SUBJECT: Reminder about Medicare drug plan survey
FROM: Medicare Experience team <VENDOR EMAIL ADDRESS>
TO: <ENROLLEE EMAIL ADDRESS>

OPTIONAL: SURVEY VENDORS MAY INSERT HEALTH PLAN LOGO



Dear «FNAME» «LNAME»:

A few days ago, we sent you an email asking for feedback about your experiences with your Medicare drug plan. **This is a friendly reminder that hearing from you is important to Medicare.** We want to know about the care you received.

We know your time is valuable and the survey takes only a few minutes to answer. Participation is voluntary, and your information is kept private by law.

Please click on this link to go to the survey: [PERSONALIZED LINK TO SURVEY WITH EMBEDDED PIN]

You may also copy and paste this link into your web browser.

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].

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]