



Department of Health and Human Services

c/o NORC at the University of Chicago

55 East Monroe Street, 19th Floor | Chicago IL 60601

OFFICIAL BUSINESS

RETURN SERVICE REQUESTED

FIRST-CLASS MAIL
U.S. POSTAGE

PAID

CHICAGO, ILLINOIS
PERMIT NO. XXXX

IMPORTANT INFORMATION ENCLOSED

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

Respondent Name

Address Placeholder

City, State ZIP

[Postcard Front Cover]

OMB No. 0938-0568 | Expires 8/31/2023

[Postcard Inner Top]

Dear [Respondent Name],

Recently you received a letter or phone call from our representatives to request your participation in the Medicare Current Beneficiary Survey (MCBS). Your response is needed now more than ever; the information you provide will be used to make Medicare work better, both now and in the future.

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

If not, **please call 1-877-389-3429** to schedule your telephone appointment. For more information about this survey, please visit mcbs.norc.org.

Thank you for your help with this important survey to improve your Medicare services!

Sincerely,

A handwritten signature in black ink, appearing to read "Debra Reed-Gillette", with a stylized flourish at the end.

Debra Reed-Gillette, Director
Medicare Current Beneficiary Survey
Centers for Medicare & Medicaid Services

[Postcard Inner Bottom]



[Postcard Back Cover]