[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]

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

6

[QHP ISSUER NAME] [SURVEY VENDOR NAME] 2018 2017 15

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]