



[Month, Year]

[Respondent Name]
[Respondent Address]
[Respondent City, State Zip]

Dear [Respondent Name]:

The U.S. Centers for Medicare and Medicaid Services has selected you to participate in a study about Medicare, called the Medicare Current Beneficiary Survey (MCBS). We conduct this study in order to better understand your experiences receiving Medicare services in order to improve the Medicare program.

We have selected you as part of a sample of people with Medicare from across the United States that can give us an accurate picture of how well people's health care needs are being met. Your participation in the study is your choice. Your Medicare benefits cannot be affected in any way by your decision to participate or the answers you provide.

The study can be completed by phone at a time that is convenient for you.

To complete the interview, call us at 1-877-389-3429.

You may also visit the survey website at mcbs.norc.org to learn more and to request to have a representative contact you.

Your safety and privacy is our greatest priority. If we are unable to reach you by phone, our representative may visit you in-person to conduct the interview. This person will have identification showing they are a representative for this Medicare survey.

The information you provide will be kept private to the extent permitted by law, as prescribed by the Federal Privacy Act of 1974.

If you have any questions, please call NORC toll-free at 1-877-389-3429, or email mcbs@norc.org. The enclosed brochure has more information about why we are conducting this study.

I hope you'll be able to help us with this important project to improve Medicare services.

Sincerely,

A handwritten signature in black ink, appearing to read "Debra Reed-Gillette".

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