



STATE OF WISCONSIN  
Department of Employee Trust Funds

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SECRETARY

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QNO  
Name  
Address  
City, State ZIP

Date

User ID: <UserID>
Password: <Password>

Dear {name},

The Department of Employee Trust Funds (ETF) has contracted with Morpace Inc. to conduct a health insurance satisfaction survey of insured participants covered through the employer-sponsored State of WI Group Health Insurance program. You have been randomly selected to participate in this important study. We recently contacted you and requested that you complete this important online.

You may choose whether or not to participate in the survey, however your participation would be greatly appreciated and **your responses will be kept confidential**. The survey will take 10 to 15 minutes to complete. This survey is important because your level of satisfaction with the health care and services you receive may influence the health plan choices of your fellow employees or retirees who participate in the program. We believe that publishing the survey results enhances competition among health plans and improves the quality of the care and services provided.

To participate:

- Please go to the Morpace Inc. Internet site at: <https://surveys.morpace.com/m080034> and enter your User ID and Password (these are printed in the box at the top of this letter).
- If you have any problems completing the survey online, please contact Morpace Inc. at: [WisconsinHealthInsuranceSurvey@morpace.com](mailto:WisconsinHealthInsuranceSurvey@morpace.com) for technical assistance.

A printed version of the survey is enclosed should you prefer to complete and return it using the enclosed postage-paid return envelope.

Please note that the Office of State Employment Relations (OSER), the University of Wisconsin System, the University of Wisconsin Hospital and Clinics, and the Legislative Services Agencies will permit employees to complete the survey during scheduled work hours without loss of pay, provided that employees choose a time to complete the survey that does not interfere with work duties. If another adult (18 years or older) on your health insurance policy has had more contact or experience with your health plan, you may forward this letter to him or her to complete the survey.

If you have questions about the survey, please call Morpace Inc. toll free at 1-877-328-8176 and ask for Department 34. If you have any questions about your health benefits, please call ETF at 1-877-533-5020 or in the Madison area dial 266-3285. If you have concerns about the privacy of your personal information and survey responses, please contact ETF at the numbers listed above and ask to speak with the Department's privacy officer.

Thank you for taking the time to participate in this member satisfaction survey.

Sincerely,

The Department of Employee Trust Funds, Insurance Services Division