

[SURVEY VENDOR LOGO] and/or [QHP ISSUER LOGO ONLY NO ADDRESS]  
[SURVEY VENDOR ADDRESS]

OMB No. 0938-1221: Approval Expires 0X/XX/20XX

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

Dear [ENROLLEE FIRST AND LAST NAME],

We need your help. Please fill out the enclosed survey about the care you received through [QHP ISSUER NAME] in the last 6 months. This is your chance to help your health plan serve you better. This survey is part of a national ongoing effort to understand the experiences enrollees have with their health plan. The results will help consumers make important choices about their health care and will help health plans improve the care they provide.

You have been chosen as part of a random sample of enrollees in your health plan. Your answers are important and we cannot replace you with anyone else. If you changed your health plan for 2018, please answer the questions in the survey based on your experience with the health plan you had from July through December 2017. The survey will take about 15 minutes to complete. We hope you will take this chance to tell us about your experiences.

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. **You may choose to fill out this survey or not. If you choose not to, this will not affect the benefits you receive.** However, your knowledge and experiences will help other people like you choose a health plan, so we hope you will help us.

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

[QHP ISSUER NAME] contracted with [SURVEY VENDOR NAME] to conduct this survey. If you have any questions about the survey, call [SURVEY VENDOR NAME] toll free at (XXX) [XXX-XXXX] between [XX:XX] a.m. and [XX:XX] p.m. [SURVEY VENDOR LOCAL TIME], Monday through Friday (excluding federal holidays), or e-mail [SURVEY VENDOR E-MAIL].

Thanks for your help!

Si prefieres la encuesta en español, por favor llame al (XXX) [XXX-XXXX].

[IF OFFERING CHINESE] □□□□□□□□□□□□ (XXX) [XXX-XXXX].

Sincerely,

[SIGNATURE]

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