



STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
PO Box 11729  
Albany, NY 12211

## Notice of Decision

Decision Date: March 29, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000025268

[REDACTED]

Dear [REDACTED],

On March 6, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's August 25, 2017 eligibility determination notice, the October 28, 2017 and October 29, 2017 eligibility determination notices, the January 1, 2018 eligibility determination notice, and the January 25, 2018 eligibility determination notice.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:  
NY State of Health Appeals  
PO Box 11729  
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the NY State of Health Account ID at the top of this notice.

### Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545(b).

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STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
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## Decision

Decision Date: March 29, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000025268



## Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Was your appeal of the August 25, 2017 eligibility determination notice, timely?

Did NY State of Health (NYSOH) properly determine the reinstatement of your children's Child Health Plus subsidy became effective no earlier than December 1, 2017?

Did NYSOH properly determine your children were not eligible for a Child Health Plus subsidy for the month of February 2018?

## Procedural History

On June 20, 2017, NYSOH issued an eligibility determination notice stating your children were eligible for Child Health Plus (CHP), for a limited time, with a \$45.00 monthly premium each, effective August 1, 2017. The notice directed you to provide proof of your household income by August 18, 2017 to confirm your children's eligibility or they might lose their insurance or receive less help paying for their coverage.

Also on June 20, 2017, NYSOH issued an enrollment notice confirming your children's enrollment in a CHP plan with a \$45.00 monthly premium each, effective August 1, 2017.

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On August 25, 2017, NYSOH issued an eligibility determination notice, based on an August 24, 2017 systematic eligibility redetermination, stating your children were eligible for a full price CHP plan, effective October 1, 2017. The notice indicated that the eligibility was based on information from state and federal data sources showing your household income was over \$115,120.00.

Also on August 25, 2017, NYSOH issued an enrollment notice confirming your children's enrollment in a full cost CHP plan with \$260.76 monthly premiums each, effective October 1, 2017.

On October 27, 2017, NYSOH received an updated application submitted on behalf of your children.

On October 28, 2017, NYSOH issued an eligibility determination notice stating your children were eligible for CHP, for a limited time, with a \$45.00 monthly premium each, effective December 1, 2017. The notice directed you to provide proof of your household income by December 26, 2017 to confirm your children's eligibility or they might lose their insurance or receive less help paying for their coverage.

Also on October 28, 2017, NYSOH issued an enrollment notice confirming your children's enrollment in a CHP plan with a \$45.00 monthly premium each, effective December 1, 2017.

On October 29, 2017, NYSOH issued an eligibility determination notice, based on an October 28, 2017 systematic eligibility redetermination, stating your children were eligible for CHP, for a limited time, with a \$45.00 monthly premium each, effective December 1, 2017. The notice directed you to provide proof of your household income by December 26, 2017 to confirm your children's eligibility or they might lose their insurance or receive less help paying for their coverage.

Also on October 29, 2017, NYSOH issued an enrollment notice confirming your children's enrollment in a CHP plan with a \$45.00 monthly premium each, effective December 1, 2017.

On December 4, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as your children were not eligible for a CHP subsidy for the months of October and November 2017.

On December 31, 2017, NYSOH systematically redetermined the eligibility of your children.

On January 1, 2018, NYSOH issued an eligibility determination notice stating your children were eligible for a full price CHP plan, effective February 1, 2018.

The notice indicated that the eligibility was based on information from state and federal data sources showing your household income was over \$115,120.00.

On January 2, 2018, NYSOH issued an enrollment notice confirming your children's enrollment in a full cost CHP plan with \$260.76 monthly premiums each, effective February 1, 2018.

On January 24, 2018, NYSOH systematically redetermined your children's eligibility.

On January 25, 2018, NYSOH issued an eligibility determination notice stating your children were eligible for CHP, for a limited time, with a \$45.00 monthly premium each, effective March 1, 2018. The notice directed you to provide proof of your household income by March 25, 2018 to confirm your children's eligibility or they might lose their insurance or receive less help paying for their coverage.

