



STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: March 29, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027009

[REDACTED]

Dear [REDACTED],

On March 15, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 3, 2018 eligibility determination and enrollment confirmation notices, and January 4, 2018 disenrollment notices.

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
P.O. 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 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.

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).

This page intentionally left blank.



STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: March 29, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027009

[REDACTED]

Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health (NYSOH) properly determine that you and your spouse's eligibility for, and enrollment in, an Essential Plan was effective February 1, 2018?

Did NYSOH properly determine that you and your spouse's enrollment in your qualified health plan (QHP) ended effective January 31, 2018?

Procedural History

On November 16, 2017, you updated your application for financial assistance with health insurance through NYSOH three times. You also uploaded documentation to your NYSOH account.

On November 17, 2017, NYSOH issued a notice of eligibility determination, based on your final November 16, 2017 application, stating that you and your spouse were eligible to receive up to \$624.00 per month in advance payments of the premium tax credit (APTC), for a limited time, effective January 1, 2018. The notice directed you to submit documentation of your household income by February 14, 2018 to confirm your eligibility.

Also on November 17, 2017, NYSOH issued a notice of enrollment, based on your plan selection on November 16, 2017, stating that you and your spouse were enrolled in a silver level QHP beginning January 1, 2018.

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).

On November 18, 2017, NYSOH issued a notice stating that the income documentation you submitted had been reviewed, but that it did not confirm the information in your application. The notice directed you to submit documentation of your household income by February 14, 2018.

On December 11, 2017, you updated your NYSOH application and uploaded documentation to your NYSOH account.

Also on December 11, 2017, NYSOH reviewed the documentation you submitted and redetermined your eligibility.

On December 12, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible to receive up to \$619.00 per month in APTC, effective January 1, 2018.

Also on December 12, 2017, NYSOH issued a notice of enrollment confirmation, confirming you and your spouse's enrollment in a silver level QHP, beginning January 1, 2018.

On January 2, 2018, you updated your NYSOH application, and uploaded documentation to your NYSOH account.

Also on January 2, 2018, NYSOH reviewed the documentation you submitted and redetermined your eligibility.

On January 3, 2018, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible to enroll in the Essential Plan with a \$20.00 monthly premium each, effective February 1, 2018.

Also on January 3, 2018, NYSOH issued a notice of enrollment confirmation, confirming you and your spouse's enrollment in an Essential Plan, beginning February 1, 2018.

On January 4, 2018, NYSOH issue a disenrollment notice, stating that you and your spouse's enrollment in your QHP was ending, effective January 31, 2018.

On January 10, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of you and your spouse's enrollment in the Essential Plan, insofar as it did not begin February 1, 2018, and the end date of your enrollment in your QHP, insofar as it did not end January 1, 2018.

On March 15, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

Findings of Fact

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

- 1) You submitted an application to NYSOH for financial assistance on November 16, 2017, in response to a renewal notice issued on October 24, 2017.
- 2) You testified that you tried to do the application online, but you were not sure how to enter your income, so you called NYSOH as well.
- 3) You testified that the only income you have for 2018 is from your spouse, who receives Social Security Retirement benefits, and a pension.
- 4) Your November 16, 2017 application reflects that your spouse receives \$1,673.00 per month in Social Security benefits.
- 5) On December 11, 2017, you changed the amount of monthly Social Security benefits your spouse receives to \$1,706.00. You also submitted a copy of his Social Security award letter reflecting this information on December 11, 2017 (Document [REDACTED]).
- 6) You testified that you tried to upload a copy of his award letter earlier, but that you were told by NYSOH that it was not a good copy. Your NYSOH account confirms that a partial copy of a Social Security award letter was uploaded on November 16, 2017.
- 7) Your November 16, 2017 application also reflects that your spouse receives \$479.05 per month in a pension. You uploaded documentation confirming this that same day (Document [REDACTED]).
- 8) You testified that you had a job that ended in 2017, for which you received a severance payment in March 2017.
- 9) You testified that you have had no income since you received the severance payment in 2017, and that you were denied Unemployment Insurance Benefits (UIB) because the severance check represented a year's salary.
- 10) You testified that you will be able to apply for UIB after March 25, 2018, when the one year expires.
- 11) On November 16, 2017, you uploaded a copy of a denial letter from the NYS Department of Labor, stating that you were not eligible for UIB for the period of March 27, 2017 through March 25, 2018 because you were issued a lump-sum dismissal or severance payment in the amount of

\$79,456.00 on March 31, 2017. The notice also stated that, if you were still unemployed after the period of ineligibility, you could file a new claim (Document [REDACTED]).

