



**Department of Health and Human Services**

**c/o NORC at the University of Chicago**

55 East Monroe Street, 19th Floor | Chicago IL 60601

OFFICIAL BUSINESS

RETURN SERVICE REQUESTED

FIRST-CLASS MAIL  
U.S. POSTAGE

**PAID**

CHICAGO, ILLINOIS  
PERMIT NO. XXXX

**IMPORTANT INFORMATION ENCLOSED**

from the U.S. Centers for Medicare and Medicaid Services

Respondent Name

Address Placeholder

City, State ZIP

*[Postcard Front Cover]*

OMB No. 0938-0568 | Expires 8/31/2023

*[Postcard Inner Top]*

Dear [Respondent Name],

Recently you received a letter or visit from our representatives to request your participation in the Medicare Current Beneficiary Survey (MCBS). Your response is needed now more than ever; the information you provide will be used to make Medicare work better, both now and in the future.

If you have already responded to the survey, thank you for your participation!

If not, **please call 1-877-389-3429** to schedule your appointment. For more information about this survey, please visit [mcbs.norc.org](http://mcbs.norc.org).

Thank you for your help with this important survey to improve your Medicare services!

Sincerely,



Debra Reed-Gillette, Director  
Medicare Current Beneficiary Survey  
Centers for Medicare & Medicaid Services

*[Postcard Inner Bottom]*



[Postcard Back Cover]