Also on January 25, 2018, NYSOH issued an enrollment notice confirming your children's enrollment in a CHP plan with a \$45.00 monthly premium each, effective March 1, 2018.

On March 6, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed thereafter.

## **Findings of Fact**

A review of the record supports the following findings of fact:

- 1) Your children were determined conditionally eligible for CHP with a \$45.00 monthly premium each, effective August 1, 2017, pending receipt of documentation to verify your household income by August 18, 2017.
- 2) Your children were enrolled into a CHP plan with a subsidy applied to their monthly premium, effective August 1, 2017.
- 3) You testified that when you enrolled your children in their CHP plan, you paid the health plan upfront for a full year of your children's premiums.
- 4) You testified that you were aware you had to submit documentation of your income to confirm your children's eligibility. You testified that you faxed your paystubs to your children's health plan at the end of June 2017.
- 5) On August 24, 2017, NYSOH systematically redetermined your children's eligibility based on income information from state and federal data

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- sources, because documentation of your household income had not been received, indicating your annual household income was over the allowable limit for a CHP subsidy. Your children were determined eligible for a full cost CHP plan and their CHP subsidies were revoked, effective October 1, 2017.
- 6) You testified that you do not remember receiving the August 25, 2017 notices indicating your children were eligible for and enrolled in a full cost CHP plan, effective October 1, 2017.
  - 7) You testified, and your account confirms, you receive your notices from NYSOH by regular mail.
  - 8) You confirmed the mailing address listed on the August 25, 2017 notices was your correct mailing address and there is no record of any notice issued to you by NYSOH being returned as undeliverable.
  - 9) An updated application was submitted on behalf of your children on October 27, 2017. Your children were again determined conditionally eligible for CHP with a \$45.00 monthly premium each, effective December 1, 2017. You were directed to submit documentation to verify your household income by December 26, 2017 to confirm your children's eligibility.
  - 10) Your children's CHP subsidies were reinstated, effective December 1, 2017.
  - 11) According to your account, your children were enrolled in a full cost CHP plan for the months of October and November 2017.
  - 12) On December 4, 2017 you contacted NYSOH and requested an appeal insofar as your children were not eligible for a CHP subsidy for the months of October and November 2017.
  - 13) You testified that you think you received the October 28, 2017 eligibility determination notice requesting documentation of your income.
  - 14) You testified that at the end of October or the beginning of November 2017, you faxed four paystubs to NYSOH. You were unsure of the telephone number that you faxed the documentation to.
  - 15) There is no record that NYSOH received any documentation of your income in 2017.

- 16) You testified that you took your child to the doctor in December 2017 and you were told your children did not have coverage, so you had to pay out of pocket for the cost of the medical treatment.
- 17) You testified that you called the health plan and you were advised that the amount of the premiums you had pre-paid were applied to the full premium amounts for October and November 2017 and that you owed additional money for your children's premiums for December and January 2017. You testified that you paid the health plan the amount they requested.
- 18) There is no evidence in your account that the health plan disenrolled your children from their coverage for non-payment of the premium for the month of December 2017.
- 19) Your children's eligibility was systematically redetermined on December 31, 2017 and your children were again found ineligible for a CHP subsidy, effective February 1, 2018, based on income information from data sources, because documentation of your income had still not been received.
- 20) Your children's CHP subsidy was again revoked, effective February 1, 2018.
- 21) The issue under appeal was amended to include the February 1, 2018 revocation of your children's CHP subsidy.
- 22) On January 24, 2018, you uploaded to your NYSOH account six consecutive biweekly paystubs.
- 23) According to notes in your account from January 24, 2018, your income documentation was deemed valid by NYSOH and your children's eligibility was redetermined the same day.
- 24) According to the eligibility determination notice issued on January 25, 2018, your children were again determined conditionally eligible for CHP with a \$45.00 monthly premium, effective March 1, 2018, pending documentation of your household income to confirm their eligibility.
- 25) Your children's CHP subsidy was reinstated, effective March 1, 2018.
- 26) Your children were enrolled in a full cost CHP plan for the month of February 2018.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

## **Applicable Law and Regulations**

### Valid Appeal Requests

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) a failure by NYSOH to provide timely notice of an eligibility determination 45 CFR § 155.505; and (4) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

Individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notice of eligibility determination by NYSOH (45 CFR § 155.520(b)(2); 18 NYCRR 358-3.5(b)(1)).