- 12) You testified that you spoke to NYSOH multiple times because you were not sure how to enter your income for 2018.
- 13) You testified that you explained to the NYSOH representatives you spoke with that you had income in 2017, but that you would not have that income in 2018 because it was a one-time severance payment.
- 14) You testified that one of the representatives you spoke with told you that you had to enter your 2017 income because "it was still 2017," and that you had to wait to update your income for 2018 until after January 1, 2018 because it was only December 2017, and you "wouldn't know" your 2018 income until January.
- 15) Your NYSOH account reflects that you were found eligible to receive up to \$619.00 in APTC, effective January 1, 2018, based on an application that included \$14,816.78 in income attributed to you.
- 16) You testified that you enrolled into a QHP on behalf of yourself and your spouse and paid the premium for January 2018 because you did not want to be without coverage.
- 17) You testified that you followed the NYSOH representative's instructions and updated your application on January 2, 2018, and were, at that point, found eligible for the Essential Plan, but your eligibility did not begin until February 1, 2018.
- 18) You testified that you believe your Essential Plan eligibility should have started on January 1, 2018, and that your January 2018 eligibility was incorrect.
- 19) You testified that you and your spouse want to be disenrolled from your QHP for January 2018, and for your Essential Plan enrollment to begin as of January 1, 2018 instead.
- 20) Notes in Incident # [REDACTED] entered by a NYSOH representative on January 10, 2018, read as follows, "Consumer attested to income being different in 2018 and feels she was misinformed on what to include on application-explained to consumer any and all income earned in 2017 would needed to have been accounted for, once 2018 came then she wouldn't have needed to account for 2017 income any longer."

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

Applicable Law and Regulations

Eligibility for APTC

APTC are generally available to a person who is eligible to enroll in a QHP and (1) expects to have a household income between 138% and 400% of the applicable federal poverty level (FPL), (2) expects to file a tax return and claim a personal exemption deduction for a person who meets the eligibility requirements to enroll in a qualified health plan, and (3) is not otherwise eligible for minimum essential coverage except through the individual market (see 45 CFR § 155.305(f), 42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)).

Eligibility for the Essential Plan

NYSOH must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable federal poverty level (FPL) or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated (see 42 CFR § 600.305, 42 CFR § 435.603(d)(4), 45 CFR § 155.305(e), NY Social Services Law § 369-gg(3), 42 USC § 18051).

Verification of Eligibility

An applicant is required to attest to their household's projected annual income for purposes of determining their eligibility for APTC (45 CFR § 155.320(c)(3)(ii)(B)). Likewise, NYSOH must verify the eligibility of an applicant for the Essential Plan consistent with the standards set in 45 CFR § 155.315 and § 155.320 (New York's Basic Health Plan Blueprint, pgs. 16-17, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/downloads/ny-blueprint.pdf>; 42 CFR § 600.345(a)(2)).

For all individuals whose household income is needed, NYSOH must request tax return data from the Secretary of the Treasury and data regarding Social Security benefits from the Commissioner of Social Security to confirm that the information the applicant is attesting to is accurate (45 CFR § 155.320(c)(1)(i); 45 CFR § 155.320(c)(3)(ii)(A)).

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).

If income data is unavailable, or if an applicant's attestation is not reasonably compatible with the income data NYSOH obtains, NYSOH must request additional information from the applicant to resolve the inconsistency (45 CFR § 155.320 (c)(3)(iii), (iv)).

NYSOH must provide the applicant with notice of the inconsistency in their account and 90 days to provide satisfactory documentary evidence to resolve the inconsistency (45 CFR § 155.315 (f)(2)). If NYSOH remains unable to verify the attestation of the applicant, NYSOH must redetermine the applicant's eligibility based on the information available from the data sources unless the applicant demonstrates that they are unable to provide the required documentation (45 CFR § 155.315(f)(2), (g)).

Upon making an eligibility redetermination, NYSOH must notify the applicant and implement any changes in eligibility to APTC effective as of the first day of the month following the date of the notice (45 § 155.310(f), 45 CFR § 155.330(e), (f)(1)(i)). However, NYSOH may determine that its policy will be that any change made after the 15th of any month will not be effective until the first of the second following month (45 CFR § 155.330(f)(2)).

Likewise, upon making an eligibility redetermination, NYSOH must notify the applicant and implement any updates in eligibility to the Essential Plan effective the first day of the following month for changes received by NYSOH from the first to the fifteenth of any month (45 CFR § 155.420(b)(1)(i); see also 42 CFR § 600.320(c)). For updates received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR § 155.420(b)(1)(ii); see also 42 CFR § 600.320(c)).

