



**Department of Health and Human Services**  
**c/o NORC at the University of Chicago**  
55 East Monroe Street, 19th Floor | Chicago IL 60603  
OFFICIAL BUSINESS  
RETURN SERVICE REQUESTED

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**IMPORTANT INFORMATION ENCLOSED**  
from the U.S. Centers for Medicare and Medicaid Services

[Mailing ID]  
[Respondent Name]  
[Address]  
[City, State ZIP]

OMB No. 0938-0568 | Expires 1/31/2029

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 1-844-777-2151** to schedule your appointment. For more information about this survey, please visit [mcbs.norc.org](https://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 'Marina Vornovitsky', written in a cursive style.

Marina Vornovitsky  
Director, Medicare Current Beneficiary Survey  
Centers for Medicare & Medicaid Services

