTION RATING IN Q22 WAS 4. THE RESPONDENT CANNOT CHANGE THE RATING.]

23a. You rated the printed educational materials and brochures with a “4” for your overall satisfaction. What one thing could the Program improve about the printed educational materials and brochures to make you very satisfied?

24. What are your two most preferred methods of receiving general communication from the Program?
[Rank top two.]

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

24a. **[Only if “Email” selected in Q24]** How often would you like to receive emails with information from the Program?

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

25. How would you prefer to receive your quarterly Account Statement and *Focus* newsletter?
[Choose only one.]

- 1 Mail
- 2 Email

27. In the beginning of February, a personalized annual statement was mailed out. Do you recall seeing this?

- 1 Yes (Continue)
- 2 No (Skip to Q35)

27a. How would you rate the helpfulness of each of the following features of the annual statement?

	Very Helpful	Somewhat Helpful	Neutral	Not Very Helpful	Not At All Helpful	Cannot Recall
The Annual Statement overall	☐	☐	☐	☐	☐	☐
Account Summary for 2011	☐	☐	☐	☐	☐	☐
Allocation Comparison Piecharts	☐	☐	☐	☐	☐	☐
Potential Value and Projected Monthly Income Tables	☐	☐	☐	☐	☐	☐
Beneficiary Information	☐	☐	☐	☐	☐	☐

27a1. Did you take any of the following actions as a result of your annual statement? (Check all that apply.)

- ☐ Change Allocations
- ☐ Increase Deferrals
- ☐ Change/add a Beneficiary
- ☐ Automatic Deferral Increase/SMarT Plan
- ☐ Other (specify) _____
- ☐ No action taken [Do not read]

28. [REMOVED]

29. [REMOVED]

30. [REMOVED]

31. [REMOVED]

32. [REMOVED]

33. [REMOVED]

34. [REMOVED]

35. On a scale of 1-10, where 10 is the most pleased, how pleased are you overall with the Program?

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

38. Overall, what would you say the Program could do to best serve you and keep you as a valued participant?

TIME. How long have you participated in the Program?

- a) 1-5 years
- b) 6-9 years
- c) 10-19 years
- d) 20 years or more

JOBTITLE. Which of the following best describes your job title?

- a) Manager or Director
- b) Licensed Professional
- c) Clerical/ Data Processor
- d) Laborer
- e) Public Safety (Police or Fire)
- f) Other _____

Attachment B

Ohio Deferred Compensation Website Satisfaction Questionnaire Spring 2012

Welcome Text: Thank you for clicking into our survey! This short survey will ask for your input on your experiences with our website, as well as the Program overall, and will take about 10-15 minutes to complete.

Qualifier: How long have you participated in the Ohio Deferred Compensation Program?

- 1 1-5 years
- 2 6-9 years
- 3 10-19 years
- 4 20 years or more
- 5 I have not participated in the Program [TERMINATE]

1. 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

2. 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
Your overall satisfaction with the website	☐	☐	☐	☐	☐	
Ease of finding information you were looking for	☐	☐	☐	☐	☐	☐
Ease of completing transactions	☐	☐	☐	☐	☐	☐
Ease of understanding the information presented	☐	☐	☐	☐	☐	☐
Usefulness of the information presented	☐	☐	☐	☐	☐	☐
Appearance and appeal of the website	☐	☐	☐	☐	☐	☐

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.]

3. 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?

	Very Easy to Use	Somewhat Easy to Use	Neither Easy Nor Difficult	Somewhat Difficult to Use	Very Difficult to Use
Ease of navigation	☐	☐	☐	☐	☐
Ease of login	☐	☐	☐	☐	☐
Ease of finding forms and tools	☐	☐	☐	☐	☐
Ease of accessing account information	☐	☐	☐	☐	☐
Ease of completing transactions	☐	☐	☐	☐	☐
Ease of reading	☐	☐	☐	☐	☐

4. [REMOVED]

5. [REMOVED]

6. 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 (Skip to Q8)
- 4 Checking my account balance
- 5 Other _____

7. Do you ever make investment transactions on the website?

YES (Continue) NO (Skip to Q11)

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

- 1 Increase/decrease in deferral amount
- 2 Allocation change (to change where new deferrals are invested)
- 3 Investment exchange (to exchange where current balances are invested)
- 4 Other _____

9. 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.)

