[SURVEY VENDOR LOGO] and/or [QHP ISSUER LOGO ONLY NO ADDRESS]
[SURVEY VENDOR ADDRESS]

OMB No. 0938-1221: Approval Expires XX/XX/20XX

[FIRST AND LAST NAME]
[LINE ONE OF ADDRESS]
[LINE TWO OF ADDRESS (IF ANY)]
[CITY, STATE ZIP]

[ENROLLEE FIRST AND LAST NAME]

6 [QHP ISSUER NAME]

2018 2017 15

[QHP ISSUER NAME][SURVEY VENDOR NAME] ([XX:XX] a.m. [XX:XX] p.m.[SURVEY VENDOR NAME](XXX) [XXX-XXXX][SURVEY VENDOR E-MAIL]

If you would prefer a survey in English, please call (XXX) [XXX-XXXX].

[SIGNATURE]

[NAME & TITLE OF SENIOR EXECUTIVE FROM SURVEY VENDOR or QHP ISSUER]

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1221. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.