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



February 24, 2027

Dear FNAME LNAME:

This letter invites you to take part in an important survey about your experiences with your Medicare drug plan. **In a few days, you'll get an invitation to complete the survey.**

We hope you'll share your feedback and complete the survey. Your responses will improve Medicare services and will help other people with Medicare choose a drug plan.

You can also complete the survey online now, by typing this address into your web browser:

[URL]

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

OR you can use your phone's camera to scan the QR code: [QR code]

Thank you in advance for your help. For questions about this survey, you may email the survey organization working with Medicare at [VENDOR EMAIL] or call toll-free at 1-XXX-XXX-XXXX, Monday - Friday from XX am - XX pm [ET/CT/PT].

Sincerely,

Center for Medicare

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, [ET/CT/PT].