	Very Easy to Use	Somewhat Easy to Use	Neither Easy Nor Difficult	Somewhat Difficult to Use	Very Difficult to Use
Increase/decrease in deferral amount	☐	☐	☐	☐	☐
Allocation change	☐	☐	☐	☐	☐
Investment exchange	☐	☐	☐	☐	☐
(Text from Q8 inserted)	☐	☐	☐	☐	☐

10. [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) _____

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

	Very Helpful	Somewhat Helpful	Indifferent	Not Very Helpful	Not At All Helpful	Not Familiar
News Bulletins	☐	☐	☐	☐	☐	☐
Participant Services	☐	☐	☐	☐	☐	☐
Investment Education	☐	☐	☐	☐	☐	☐
Planning Tools	☐	☐	☐	☐	☐	☐
Fund Information	☐	☐	☐	☐	☐	☐
Program Newsletters	☐	☐	☐	☐	☐	☐
Forms	☐	☐	☐	☐	☐	☐
Secure Login	☐	☐	☐	☐	☐	☐
Current Market Information	☐	☐	☐	☐	☐	☐

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

- 1 Payout Calculator
- 2 Ibbotson Asset Allocation Tool
- 3 Paycheck Impact Calculator
- 4 Interactive Retirement Planner
- 5 Cost of Waiting Calculator
- 6 College Savings Calculator
- 7 I have not used any of the interactive planning tools (Skip to Q15)

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

	Very Easy to Use	Somewhat Easy to Use	Neither Easy Nor Difficult	Somewhat Difficult to Use	Very Difficult to Use
Payout Calculator	☐	☐	☐	☐	☐
Ibbotson Asset Allocation Tool	☐	☐	☐	☐	☐
Paycheck Impact Calculator	☐	☐	☐	☐	☐
Interactive Retirement Planner	☐	☐	☐	☐	☐
Cost of Waiting Calculator	☐	☐	☐	☐	☐
College Savings Calculator	☐	☐	☐	☐	☐

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

	Very Helpful	Somewhat Helpful	Indifferent	Not Very Helpful	Not At All Helpful
Payout Calculator	☐	☐	☐	☐	☐
Ibbotson Asset Allocation Tool	☐	☐	☐	☐	☐
Paycheck Impact Calculator	☐	☐	☐	☐	☐
Interactive Retirement Planner	☐	☐	☐	☐	☐
Cost of Waiting Calculator	☐	☐	☐	☐	☐
College Savings Calculator	☐	☐	☐	☐	☐

17. [REMOVED]

18. [REMOVED]

19. [REMOVED]

20. 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 Program Service Center
- 2 Account Representative
- 3 Printed educational brochures
- 4 Email
- 5 My Employer
- 6 Other _____
- 7 Don't Know

Other Channels:

21. In the past 30 days, have you made a call to the Service Center?

YES (Continue)

NO (Skip to Q23)

22. 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
Your overall satisfaction with the Service Center	☐	☐	☐	☐	☐	
The speed at which your call was answered	☐	☐	☐	☐	☐	☐
The knowledge level of the representative	☐	☐	☐	☐	☐	☐
The professionalism of the representative	☐	☐	☐	☐	☐	☐
The ability of the representative to answer your question and explain Program rules	☐	☐	☐	☐	☐	☐
The quality of information you received as a result of your call	☐	☐	☐	☐	☐	☐

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) _____

23. In the past 30 days, have you attended a group meeting or workshop hosted by Ohio Deferred Compensation?

YES (Continue)

NO (Skip to Q24a)

24. Which type of group meeting did you attend?

- 1 Enrollment workshop
- 2 Information workshop

24a. In the past 30 days, have you had a personal, face-to-face meeting with a representative?

YES (Continue)

NO (Skip to Q25)

24b. During your personal face-to-face meeting with a representative, where did the meeting take place?

- 1 Ohio Deferred Compensation Service Center
- 2 Work Site
- 3 Someplace else (such as a hotel or library)

25. [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
Your overall satisfaction with the meeting	☐	☐	☐	☐	☐	
Usefulness of the information presented	☐	☐	☐	☐	☐	☐
The knowledge level of the presenter	☐	☐	☐	☐	☐	☐
The professionalism of the presenter	☐	☐	☐	☐	☐	☐
The ability of the presenter to answer your questions and explain Program rules during the meeting	☐	☐	☐	☐	☐	☐
The availability of the presenter to answer your questions one-on-one after the meeting	☐	☐	☐	☐	☐	☐

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) _____

26. [REMOVED]

26a. Do you recall recently reading any Program printed materials or brochures, other than your Account Statement?

- 1 Yes
- 2 No/not sure (Skip to Q28)

27. Thinking about the printed educational materials and brochures that you have received from the Program, please rate your satisfaction with them on each of the following items.

	Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied	Don't Know
Your overall satisfaction with the printed educational materials and brochures	☐	☐	☐	☐	☐	
Ease of understanding the information presented	☐	☐	☐	☐	☐	☐
Depth of information provided (too much/too little)	☐	☐	☐	☐	☐	☐
Appearance and appeal of the materials	☐	☐	☐	☐	☐	☐
The ability to help you make an investment decision	☐	☐	☐	☐	☐	☐

27a. **[Ask only if any of the highlighted boxes are checked in Q27]** You said that you were less than satisfied with the information provided in the printed materials. 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) _____

28. What are your two most preferred methods of receiving general communication from the Program?
[Rank top two.]

- 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 the Program?

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

29. How would you prefer to receive your Quarterly Statement and *Focus* newsletter?

- 1 Mail
- 2 Email

30. In the beginning of February, a personalized Annual Statement was mailed out. Do you recall seeing this?

- 1 Yes (Continue)
- 2 No (Skip to Q38)

30a. How would you rate the helpfulness of each of the following features of the Annual Statement?

	Very Helpful	Somewhat Helpful	Neutral	Not Very Helpful	Not At All Helpful	Cannot Recall
The Annual Statement overall	☐	☐	☐	☐	☐	☐
Account Summary for 2011	☐	☐	☐	☐	☐	☐
Allocation Comparison Pie Charts	☐	☐	☐	☐	☐	☐
Potential Value and Projected Monthly Income Tables	☐	☐	☐	☐	☐	☐
Beneficiary Information	☐	☐	☐	☐	☐	☐

30a1. Did you take any of the following actions as a result of your Annual Statement? (Check all that apply.)

- ☐ Change Allocations
- ☐ Increase Deferrals
- ☐ Change/add a Beneficiary
- ☐ Automatic Deferral Increase/SMarT Plan
- ☐ Other (specify) _____
- ☐ No action taken

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

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

41. Overall, what would you say the Ohio Deferred Compensation Program could do to best serve you and keep you as a valued participant?

JOBTITLE. Which of the following best describes your job title?

- a) Manager or Director
- b) Licensed Professional
- c) Clerical/ Data Processor
- d) Laborer
- e) Public Safety (Police or Fire)

GENDER. What is your gender?

- 1 Male
- 2 Female

AREACODE. What is your three-digit area code? _____

Thank you for participating in our survey!

Attachment C

Ohio DC Employer Satisfaction Questionnaire FINAL – 2011

Data Entry # _____

Date _____

Minutes _____

Phone # _____

Hello, may I please speak with _____? I'm calling on behalf of Ohio Deferred Compensation. My name is _____ with Sequent, a Columbus, OH based company that performs research nationwide, and we are conducting a survey related to the Ohio DC.

My questions will take about ten minutes, and your answers will be very helpful to the Program staff in continuing to improve their service levels for you and your employees. Is this a convenient time for you? (If not try to reschedule) **[Check one]**

1 Male

2 Female

Before we begin with the questions, I'd like you to keep in mind that there are two separate offices for Ohio Deferred Compensation. One is the Service Center, which hosts the toll-free customer service line and the account representatives. The other is the administrative office, which handles billing, payments, and communications. Some of the questions I ask may be in regard to one or both of these two offices.

1. Please think about your communications with Ohio Deferred Compensation as a *representative of the employer*, rather than as a participant. Using a scale of 1-5 where 5 indicates "very satisfied" and 1 indicates "very dissatisfied" how would you rate your satisfaction with each of the following?

	5	4	3	2	1	DK
Overall satisfaction with the Program						
Helpfulness of the information received						
Access to resources needed to find information						
Ability to have questions answered and problems resolved in a timely fashion						
Ability to understand the information given by the Program						

2. In the times when you or an employee have an issue or a question that needs an answer, where do you go *first* to get the issue resolved or the question answered? **(Check only one)**

- 1 Service Center
- 2 Field Representative
- 3 Administrative Office
- 4 Web Site
- 5 Information Kit
- 6 Other printed material
- 7 Other _____ **(Skip to Q3)**
- 8 Have never had issues **(Skip to Q4a)**
- 9 D/K Refused **(Skip to Q4a)**

- 2a. On a scale of 1-5 where 5 indicates “very satisfied” and 1 indicates “very dissatisfied”, how would you rate your satisfaction with that area on the ability to answer your question or resolve your issue?

