

HealthPartners
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healthpartners.com

Mailing Address:
PO Box 1524
Minneapolis, MN 55440-1524



<first name> <last name>
<address>
<city> <state> <zip>

June 20, 2018

Dear <First name> <Last name>,

HealthPartners wants to improve well-being in the communities where its members live, work, and play, and **would like your help**. Your thoughts, along with those of other HealthPartners members, will be used to develop and improve HealthPartners programs throughout your community.

The survey will take about 10 minutes to complete. Your participation is voluntary and will not affect the care provided by your hospital, your insurance coverage, or your relationship with your health care providers. Your name and all of your answers will be confidential and your name will not be matched to your answers. If you do not want to answer any specific questions, you can skip them.

Please return the enclosed survey in the envelope provided. If we do not receive your survey within 3 weeks, we may call you and ask you to complete it over the phone, unless you call us at (952) 967-5358 to tell us you do not wish to be contacted.

I would like to emphasize how important your input is; your feedback will be used to improve programs in your own community.

We recognize that your time is valuable, so we have included this \$2 bill in appreciation for your contribution. We hope you are willing to help!

If you have any questions, please contact the HealthPartners Institute Center for Evaluation and Survey Research at (952) 967-5358.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas E. Kottke".

Thomas E. Kottke, MD
Medical Director: Well-Being, HealthPartners

What are we asking you to do?

- Complete the enclosed survey about well-being in your community

Who is participating?

- Other HealthPartners members like you

What do you get?

- A chance to tell us about well-being in your community and a \$2 bill in appreciation for your time