



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: AP000000027052

[REDACTED]

[REDACTED]

Dear [REDACTED]

On March 21, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's August 4, 2017 eligibility determination notice and August 14, 2017 enrollment confirmation 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
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).

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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: AP000000027052

[REDACTED]

[REDACTED]

Issues

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

Was your appeal of NY State of Health's August 4, 2017 eligibility determination notice and August 14, 2017 enrollment confirmation notice timely?

Did NY State of Health properly determine that your newborn was eligible for Medicaid, effective August 1, 2017?

Did NY State of Health provide a timely determination of your newborn's Medicaid eligibility as of [REDACTED]

Did NY State of Health properly determine that your newborn's Medicaid Managed Care plan began [REDACTED]?

Procedural History

On July 17, 2017, you updated your household's application for financial assistance. Specifically, you added your newborn to your NY State of Health (NYSOH) account.

On July 18, 2017, NYSOH issued a notice stating that the income information in your application did not match what NYSOH had received from state and federal data sources and that additional information was needed to confirm the information in your application. This notice directed you to submit proof of your household's income by August 1, 2017 as well as proof of your newborn's citizenship status and social security number by October 15, 2017 in order for your newborn's eligibility to be determined.

On July 19, 2017, you updated your household's eligibility for financial assistance and uploaded income documentation to your NYSOH account.

Additionally, on July 19, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient to resolve the inconsistency in your account.

On July 20, 2017, NYSOH issued a notice stating that the income information you submitted did not confirm the information in your application. This notice directed you to submit additional proof of your household income by August 16, 2017 as well as proof of your newborn's citizenship status and social security number by October 15, 2017 in order for your newborn's eligibility for financial assistance to be determined.

On July 20, 2017, NYSOH issued a notice stating that the income information in your application did not match what NYSOH had received from state and federal data sources and that additional information was needed to confirm the information in your application. This notice directed you to submit proof of your household's income by August 1, 2017 as well as proof of your newborn's citizenship status and social security number by October 15, 2017 in order for your newborn's eligibility to be determined.

On July 25, 2017, you uploaded income documentation to your NYSOH account.

On July 26, 2017, NYSOH issued a notice that the income information you submitted did not confirm the information in your application. This notice directed you to submit additional proof of your household income by August 16, 2017 as well as proof of your newborn's citizenship status and social security number by October 15, 2017 in order for your newborn's eligibility for financial assistance to be determined.

On August 3, 2017, you uploaded income documentation to your NYSOH account.

Also on August 3, 2017, NYSOH reviewed the income documentation you submitted, recalculated your household income based on this documentation, and submitted an application on your behalf.

On August 4, 2017, NYSOH issued a notice of eligibility determination stating that your newborn was eligible for Medicaid, effective August 1, 2017.

On August 14, 2017, NYSOH issued a notice of enrollment confirmation, based on your plan selection on August 13, 2017, stating that your newborn was enrolled in a Medicaid Managed Care plan with a plan enrollment start date of September 1, 2017.

On August 24, 2017, NYSOH issued a notice stating that your newborn was eligible for Medicaid from July 1, 2017 through July 31, 2017.

On January 10, 2018, you spoke to NYSOH's Account Review Unit and appealed insofar as your newborn was not enrolled in a Medicaid Managed Care plan as of the date of her birth.

On March 13, 2018, you were scheduled for a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. You requested that day that the hearing be adjourned to a later date.

On March 21, 2018, you had an adjourned hearing with a Hearing Officer from NYSOH's Appeals Unit. Under oath, you waived your right to formal notice of the hearing. During the hearing, [REDACTED] acted as your Authorized Representative and assisted you with your testimony. 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 testified that your newborn's date of birth is [REDACTED].
- 2) Your NYSOH account reflects that you first added your newborn to your NYSOH account on July 17, 2017.
- 3) Your Authorized Representative testified that when you first started applying for coverage for your newborn, that you thought she would have Child Health Plus coverage and that her coverage would be backdated to her date of birth.
- 4) Your Authorized Representative testified that you were asked to submit proof of your household's income, and that this income documentation was improperly reviewed, resulting in the father of your children's income being miscalculated and your newborn being found eligible for Medicaid, rather than Child Health Plus.