5 4 3 2 1

3. Is there a second place you would go to get a question answered? **(Check only one – remove answer mentioned in Q2 from response list in Q3)**

- 1 Service Center
- 2 Field Representative
- 3 Administrative Office
- 4 Web Site
- 5 Information Kit
- 6 Other printed material
- 7 Other _____ **(Skip to Q4a)**
- 8 None/DK/Refuse **(Skip to Q4a)**

- 3a. On a scale of 1-5 where 5 indicates “very satisfied” and 1 indicates “very dissatisfied”, how would you rate your satisfaction with that area on the ability to answer your question or resolve your issue?

5 4 3 2 1

- 4a. Are you familiar with the printed educational and communications materials that explain the Program to employees?

- 1 Yes (Continue)
- 2 No (Skip to Q5a)
- 3 DK/RF **(Skip to Q5a)**

4. Please rate your level of satisfaction with the usefulness of the printed materials that explain the Program to employees. Would you say you are ...

- 5 Very Satisfied
- 4 Somewhat Satisfied
- 3 Neither Satisfied Nor Dissatisfied
- 2 Somewhat Dissatisfied
- 1 Very Dissatisfied
- 0 DK/RF

} What could be done to improve the usefulness of the printed materials?

- 5a. Have you ever called in to the Service Center on behalf of your employees?

- 1 Yes (Continue)
- 2 No **(Skip to Q7)**
- 3 DK/RF **(Skip to Q7)**

5. I'd like you to think about the times you have called in to the Service Center for any reason. Using a scale of 1-5 where 5 indicates "very satisfied" and 1 indicates "very dissatisfied" how would you rate your satisfaction with the Service Center for each of the following?

	5	4	3	2	1	D/K
Overall satisfaction with the Service Center customer service line						Never Called (Go to 7)
The speed at which your call was answered						
The knowledge level of the representative						
The professionalism of the representative						
Ability to get corrections/resolutions on contributions						

6. **[Only if shaded box checked in Q5]** What could Ohio Deferred Compensation do to make you either "very" or "somewhat" satisfied with your overall experience with the Service Center?

7. How often would you say you *receive calls* from the Ohio Deferred Compensation Service Center to give you information?

- 1 Weekly
- 2 Monthly
- 3 Semi-annually
- 4 Annually
- 5 Never **(Skip to Q8)**
- 6 D/K, RF **(Skip to Q8)**

7a. I'd like you to think about the times that you have received calls from the Service Center. How would you rate the helpfulness of these calls? Would you say they are...

- | | | | |
|---|-------------------------------|---|--------------------------------|
| 1 | Very Helpful | } | Why are they helpful? _____ |
| 2 | Somewhat Helpful | | |
| 3 | Neither Helpful Nor Unhelpful | | |
| 4 | Somewhat Unhelpful | } | Why aren't they helpful? _____ |
| 5 | Very Unhelpful | | |

8. How often would you say you communicate with an Ohio Deferred Compensation field representative?

- 1 Weekly
- 2 Monthly
- 3 Semi-annually
- 4 Annually
- 5 Never **(Skip to Q8b)**
- 6 D/K, RF **(Skip to Q8b)**

8a. I'd like you to think about the times that you have communicated with a field representative. How would you rate the helpfulness of these visits? Would you say they are...

- | | | | |
|---|-------------------------------|---|--------------------------------|
| 1 | Very Helpful | } | Why are they helpful? _____ |
| 2 | Somewhat Helpful | | |
| 3 | Neither Helpful Nor Unhelpful | | |
| 4 | Somewhat Unhelpful | } | Why aren't they helpful? _____ |
| 5 | Very Unhelpful | | |
| 6 | D/K, RF | | |

8b. How important would you say it is for your new employees to learn about Ohio Deferred Compensation at a new employee orientation?

- 1 Very Important
- 2 Somewhat Important
- 3 Indifferent
- 4 Not Very Important
- 5 Not At All Important
- 6 D/K, RF

8c. Do you, as an employer, currently offer an introduction to Ohio Deferred Compensation at your new employee orientation?

- | | | |
|---|----------------|-----------------------|
| 1 | Yes | |
| 2 | No (Ask 8cwhy) | 8cwhy. Why not? _____ |
| 3 | D/K, RF | |

24. Ohio DC offers a SMarT auto escalation feature that allows employees to sign up for automatic annual increases in their amount of deferrals to their accounts as an easy way to enhance their savings. If Ohio DC provided you with forms, posters and an email publicizing the SMarT feature, how likely would you be to provide this information to employees?

