Enclosed is a Children's Health Insurance Program Survey (CHIP). You have been selected to provide us with your input and feedback regarding this health insurance program. We would appreciate it if you would take a few minutes to complete and return the survey to this office. Your comments are important to us.

This survey has no effect on your child's eligibility for CHIP. Please return the survey as **soon as possible** in the enclosed self-addressed stamped envelope. Thank You.