[VENDOR LOGO] and/or [QHP ISSUER LOGO ONLY NO ADDRESS]
[VENDOR ADDRESS]

2027 Qualified Health Plan Enrollee Experience Survey
Prenotification Letter: English

[FIRST AND LAST NAME]
[LINE ONE OF ADDRESS]
[LINE TWO OF ADDRESS (IF ANY)]
[CITY, STATE ZIP]

Dear [ENROLLEE FIRST AND LAST NAME],

You will soon receive an important survey about the care you got through [QHP ISSUER NAME] from July through December 2026. This survey takes about 10 minutes, and your answers will be kept private. The U.S. Department of Health and Human Services sponsors this survey.

Your answers will be combined with other survey responses and will be used to help [QHP ISSUER] improve the services they provide. Responses are also used to help set the quality ratings that people use to compare health plans.

To save time and paper, you can complete this survey online **now** by visiting [**SURVEY URL**]. On this website, you will be asked for this private [TYPE OF LOGIN CREDENTIAL(S)]. Or, you can use your phone's camera to scan the QR code below, which will automatically sign you in to the survey. You may have received an invitation to your email address. If so, it will take you to the same survey.

Respond now at [**SURVEY URL**]

[LOGIN CREDENTIAL(S)]

or

Scan Me

Taking part in this survey is voluntary. Your health plan hired [VENDOR NAME] to conduct this survey. If you have any questions about the survey, call [VENDOR NAME] at (XXX) [XXX-XXXX], between [XX:XX] a.m. and [XX:XX] p.m. [VENDOR LOCAL TIME], Monday through Friday (excluding federal holidays), or email [VENDOR EMAIL].

Thank you for helping to improve health care.

Sincerely,

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

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]. Para responder la encuesta en español por internet, vaya a este sitio web: [**SURVEY URL**] y utilice esta información de acceso privada: [LOGIN CREDENTIAL(S)]

[IF OFFERING IN CHINESE] 如需索取中文版调查问卷，或以中文进行电话调查问卷，请联络：(XXX) [XXX-XXXX] 。如需在线参与中文问卷调查，请使用以下登录信息: [LOGIN CREDENTIAL(S)] 访问此网站：[SURVEY URL]。

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