

# Attachment V: Wave-2 Cover Letter

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C1-25-05  
Baltimore, Maryland 21244-1850



OMB 0938-1113

<<name>>

\*<<finder>>\*

<<address1>>

<<address2>>

<<city>>, <<state>> <<zip>>

Dear Medicare Beneficiary,

You recently got a survey from the Centers for Medicare & Medicaid Services (CMS), and we don't have your response. The Medicare program is interested in learning why you recently switched or dropped your Medicare health plan. By answering this survey, you're giving important information that can help other people choose a Medicare health plan.

We know your time is valuable. It will take less than 15 minutes to complete the survey.

If you've already sent the survey back to us, thank you! You can ignore this reminder.

**Your help is voluntary, and your decision to participate or not won't affect your Medicare benefits in any way.** Your information is kept confidential under the Privacy Act.

If you have questions, please call toll-free 1-855-400-3657 Monday-Friday from 9 a.m. to midnight Eastern Time.

Thank you for your help with this important survey.

Sincerely,

A handwritten signature in black ink, appearing to read "Amy Larrick Chavez-Valdez". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Amy Larrick Chavez-Valdez  
Director  
Medicare Drug Benefit and C & D Data Group

DEPARTAMENTO DE SALUD Y SERVICIOS HUMANOS  
Centros de Servicios de Medicare y Medicaid  
7500 Security Boulevard, Mail Stop C1-25-05  
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\*<<finder>>\*

Hace poco, los Centros de Servicios de Medicare y Medicaid (CMS) le mandó una encuesta y todavía no hemos recibido su respuesta. El programa de Medicare está interesado en saber porque cambió o canceló su plan de salud de Medicare. Al contestar esta encuesta nos está dando información importante que le puede ayudar a otras personas a escoger un plan de salud de Medicare.

Sabemos que su tiempo es valioso. La encuesta toma menos de 15 minutos.

Si ya nos mandó su encuesta de regreso, muchas gracias. Puede ignorar este recordatorio.

**Su ayuda es voluntaria, y su decisión de participar o no participar no afectará de ninguna forma sus beneficios de Medicare.** Su información se mantendrá de manera confidencial bajo la Ley de Privacidad.

Si tiene preguntas, por favor llame gratis al 1-855-400-3657 de 9:00 de la mañana a 12 de la noche, hora del Este, de lunes a viernes.

Gracias por su ayuda con esta importante encuesta.

Atentamente,

A handwritten signature in black ink, appearing to read "Amy Larrick Chavez-Valdez". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Amy Larrick Chavez-Valdez  
Director  
Medicare Drug Benefit and C & D Data Group