



[Month, Year]

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

Dear ["Mr.,"/]"Ms."] [Last Name]:

Thank you for participating in the Medicare Current Beneficiary Survey. The Medicare program is always trying to improve! This survey is our main way to learn about how well Medicare is meeting your health care needs. The data collected allows us to understand how Medicare and other sources of coverage help you and your family manage the cost of health care.

In [Month, Year], as was mentioned at the end of your first interview, an interviewer will be contacting you to continue your participation. At that time, you will be asked about any medical appointments or purchases you have made [IF CURRENT YEAR ENROLLEE, FILL "since your last interview"/ELSE FILL "starting January 1"] and any related costs. We encourage you to review the enclosed material for answers to questions you may have regarding your next interview.

We also have enclosed a [Year] planner which you can use to record your medical appointments and purchases to assist in the next interview. We encourage you to use the enclosed folder to store and aid in review of any related insurance statements, such as explanations of benefit (EOBs) for your upcoming interview. As you document this information and speak with your interviewer, you are making a meaningful difference in lives of others like you across the country.

We look forward to speaking with you again soon. If you have any questions, please do not hesitate to contact NORC toll-free at 1-844-777-2151, or by email at mcbs@norc.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Marina Vornovitsky".

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