- 1 Very Likely
- 2 Somewhat Likely
- 3 Neither Likely Nor Unlikely
- 4 Somewhat Unlikely
- 5 Very Unlikely

25. Many deferred compensation plans now offer automatic enrollment in which new employees are automatically enrolled in the plan, but have the option to opt out of the plan if they choose. If Ohio DC is the only deferred compensation plan that you offer to employees, how likely would you be to consider implementing an auto enrollment feature?

- 1 Very Likely
- 2 Somewhat Likely
- 3 Neither Likely Nor Unlikely
- 4 Somewhat Unlikely
- 5 Very Unlikely
- 6 Ohio DC is not the only plan we offer

26. If Ohio DC were to implement a Roth 457 (after tax) deferral option, how likely would you be to consider offering it to your employees?

- 1 Very Likely
- 2 Somewhat Likely
- 3 Neither Likely Nor Unlikely
- 4 Somewhat Unlikely
- 5 Very Unlikely

PATH A

9. In your position, do you deal with the coordination of Ohio Deferred Compensation visits, group meetings, or workshops?

- 1 Yes **[Continue]** 2 No **[Skip to Q14]** 3 D/K, RF **[Skip to Q14]**

10. In dealing with Ohio Deferred Compensation field representatives specifically related to the coordination of group meetings, how would you rate your satisfaction for each of the following? Use a scale of 1-5 where 5 indicates that you are “very satisfied” and 1 indicates that you are “very dissatisfied”.

	5	4	3	2	1	DK
Your overall satisfaction with the group meetings						
Ease of arranging visits or group meetings						
Communications tools (posters, emails, etc.) provided by the representative to promote group meetings						
The professionalism of the representative						
Representative’s ability to answer questions about the program						
Feedback from your employees on the visits or group meetings						

11. **[Only if shaded box checked in Q10]** What could Ohio Deferred Compensation do to make you either “very” or “somewhat” satisfied with your overall experience with the group meetings?

12. Please rate the helpfulness of each of the following tools in making employees aware of the meetings or workshops:

	Very Helpful	Somewhat Helpful	Neither Helpful Nor Unhelpful	Somewhat Unhelpful	Very Unhelpful	DK/RF
Emails						
Posters						
Payroll inserts						

13. If there were one thing Ohio Deferred Compensation could do to increase the participation in group meetings, what would that be?

13a. How about a second thing?

13aa. As the employer, what are one or two things that you like most about the Ohio Deferred Compensation Program? _____

13b. Is there anything the Program could do to better serve you, as the employer?

PATH B

14. In your position, do you deal with payroll contributions?

- 1 Yes **[Continue]** 2 No **[Skip to Q20]** 3 DK/RF **[Skip to Q20]**

15. Please rate your level of satisfaction with the usefulness of the printed deferral and billing paperwork that you have received from Ohio Deferred Compensation.

- 5 Very Satisfied
4 Somewhat Satisfied
3 Neither Satisfied Nor Dissatisfied
2 Somewhat Dissatisfied
1 Very Dissatisfied
0 DK/RF

} What could be done to improve? _____

16. Do you submit your Ohio Deferred Compensation contributions and data electronically through the Ohio Business Gateway?

Yes (Skip to Q20)

No (Continue)

17. Do you submit other information, such as state or school district income tax withholdings, electronically through the Ohio Business Gateway?

Yes

No

GENERAL QUESTIONS

20. Are you, yourself, a participant in the Ohio Deferred Compensation Program?

- 1 YES
2 NO
3 DK/RF

20a Does your group or department offer employees the opportunity to select an *alternative* deferred compensation plan to Ohio Deferred Compensation?

- 1 YES
2 NO **[Skip to Q21]**
3 DK/RF **[Skip to Q21]**

20b In your opinion, what, if anything, makes Ohio Deferred Compensation a better plan than the others that your group offers? _____

20c And, in your opinion, what, if anything, makes Ohio Deferred Compensation a worse plan than the others that your group offers? _____

21. Which of the following best describes your job title?

- 1 President or Director
- 2 Payroll Clerk
- 3 Benefits Manager
- 4 Office Manager
- 5 Other (specify) _____
- 6 DK/RF

22. What is your length of service in that position?

- 1 Less than one year
- 2 1 to 3 years
- 3 3 to 5 years
- 4 More than 5 years
- 5 DK/RF

23. Which of the following best describes what type of employer your company represents?

- 1 State Department
- 2 City Department
- 3 County Department
- 4 School System
- 5 Other (specify) _____
- 6 DK/RF

Thank you for your time. Your input will be very helpful to the Ohio Deferred Compensation staff in making improvements for you and your employees.