

As your Managed Care Organization, Sheakley UniComp would like to thank you for your continued business. On 3/17/25 you participated in an on-site meeting with your Client Relations Manager, **Keith Davis** to review your workers' compensation program.

I want to follow-up with you to ensure the meeting was time well spent. Sheakley strives to strengthen our partnership with your organization by offering a team of knowledgeable professionals to evaluate your program and provide solutions. Your feedback is extremely important because it helps us identify areas of strengths, as well as those that need improvement.

Please take a moment to answer the following questions, Return the completed survey to me via fax at 513-672-4513 or email to <a href="mailto:andreak@sheakley.com">andreak@sheakley.com</a>.

## The information presented to me was complete, easy to understand and informative.

**Customer Service Satisfaction** 

Strongly	Agree	Agree	No Opinion	Disagree	Strongly Di	sagree	
			e was professional No Opinion				endly.
My Sheakley Strongly	representati Agree	ve was able Agree	to identify areas o No Opinion	f concern and a Disagree	ct as a probl Strongly Di	em solver. sagree	
My Sheakley representative was able to discuss potential cost savings/cost control opportunities.  Strongly Agree Agree No Opinion Disagree Strongly Disagree Not Applicable							
I am very satisfied with Sheakley UniComp and would recommend you to other business associates.  Strongly Agree Agree No Opinion Disagree Strongly Disagree							
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Additional Co	omments:						
Signature: Email addres	St JOH-2. 6	AHEADON & C	OLDI-FAVILANN			Copley Schools 37751651	
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Please do not hesitate to contact me at 888-743-2559 ext. 7004 or via email at andreak@sheakley.com.

Sincerely, Andrea Kiener Director of Client Programs

By responding to our survey, you will be entered into a drawing for a gift card.