

2A. URL LETTER AFTER PRE-NOTIFICATION LETTER (DAY 0); READING LEVEL: 9.6

DATE

ID NUMBER

In Reply Refer To: 10P1

BARCODE

NAME

STREET

CITY, STATE, ZIP CODE

DEAR FIRST NAME, LAST NAME:

You recently received a letter informing you of the 2015 VA Survey of Veteran Enrollees' Health and Use of Health Care. This annual survey is sponsored by the Veterans Health Administration (VHA) Office of the Assistant Deputy Under Secretary for Health for Policy and Planning.

We now invite you to complete this important survey. The survey asks questions about health care, insurance, and your health. Your answers, along with those of other Veterans, will help plan for the health care needs of those enrolled in the VA health care system. There is no other reliable source to provide us with this information.

Please go to the following secure website and enter your personal identification number (PIN) to begin the survey. It will only take about 20 minutes to complete the survey.

Survey website: www.surveyvha.org

Your PIN: XXXXXX

Here's more information about the survey.

- You were selected to participate because you are eligible to use Veterans' Health Care.
- Your participation is voluntary, but we hope you will decide to participate. If you decide not to participate, it will not affect your VA benefits or any other benefits to which you may be entitled.
- Your identity and your answers will be protected to the fullest extent allowed by law.

The enclosed "Frequently Asked Questions" provide more details. If you have other questions or are unable to complete a web survey, please call our Survey of Enrollees Information Line at 1-xxx-xxx-xxxx.

Thank you for your participation in this survey, and thank you for your service to our country.

Sincerely,

Patricia Vandenberg, MHA
Assistant Deputy Under Secretary for Health
for Policy and Planning

ENCLOSURE