**Department of Health and Human Services**

FIRST-CLASS MAIL

U.S. POSTAGE

PAID

CHICAGO, ILLINOIS

PERMIT NO. XXXX

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

55 East Monroe Street, 19th Floor | Chicago IL 60603

OFFICIAL BUSINESS

RETURN SERVICE REQUESTED

IMPORTANT INFORMATION ENCLOSED

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

 Respondent Name

Address Placeholder

 City, State ZIP

*[Postcard Front Cover]*

*[Postcard Inner Top]*

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

Dear [Respondent Name],

Recently you received a letter or phone call 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 telephone appointment. For more information about this survey, please visit  [mcbs.norc.org](http://www.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]*

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