[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 sent you a survey about your experiences with your health plan. This is your opportunity to help your health plan serve you better. If you sent back a completed survey, thank you for your help and please disregard this letter.

The survey will take less than 15 minutes to complete. **Your participation is voluntary.** However, your answers will help people like you make important choices about their health care and will help [QHP ISSUER NAME] improve the care they provide to you. 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.

To save time and paper, you can complete this survey online right now by visiting [**SURVEY URL**]. On this website you will be asked for this private [LOGIN CREDENTIAL(S)]. You may have received an invitation to your email address. If so, it will take you directly to the same survey.

Respond now at [**SURVEY URL**]

[LOGIN CREDENTIAL(S)]

If you prefer, you can fill out the survey and mail it back in the postage-paid envelope that came with it.

**Thank you for your help!**

Sincerely,

[SIGNATURE]

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

[VENDOR or QHP ISSUER NAME]

Para solicitar una encuesta en papel y en español, o para responder la encuesta en español por teléfono, llame al número siguiente: (XXX) [XXX-XXXX]. Para responder la encuesta en español por internet, vaya a este sitio web: [SURVEY URL] y utilice esta información de acceso privada: [LOGIN CREDENTIAL(S)]

[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] 。