Termination of a Qualified Health Plan

NYSOH must permit an enrollee to terminate his or her coverage with a QHP with appropriate notice to NYSOH or the QHP (45 CFR § 155.430(b)(1)(i)).

For enrollee-initiated terminations, the last day of coverage is either:

- 1) The termination date specified by the enrollee, if the enrollee provides reasonable notice (at least 14 days before the requested termination date);
- 2) Fourteen days after the enrollee requests the termination, if they do not provide reasonable notice; or
- 3) On a date on or after the date the enrollee requests the termination, if the enrollee's QHP issuer and the enrollee agree to such a date

(45 CFR § 155.430(d)(2)(i)-(iii)).

NYSOH must permit an enrollee to retroactively terminate or cancel their enrollment in a QHP if:

- 1) The enrollee demonstrates that they attempted to terminate their coverage and experienced a technical error that did not allow the coverage to be terminated, and requests retroactive termination within 60 days after they discovered the technical error.
- 2) The enrollment in the QHP was unintentional, inadvertent, or erroneous and was the result of the error or misconduct of an officer, employee, or agent of NYSOH or HHS, its instrumentalities, or a non-NYSOH entity providing enrollment assistance or conducting enrollment activities. Such enrollee must request cancellation within 60 days of discovering the unintentional, inadvertent, or erroneous enrollment.
- 3) The enrollee was enrolled in a QHP without their knowledge or consent by any third party, including third parties who have no connection with the Exchange, and requests cancellation within 60 days of discovering of the enrollment.

(45 CFR § 155.430(b)(2)(iv)(A-C)).

NYSOH permits a QHP to terminate an individual's coverage if (1) the enrollee is no longer eligible for coverage or (2) non-payment of the premiums by the enrollee (45 CFR § 155.430(b)(2)(i)-(ii)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that you and your spouse's eligibility for, and enrollment in, the Essential Plan was effective February 1, 2018.

You testified, and the record indicates, that you updated your NYSOH application on January 2, 2018. As a result, you and your spouse were found eligible for the Essential Plan as of February 1, 2018, and you selected a plan for enrollment on January 2, 2018.

The date on which enrollment in an Essential Plan can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected from the first day to and including the fifteenth day of a month goes into effect on the first day of the following month. A plan that is

selected from the sixteenth day of the month to the end of the month goes into effect on the first day of the second following month.

On January 2, 2018, you selected an Essential Plan, so, ordinarily, your enrollment would properly take effect on the first day of the first month following January: that is, on February 1, 2018.

However, the record indicates that you and your spouse should have been found eligible for the Essential Plan as of your December 11, 2017 application, if not your November 16, 2017 application.

When an individual files an application for financial assistance, that individual is required to attest to their household's projected annual income for purposes of determining their eligibility.

You testified, and the record confirms, that you updated your account several times, sometimes online, and at least one time over the phone with NYSOH, in November and December 2017. You credibly testified that you made NYSOH aware that the income you received in 2017 was a one-time severance payment, and that it would not recur in 2018. You provided documentation that confirmed the amount and pay date of your severance check. Additionally, you provided information about your spouse's Social Security and pension income.

However, even though your November 16, 2017 and December 11, 2017 applications were attempts to renew your coverage for 2018, and would result in an eligibility that started on January 1, 2018, NYSOH incorrectly advised you to include your 2017 income. This erroneous advice is confirmed by the note entered in Incident # [REDACTED], (recounted in the factual findings above), which indicates that you informed a second NYSOH representative of the misleading information you received, and this representative failed to refute this misinformation.

As eligibility for financial assistance through NYSOH is based on projected annual income, and since you informed NYSOH (and provided documentation) that you had no expected income for 2018, your 2017 income should not have been included on any of your November 16, 2017 or December 11, 2017 applications.

Had your correct income been entered into your application on November 16, 2017 or December 11, 2017, you would have been found eligible for the Essential Plan at that time, and would have been able to select a plan for enrollment in time for a January 1, 2018 start date.

Therefore, the January 3, 2018 eligibility determination and enrollment confirmation notices are MODIFIED to state that you and your spouse's eligibility for, and enrollment in, an Essential Plan began on January 1, 2018.

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 second issue under review is whether NYSOH properly determined that you and your spouse's enrollment in your QHP ended effective January 31, 2018.

On November 17, 2017 and December 12, 2017, NYSOH issued eligibility determination notices stating that you and your spouse were eligible to receive up to \$624, and then \$619.00 in APTC, respectively, effective January 1, 2018. You subsequently enrolled into a silver level QHP.

