SUBJECT: Medicare wants your feedback about your drug plan
FROM: Medicare Experience team <VENDOR EMAIL ADDRESS>
TO: <ENROLLEE EMAIL ADDRESS>

OPTIONAL: SURVEY VENDORS MAY INSERT HEALTH PLAN LOGO

Dear «FNAME» «LNAME»:

This email 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 click on this link to begin the survey: [PERSONALIZED LINK TO SURVEY WITH EMBEDDED 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.

Nota: Si le gustaría recibir una copia de este mensaje 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].