**Department of Health and Human Services**

FIRST-CLASS MAIL

U.S. POSTAGE

PAID

CHICAGO, ILLINOIS

PERMIT NO. XXXX

**c/o NORC at the University of Chicago**

55 East Monroe Street, 19th Floor | Chicago IL 60603

OFFICIAL BUSINESS

RETURN SERVICE REQUESTED

IMPORTANT INFORMATION ENCLOSED

from the U.S. Centers for Medicare and Medicaid Services

 [Mailing ID]

 [Respondent Name]

 [Address]

 [City, State ZIP]

OMB No. 0938-1275 | Expires 06/30/2027

Dear [Respondent Name]:

Recently you received a letter from NORC at the University of Chicago to request your participation in **MCBS Pulse**, a special **one-time survey** on your opinions on how well the healthcare system is working for you. The information collected by this special survey will help Medicare improve health care services for Medicare enrollees across the country.

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

If not, **please call 1-844-777-2151** to speak to a NORC interviewer. For more information about this survey, please email mcbs.pulse@norc.org.

Thank you for your help with this important survey to help Medicare improve the services it provides to Medicare enrollees like you!

Sincerely,



Marina Vornovitsky, Director

Medicare Current Beneficiary Survey

Centers for Medicare & Medicaid Services

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