On January 4, 2018, NYSOH issue a disenrollment notice indicating you and your spouse would be disenrolled from your QHP, effective January 31, 2018.

You testified that you are seeking retroactive disenrollment from your QHP, effective January 1, 2018.

NYSOH must permit an enrollee to be retroactively disenrolled from their QHP if the enrollee demonstrates that there was a technical error that should have allowed them to terminate coverage earlier, or if their enrollment in the plan was unintentional, inadvertent, or erroneous and was the result of the error or misconduct of an officer, employee, or agent of NYSOH, its instrumentalities, or a non-NYSOH entity providing enrollment assistance or conducting enrollment activities, or the enrollee was enrolled into a QHP without their knowledge or consent by a third party.

As discussed above, NYSOH gave you misinformation that resulted in an incorrect eligibility determination, which in turn led to you and your spouse's enrollment in a QHP. Had NYSOH given you correct information about how to enter your projected income for 2018, you would have been eligible for the Essential Plan as of January 1, 2018, and you would never have had to enroll in a QHP.

Therefore, since you and your spouse's enrollment in a QHP was the result of error on the part of more than one NYSOH employee, you must be permitted to retroactively disenroll from your QHP coverage.

The January 4, 2018 disenrollment notice is MODIFIED to state that you and your spouse's enrollment in your QHP ended as of January 1, 2018.

Your case is RETURNED to NYSOH to backdate you and your spouse's Essential Plan coverage to January 1, 2018.

Your case is RETURNED to NYSOH to disenroll you and your spouse from your QHP coverage for the month of January 2018, and to communicate with your QHP so that you are reimbursed for any premium you paid for that month.

Decision

The January 3, 2018 eligibility determination is MODIFIED to state that you and your spouse were eligible for the Essential Plan, effective January 1, 2018.

The January 3, 2018 enrollment confirmation notice is MODIFIED to state that you and your spouse's enrollment in your Essential Plan coverage began on January 1, 2018.

The January 4, 2018 disenrollment notice is MODIFIED to state that you and your spouse were disenrolled from your QHP, effective January 1, 2018.

Your case is RETURNED to NYSOH to backdate you and your spouse's Essential Plan coverage to January 1, 2018.

Your case is RETURNED to NYSOH to disenroll you and your spouse from your QHP coverage for the month of January 2018.

NYSOH is directed to contact your QHP to ensure that you are reimbursed for any premium payments you made for your QHP coverage in January 2018.

Effective Date of this Decision: March 29, 2018

How this Decision Affects Your Eligibility

You and your spouse should have been eligible for the Essential Plan as of January 1, 2018.

You and your spouse's disenrollment from your QHP should have been effective January 1, 2018.

Your case is being sent back to NYSOH to backdate you and your spouse's Essential Plan coverage to January 1, 2018.

Your case is being sent back to NYSOH to disenroll you and your spouse from your QHP coverage for January 2018, and to ensure that you are reimbursed any premium payments you made for your QHP coverage in that month.

You will be responsible for any premium payments that may result from the backdating of your Essential Plan coverage.

If You Disagree with this Decision (Appeal Rights)

This 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 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:

NY State of Health Appeals
P.O. Box 11729

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).

Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The January 3, 2018 eligibility determination is MODIFIED to state that you and your spouse were eligible for the Essential Plan, effective January 1, 2018.

The January 3, 2018 enrollment confirmation notice is MODIFIED to state that you and your spouse's enrollment in your Essential Plan coverage began on January 1, 2018.

The January 4, 2018 disenrollment notice is MODIFIED to state that you and your spouse were disenrolled from your QHP, effective January 1, 2018.

Your case is RETURNED to NYSOH to backdate you and your spouse's Essential Plan coverage to January 1, 2018.

Your case is RETURNED to NYSOH to disenroll you and your spouse from your QHP coverage for the month of January 2018.

NYSOH is directed to contact your QHP to ensure that you are reimbursed for any premium payments you made for your QHP coverage in January 2018.

You and your spouse should have been eligible for the Essential Plan as of January 1, 2018.

You and your spouse's disenrollment from your QHP should have been effective January 1, 2018.

Your case is being sent back to NYSOH to backdate you and your spouse's Essential Plan coverage to January 1, 2018.

Your case is being sent back to NYSOH to disenroll you and your spouse from your QHP coverage for January 2018, and to ensure that you are reimbursed any premium payments you made for your QHP coverage in that month.

You will be responsible for any premium payments that may result from the backdating of your Essential Plan coverage.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

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).

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।

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).

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&etumi ama wo obi a okyer& 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.

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).