INSERT HEALTH PLAN LOGO HERE



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

February 26, 2027

«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 drug 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 drug 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»**

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

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,

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].