



DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington, D.C. 20420

Mail Date

Keyline

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Care of

City, ST Zip



Dear FName LName:

As promised in earlier correspondence, enclosed is the *2018 Survey of Veteran Enrollees' Health and Use of Health Care*. I encourage you to participate in this very important survey sponsored by the Veterans Health Administration (VHA). The survey takes about 20 minutes to complete. Please use the enclosed envelope to return your completed survey.

Your participation in this survey will provide critical information needed to successfully deliver services to Veterans enrolled in VA healthcare. If you have already completed the survey, please accept our sincere thanks.

If you prefer, you can complete the survey online by going to the following secure website and entering the personal identification number (PIN) listed below.

Survey website: www.VHASurvey.org

Your PIN: 1234567

While your participation is voluntary, it is important to the VA and all Veterans enrolled in VA health care systems. If you decide not to take part, it will not affect your VA benefits or any other benefits to which you may be entitled.

If you have questions, please call the Survey of Enrollees Help Desk at 1-888-203-1288

Thank you for your participation in this important study. More importantly, thank you for your service to our country!

Sincerely,

Regan L. Crump, MSN, DrPH
Assistant Deputy Under Secretary for Health
for Policy and Planning

ENCLOSURE

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