- 5) Your Authorized Representative testified that income documentation was first uploaded to your NYSOH account on July 19, 2017 and on July 21, 2017, you learned that additional documentation was needed. Thereafter, additional documentation was submitted on July 25, 2017 and August 3, 2017.
- 6) On July 19, 2017, income documentation was uploaded to your NYSOH account, consisting of three paystubs for the father of your children; the first is for pay date June 25, 2017 for a gross pay amount of \$862.76; the second is for pay date July 2, 2017 for a gross pay amount of \$965.10; the third is for pay date July 9, 2017 for a gross pay amount of \$610.00.
- 7) On July 19, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient to resolve the inconsistency in your account because four paystubs were needed for the father of your children.
- 8) On July 25, 2017, income documentation was uploaded to your NYSOH consisting of the three previously uploaded paystubs as well as a fourth undated paystub.
- 9) On August 3, 2017, income documentation was uploaded to your NYSOH account consisting of four paystubs for the father of your children; the first is for pay date July 2, 2017 for a gross pay amount of \$965.10; the second is for pay date July 9, 2017 for a gross pay amount of \$610.00; the third is for pay date July 16, 2017 for a gross pay amount of \$199.50; the fourth is for pay date July 23, 2017 for a gross pay amount of \$689.65 and a gross year to date pay amount of \$25,780.04.
- 10) Also on August 3, 2017, you uploaded your newborn's social security card to your NYSOH account.
- 11) On August 3, 2017, NYSOH reviewed the paystubs you submitted and calculated the annual expected income for the father of your children was \$16,055.00.
- 12) Your newborn was found eligible for Medicaid, effective August 1, 2017. Your newborn was granted Medicaid Fee-For service from July 1, 2017 through July 31, 2017.
- 13) Your Authorized Representative testified that a Medicaid Managed Care plan was selected for your newborn within a few days of your newborn being found eligible for Medicaid.
- 14) Your Authorized Representative testified that you were enrolled in a group health insurance plan through your mother at the time of your newborn's

birth and confirmed that you were not enrolled in coverage through NYSOH at that time.

- 15) Your NYSOH account reflects that you, the father of your children, and your two children reside together.
- 16) You testified that you did not file a tax return for 2017 and you did not have any income for 2017.
- 17) You testified that your children's father claimed both of your children on his 2017 tax return.
- 18) The application you submitted on July 19, 2017 listed the annual expected income for the father of your children as \$39,520.00. You testified that this was correct as of that time.
- 19) You testified that the father of your children is paid each week and has only one job. You explained that one of the paystubs that was submitted was significantly lower than his normal paystubs because he took unpaid time off related to [REDACTED].
- 20) Your Authorized Representative testified that you are seeking for your newborn's enrollment in her Medicaid Managed Care plan to begin as of your newborn's date of birth because she has medical bills that are not covered by Medicaid Fee-For Service.
- 21) Your Authorized Representative testified that she began contacting NYSOH to dispute the start date of your newborn child's coverage in August 2017.
- 22) During the hearing, you gave permission for the Hearing Officer to listen to recordings of phone calls you had with NYSOH.
- 23) NYSOH has confirmed that phone calls on your account took place on August 31, 2017, however, no recording for those calls could be located.

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

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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) an eligibility determination for an exemption; (4) a failure by the Exchange to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) 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)).

However, where an appeal request is untimely, the appeal request may be considered valid if the applicant or enrollee sufficiently demonstrates within a reasonable timeframe as determined by NYSOH that failure to timely submit the appeal was due to exceptional circumstances and should not preclude the appeal (45 CFR §155.520(d)(2)(i)(D)).

Household Size – Children

In the case where a child is claimed by one parent as a dependent and who is living with both parents who are not filing a joint tax return (42 CFR §435.603(f)(2)(ii)), the child's family includes the following persons, if living with the child: (1) the child's parents, (2) the child's spouse, (3) the child's children and siblings under the age of 19, or 21 if a full-time student (42 CFR §435.603(f)(3)).

Medicaid for Children

A child who is under one year of age is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 223% of the federal poverty level (FPL) for the applicable family size (42 CFR § 435.118(c); New York State Department of Social Services Administrative Directive 13 OHIP/ADM-03).

