



SAMPLE BALLOT

FRAMEWORK REPORT

Multiple Chronic Conditions Measurement Framework

_____ I approve of the framework

_____ I disapprove of the framework as currently specified or for other reasons.
(Note: At your option, you may wish to consider additional explanation in an accompanying letter.)

_____ I abstain from voting on this framework

ELECTRONIC VOTING ONLY-VOTING OPENS TUESDAY, MARCH 6, 2012, at 9:00 am ET