

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

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

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 1-844-777-2151** to schedule your appointment. For more information about this survey, please visit <u>mcbs.norc.org</u>.

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

Sincerely,

Marina Vornovitsky

Director, Medicare Current Beneficiary Survey

Centers for Medicare & Medicaid Services

