

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



February 28, 2024

Dear FNAME LNAME:

This letter invites you to take part in an important survey about your experiences with your Medicare drug plan. **In a few days, you'll get an invitation to complete the survey.**

We hope you'll share your feedback and complete the survey. Your responses will improve Medicare services and will help other people with Medicare choose a drug plan.

You can also complete the survey online now, by typing this address into your web browser:

[URL]

You will be asked to enter a survey code, please type in: **«PIN»**

Thank you in advance for your help. For questions about this survey, please call the survey organization working with Medicare toll-free at 1-XXX-XXX-XXXX, Monday - Friday from XX am - XX pm [INSERT TIME ZONE].

Sincerely,

Vanessa S. Duran
Medicare Drug Benefit and C & D Data Group
Centers for Medicare & Medicaid Services

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, [INSERT TIME ZONE].