### Verification Process

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income (45 CFR §155.320(c)(1)(i)). If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f)).

### Child Health Plus - Eligibility

Child Health Plus (CHP) is a sliding-scale-premium program for children who are in a household that is over income for regular Medicaid (see New York Public Health Law (NY PHL) § 2510 et seq. and 42 USC § 1397aa). Eligibility rules are set out in NY PHL § 2511(2), as well as in the NYS Department of Health 2008-2012 Contract and Plan Manual.

A child who meets the eligibility requirements for CHP may be eligible to receive a subsidy payment if the child resides in a household with a household income at or below 400% of the federal poverty level (FPL) (NY PHL § 2511(2)(a)(iii)). To be eligible to enroll in CHP with subsidy payments, a child must not be "eligible for medical assistance"; that is, must not be eligible for Medicaid (NY PHL § 2511(2)(b)).

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## Child Health Plus – Effective Dates

The “period of eligibility” for Child Health Plus is “that period commencing on the first day of the month during which a child is an eligible child and enrolled or recertified for enrollment on an annual basis based on all required information and documentation and ending on the last day of the twelfth month following such date,” unless the CHP premiums are not timely paid or the child no longer resides in New York State, gains access to or obtains other health insurance coverage, or becomes eligible for Medicaid (NY Public Health Law § 2510(6)).

“A State must specify a method for determining the effective date of eligibility for [Child Health Plus], which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between [Child Health Plus] and other insurance affordability programs as family circumstances change and avoids gaps or overlaps in coverage” (42 CFR § 457.340(f)).

The State of New York has provided that a child’s period of eligibility for Child Health Plus begins on the first day of the month during which a child is eligible. A child will become eligible on the first day of the next month, if the application is received by the 15th of the month; applications received after the 15th day of the month will be processed for the first day of the second following month (see e.g. State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

## **Legal Analysis**

The first issue under review is whether your appeal of the August 25, 2017 eligibility determination notice was timely.

On August 25, 2017, NYSOH issued an eligibility determination stating your children were eligible for a full cost CHP plan, effective October 1, 2017. The enrollment notice issued by NYSOH the same day confirmed your children’s enrollment in a full cost CHP plan with \$260.76 monthly premiums each, effective October 1, 2017. You appealed insofar as your children were not eligible for a CHP subsidy in October or November 2017.

Pursuant to the above cited regulations, individual applicants and enrollees must request a hearing within 60 days of the date of their notice of eligibility determination by NYSOH.

For an appeal to have been valid on the issue of your children’s ineligibility for financial assistance, effective October 1, 2017, as stated in the August 25, 2017 eligibility determination notice, an appeal should have been filed by October 24, 2017. The record reflects that the appeal in this matter was not filed until

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December 4, 2017, after the 60-day timeframe in which to appeal the August 25, 2017 eligibility determination.

Although you testified that you do not remember receiving the August 25, 2017 eligibility determination notice, the evidence establishes that you receive your notices from NYSOH by regular mail, you confirmed the mailing address listed on that notice was correct, and there is no record of any notice issued to you by NYSOH being returned as undeliverable. Therefore, the evidence establishes that NYSOH provided you with adequate notice that your children were no longer eligible for a CHP subsidy, effective October 1, 2017. Thus, there is no justification to toll the regulatory deadline in which to appeal that determination.

Since there has been no timely appeal of the August 25, 2017 eligibility determination notice, your appeal of your children's full cost CHP eligibility, effective October 1, 2017 must be DISMISSED.

The second issue is whether NYSOH properly determined the reinstatement of your children's CHP subsidy became effective no earlier than December 1, 2017.

