

[VENDOR LOGO]
[VENDOR ADDRESS]

and/or

[QHP ISSUER LOGO ONLY NO ADDRESS]

From: [VENDOR NAME]
To: [ENROLLEE EMAIL ADDRESS]
Subject: [REDACTED] - [REDACTED]

[REDACTED][ENROLLEE FIRST AND LAST NAME],

[REDACTED] 2024 年 7 月 12 日 [QHP ISSUER NAME] [REDACTED] [REDACTED]
[REDACTED]“[REDACTED]”[REDACTED]

[QHP ISSUER NAME] [REDACTED]
healthcare.gov [REDACTED]



[REDACTED] 10 分钟

[REDACTED][VENDOR LOCAL TIME] [XX:XX] [XX:XX] [REDACTED] (XXX)
[XXX-XXXX] [REDACTED] [VENDOR EMAIL] [REDACTED] [VENDOR NAME]

[REDACTED]

[REDACTED] [REDACTED]

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

To respond to the survey in English via the internet, click here: [Take Survey Now]. To request an English survey by mail, or to respond to the survey over the phone, call the following number: (XXX) [XXX-XXXX].

Para responder la encuesta en español por internet, haga clic en: [Responda la Encuesta Ahora]. Para solicitar una encuesta en papel y en español, o para responder la encuesta en español por teléfono, llame al número siguiente: (XXX) [XXX-XXXX].

[REDACTED]: [FULL SURVEY URL WITH EMBEDDED LOGIN CREDENTIALS]. [REDACTED]

2025 Qualified Health Plan Enrollee Experience Survey

Reminder Email: Chinese

[DO NOT INCLUDE THIS FOOTER IN EMAILS SENT TO ENROLLEES]