

[SURVEY VENDOR LOGO]
[SURVEY VENDOR ADDRESS]

and/or

[QHP ISSUER LOGO ONLY NO ADDRESS]

OMB No. 0938-1221: Approval Expires XX/XX/20XX

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

[ENROLLEE FIRST AND LAST NAME]

6 [QHP ISSUER NAME]
15

[SURVEY VENDOR NAME]
[SURVEY VENDOR LOCAL TIME] [XX:XX] a.m. [XX:XX] p.m.
[SURVEY VENDOR NAME] (XXX) [XXX-XXXX] [SURVEY VENDOR E-MAIL]

[QHP ISSUER NAME] [SURVEY VENDOR NAME] [SURVEY VENDOR LOCAL TIME] [XX:XX] a.m. [XX:XX] p.m.
[SURVEY VENDOR NAME] (XXX) [XXX-XXXX] [SURVEY VENDOR E-MAIL]

If you would prefer a survey in English, please call (XXX) [XXX-XXXX].

[SIGNATURE]

[SIGNATURE]

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