On October 27, 2017, NYSOH received an updated application submitted on behalf of your children. They were again determined conditionally eligible for CHP with a \$45.00 monthly premium each, effective December 1, 2017, pending receipt of documentation of your household income to confirm their eligibility. Your children were enrolled in a CHP plan with subsidies applied to their monthly premium, effective December 1, 2017. You appealed insofar as their CHP subsidies were not effective earlier than December 1, 2017.

Pursuant to the regulations, a child's period of eligibility for CHP begins on the first day of the month during which a child is eligible. A child will become eligible on the first day of the next month, if the application is received by the fifteenth of the month; applications received after the fifteenth day of the month will be processed for the first day of the second following month.

Since the evidence establishes that you did not update the application until October 27, 2017, after the fifteenth day of the month, the resulting eligibility could not become effective until the first day of the second following month; that is on December 1, 2017.

Therefore, the October 28, 2017 and October 29, 2017 eligibility determination notices, to the extent they became effective and reinstated your children's CHP subsidies on December 1, 2017, were correct and are AFFIRMED.

It is noted that you testified you had to pay out of pocket for medical treatment your children received in the month of December 2017, because you were advised your children did not have coverage in that month. You further testified that your children's health plan advised you that the money you had pre-paid

toward your children's premiums had been applied to the full premium payments for the months of October and November 2017, so you owed for the premiums for December 2017.

It is noted that there is no evidence in your account that your children's health plan disenrolled your children from their coverage for the month of December 2017, due to non-payment of the premiums or any other reason.

Thus, your coverage was still in effect for December 2017, and this matter will be referred to the Plan Management Unit of NYSOH to assist you in addressing this issue with the plan and obtaining reimbursement for any covered expenses from December 2017.

The third issue under review is whether NYSOH properly determined your children were not eligible for a CHP subsidy for the month of February 2018.

As discussed above, NYSOH received an updated application for financial assistance submitted on behalf of your children on October 27, 2017.

Pursuant to the regulations, for all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income. If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence. In the notices issued by NYSOH on October 28, 2017 and October 29, 2017, you were advised that NYSOH could not verify the income information in your application and you were directed to submit proof of your income by December 26, 2017 to confirm your children's eligibility or they might lose their insurance or receive less help paying for his coverage.

Although you testified that you faxed paystubs to NYSOH at the end of October or the beginning of November 2017, there is no record of NYSOH receiving any documentation from you in 2017. Furthermore, you were unable to confirm the telephone number that you faxed the documents to. Thus, there is insufficient evidence to conclude that NYSOH was in receipt of documentation sufficient to establish your household income by the December 26, 2017 deadline.

Since NYSOH did not receive the requested documentation by the deadline, on December 31, 2017 your children's eligibility was systematically redetermined using income information from state and federal data sources which indicated that your household income was over the allowable limit to qualify your children for a CHP subsidy. As a result, your children's CHP subsidy was revoked, effective February 1, 2018.

Since the February 1, 2018 revocation of your children's CHP subsidy is supported by the record, the January 1, 2018 eligibility determination notice is **AFFIRMED**.

According to your account, NYSOH first received documentation of your income on January 24, 2018. That documentation consisted of six of your biweekly paystubs. According to your account, that documentation was verified, however, the resulting January 25, 2018 eligibility determination notice found your children *conditionally* eligible for CHP with a \$45.00 monthly premium each, effective March 1, 2018, pending receipt of documentation of your household income to confirm their eligibility. It is concluded that based on the evidence that NYSOH received sufficient documentation of your household income on January 24, 2018, that NYSOH, in fact, verified the same day, your children's subsequent eligibility should not have been conditional pending receipt of income documentation.

It is further concluded that, based on the above cited regulations, NYSOH properly reinstated your children's CHP subsidies on the first day of the second month following the January 24, 2018 redetermination, because said redetermination occurred after the fifteenth day of the month.

Based on the foregoing, the January 25, 2018 eligibility determination is **MODIFIED** to reflect that your children's eligibility is no longer pending income documentation, and that they were therefore fully eligible for CHP with a \$45.00 monthly premium, effective March 1, 2018.

## **Decision**

Your appeal of the August 25, 2017 eligibility determination notice is **DISMISSED**.

