



**Department of Health and Human Services**  
**c/o NORC at the University of Chicago**  
55 East Monroe Street, 19th Floor | Chicago IL 60603  
OFFICIAL BUSINESS  
RETURN SERVICE REQUESTED

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**IMPORTANT INFORMATION ENCLOSED**  
from the U.S. Centers for Medicare and Medicaid Services

[Mailing ID]  
[Respondent Name]  
[Address]  
[City, State ZIP]

OMB No. 0938-XXXX | Expires XX/XX/XXXX

Dear [Respondent Name]:

Recently you received a letter or phone call from our representatives to request your participation in special one-time survey on your experiences with healthcare services. This special survey is being conducted all over the world and will help policy makers better understand how people around the world experience health care.

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

If not, **please call 1-844-777-2151** to schedule your telephone appointment. For more information about this survey, please visit [mcbs.norc.org](https://mcbs.norc.org).

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Marina Vornovitsky', written in a cursive style.

Marina Vornovitsky, Director  
Medicare Current Beneficiary Survey  
Centers for Medicare & Medicaid Services

