

INSERT HEALTH PLAN LOGO HERE



**CENTER FOR MEDICARE**  
**Centers for Medicare & Medicaid Services**  
c/o Survey Processing  
[INSERT VENDOR ADDRESS]

February 28, 2025

«FNAME» «LNAME»  
«ADDR1FINAL» «ADDR2FINAL»  
«CITY», «STATE» «ZIP»

Dear «FNAME» «LNAME»:

This letter invites you to take part in an important survey from Medicare about your experiences with your Medicare health plan. **We'd greatly appreciate you taking the time to complete this survey.** Your feedback will improve Medicare services and help others like you choose a health plan.

The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program. CMS uses the information from this survey to improve care and rate plans. **Your voice matters.** The survey takes just a few minutes.

Please type this address into your web browser to begin the survey:

WEB SURVEY URL

You will be asked to enter a survey code, please type in: **«PIN»**

For questions about this survey, you may email the survey organization working with Medicare at [VENDOR EMAIL], or call toll-free at [VENDOR TOLL-FREE NUMBER]. If you do not complete the survey online, we will send you the survey by mail in about two weeks.

Thank you for your help.

Sincerely,

Vanessa S. Duran  
Medicare Drug Benefit and C & D Data Group  
Centers for Medicare & Medicaid Services

Nota: Si le gustaría recibir una copia de la encuesta en español, por favor llame gratis al 1-XXX-XXX-XXXX de lunes a viernes entre las XX am y XX pm, [INSERT TIME ZONE].