The October 28, 2017 and October 29, 2017 eligibility determination notices, to the extent they reinstated your children's CHP subsidies, effective December 1, 2017, are **AFFIRMED**.

The January 1, 2018 eligibility determination notice is **AFFIRMED**.

The January 25, 2018 eligibility determination notice is **MODIFIED** to reflect your children's eligibility is no longer pending income documentation, thus, they were fully eligible for CHP with a \$45.00 monthly premium, effective March 1, 2018.

This matter will be referred to the Plan Management Unit of NYSOH to assist you in addressing this issue with the plan and obtaining reimbursement for any covered expenses from December 2017; you will owe any unpaid premium.

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**Effective Date of this Decision:** March 29, 2018

## **How this Decision Affects Your Eligibility**

The Appeals Unit will not review the revocation of your children's CHP subsidies, effective October 1, 2017, because there was no timely appeal of that issue. Your children's CHP subsidy was reinstated for the months of December 2017 and January 2018.

Your children were not eligible for a CHP subsidy in the month of February 2018.

Your children's CHP subsidy was reinstated, effective March 1, 2018.

Your children's current eligibility to receive a CHP subsidy should not be conditional pending income documentation and the January 25, 2018 eligibility determination notice is MODIFIED accordingly.

Your children had coverage during December 2017; you may owe unpaid premium.

## **If You Disagree with this Decision (Appeal Rights)**

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Insofar as your appeal was decided, the Decision is final unless you submit an appeal request to the Federal Marketplace or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the Federal Marketplace. This must be done within 30 days of the

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Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:  
Health Insurance Marketplace  
Attn: Appeals  
465 Industrial Blvd.  
London, KY 40750-0061
- By fax: 1-877-369-0129

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

### **If You Have Questions about this Decision (Customer Service Resources):**

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:  
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- By fax: 1-855-900-5557

### **Summary**

Your appeal of the August 25, 2017 eligibility determination notice is **DISMISSED**.

The October 28, 2017 and October 29, 2017 eligibility determination notices, to the extent they reinstated your children's CHP subsidies, effective December 1, 2017, are **AFFIRMED**.

The January 1, 2018 eligibility determination notice is **AFFIRMED**.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

The January 25, 2018 eligibility determination notice is MODIFIED to reflect your children's eligibility is no longer pending income documentation, thus, they were fully eligible for CHP with a \$45.00 monthly premium, effective March 1, 2018.

This matter will be referred to the Plan Management Unit of NYSOH to assist you in addressing this issue with the plan and obtaining reimbursement for any covered expenses from December 2017; you will owe any unpaid premium.

The Appeals Unit will not review the revocation of your children's CHP subsidies, effective October 1, 2017, because there was no timely appeal of that issue. Your children's CHP subsidy was reinstated for the months of December 2017 and January 2018.

Your children were not eligible for a CHP subsidy in the month of February 2018.

Your children's CHP subsidy was reinstated, effective March 1, 2018.

Your children's current eligibility to receive a CHP subsidy should not be conditional pending income documentation and the January 25, 2018 eligibility determination notice is MODIFIED accordingly.

Your children had coverage during December 2017; you may owe unpaid premium.

## **Legal Authority**

We are sending you this notice in accordance with 45 CFR § 155.545.

**A Copy of this Decision Has Been Provided To:**





## **Getting Help in a Language Other than English**

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

### **Español (Spanish)**

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

### **中文 (Traditional Chinese)**

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

### **Kreyòl Ayisyen (Haitian Creole)**

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

### **中文 (Simplified Chinese)**

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

### **Italiano (Italian)**

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

### **한국어 (Korean)**

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

### **Русский (Russian)**

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

### **العربية (Arabic)**

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

### **বাংলা (Bengali)**

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

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## **Français (French)**

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

## **हिंदी (Hindi)**

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

## **日本語 (Japanese)**

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

## **नेपाली (Nepali)**

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

## **Polski (Polish)**

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

## **Twi (Twi)**

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&btumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

## **(Urdu) اردو**

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

## **Tiếng Việt (Vietnamese)**

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

## **אידיש (Yiddish)**

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.