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

Dear [ENROLLEE FIRST AND LAST NAME],

Recently, we sent you a survey about your experiences with [QHP ISSUER NAME] from July through December 2024. If you sent back a completed survey, thank you for your help and please disregard this letter.

This survey is sponsored by the Department of Health and Human Services and should take about 10 minutes to complete. Your participation is voluntary, and your answers will be kept private. [QHP ISSUER NAME] will use the combined survey data to provide better service and care for their enrollees. This survey information will also be used to inform health plan quality ratings that people can use to compare plans on HealthCare.gov or their state’s Marketplace website.

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

Respond now at [**SURVEY URL**]

[LOGIN CREDENTIAL(S)]

or



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].

We greatly appreciate your help in improving 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，请点击[**立即参加问卷调查**]。