



2016 REGIONAL MEETING EVALUATION

Political Subdivision Synergy

Group Name (optional): _____ Evaluated by (optional): _____

Please rate the presentation on each of the following areas:	Very Useful	Useful	Adequate	Not Useful
1. Collaborative Teaming & HITECH Sophistication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Regulatory Reporting & PPACA Overview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Benefit Modifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Medication Therapy Management Modifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Underwriting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Alliance Relationships- PEBA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How would you rate the Regional Meeting presentations overall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Would you like more information on Long Term Planning benefits?		Yes	No	
9. Would you like more information on Pre-65 On/Off Exchange benefit?		Yes	No	

What service areas would you like to see IEBP improve?

Comments and Suggestions:

Would you like your Benefit Service Specialist to contact you? *(If so, please provide your name and contact information)*