[FIRST AND LAST NAME]
[LINE ONE OF ADDRESS]
[LINE TWO OF ADDRESS (IF ANY)]
[CITY, STATE ZIP]

Dear [ENROLLEE FIRST AND LAST NAME],

Recently, we mailed you a survey to learn about the care you received through [QHP ISSUER NAME] from July to December 2019. Please complete the enclosed survey. This is your opportunity to help your health plan serve you better. This survey is part of a national ongoing effort to understand the experiences people have with their health plan.

You have been chosen as part of a random sample of people in your health plan. Your answers are important, and we cannot replace you with anyone else. The survey should take you less than 15 minutes to complete. **Your participation is voluntary.** However, your answers will help others make important choices about their health care and will help health plans improve the care they provide. We hope you will help us. Your answers will be part of a pool of information from others who are enrolled in your health plan. The information you provide will only be shared with authorized persons. Your health plan will not see your responses.

If you have any questions, please call [VENDOR NAME] toll free at (XXX) [XXX-XXXX] between [XX:XX] a.m. and [XX:XX] p.m. [VENDOR LOCAL TIME], Monday through Friday (excluding federal holidays), or email [VENDOR EMAIL].

Please return the completed survey in the enclosed pre-paid envelope.

**Thank you for your help!**

Sincerely,

[SIGNATURE]

[NAME AND TITLE OF SENIOR EXECUTIVE FROM VENDOR or QHP ISSUER]

[VENDOR or QHP ISSUER NAME]

Para responder la encuesta en español por teléfono, llame al número siguiente: (XXX) [XXX-XXXX].

[IF OFFERING IN CHINESE] 這項調查提供中文版。如需以中文進行電話調查問卷，請聯絡：(XXX) [XXX-XXXX] 。