In the case of an individual who expects to file a tax return and does not expect to be claimed by another taxpayer, the household consists of the taxpayer and all persons whom such individual expects to claim as a tax dependent (42 CFR § 435.603(f)(1)).

In an analysis of Medicaid eligibility, the determination is based on the FPL "for the applicable budget period used to determine an individual's eligibility" (42 CFR § 435.4). On the date of your application, that was the 2017 FPL, which is \$24,600.00 for a four-person household (82 Fed. Reg. 8831).

Child Health Plus

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A child who meets the eligibility requirements for Child Health Plus (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) (New York Public Health Law (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 Public Health Law § 2511(2)(b)).

Medicaid

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-03(III)(F)).

Medicaid Managed Care plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H-6(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; see 42 USC § 1315; § 364-j(1)(c); 18 NYCRR § 360-10.3(h), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-03(III)(F)).

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), 42 CFR § 435.945).

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) 42 CFR § 435.952).

Timely Notice of Medicaid Eligibility

When an individual applies for insurance through NYSOH, NYSOH must determine that person’s eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of application to the date NYSOH notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for NYSOH to make an eligibility determination, then NYSOH must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

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NYSOH must provide Medicaid applicants who are a pregnant woman or infant younger than one year of age notice of their eligibility determination within 30 days from the date of the application (18 NYCRR §360-2.4(a)(3)(i)).

Legal Analysis

The first issue is whether your appeal of NYSOH's August 4, 2017 eligibility determination notice and August 14, 2017 enrollment confirmation notice was timely.

On August 4, 2017, NYSOH issued an eligibility determination notice stating that your newborn was eligible for Medicaid, effective August 1, 2017. On August 14, 2017, NYSOH issued an enrollment confirmation notice stating that your newborn was enrolled in a Medicaid Managed Care plan with a plan enrollment start date of September 1, 2017.

Individual applicants and enrollees must request a hearing within sixty (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 child's eligibility for Medicaid as of August 1, 2017 and enrollment in a Medicaid Managed Care plan, and appeal should have been filed by October 3, 2017 and October 13, 2017, respectively.

The record reflects that you first contacted NYSOH to file a formal appeal regarding the August 4, 2017 eligibility determination notice and the August 14, 2017 enrollment confirmation notice on January 10, 2018.

Although your appeal was untimely on its face, your Authorized Representative testified that she first contacted NYSOH to dispute your newborn's plan start date in August 2017.

NYSOH has produced information that calls on your account took place on August 31, 2017, however, NYSOH could not locate the recordings of these calls.

As NYSOH has failed to produce the recordings of the August 31, 2017 phone calls, and based on the testimony of your Authorized Representative that she contacted NYSOH to dispute the start date of your newborn's coverage in August 2017, as August 31, 2017 is within 60 days of the issuance of the August 4, 2017 eligibility determination notice and the August 14, 2017 enrollment confirmation notice, your appeal is considered timely and will be addressed.

The second issue under review is whether NYSOH properly determined that your newborn was eligible for Medicaid, effective August 1, 2017.

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According to the record, your newborn child resides with you, her father, and her sibling. Therefore, your newborn is in a four-person household.

On August 3, 2017, NYSOH reviewed income documentation you submitted and determined that the father of your children had an annual expected income of \$16,055.00.

However, as the most recent paystub you submitted for the father of your children indicated a year to date gross income of \$25,780.04 as of July 23, 2017, the father of your children's annual expected income could not have been \$16,055.00.

Based on the documentation you submitted, utilizing the four most recent paystubs submitted, the father of your children had an annual expected income of \$32,035.25 (four weeks gross income of \$2,464.25 divided by four for a weekly average of \$616.06, multiplied by 52 weeks).

You testified that the paystub from July 16, 2017 was an aberration as the father of your children was out of work without pay related to [REDACTED].

Therefore, utilizing a gross year to date income of \$25,780.04 for twenty-nine weeks, the father of your children's annual expected income was \$46,226.28.

Your newborn was born on [REDACTED] therefore, your newborn was less than one year old during the relevant time period.

Medicaid can be provided through NYSOH to children under one year old who meet the non-financial requirements and have a household modified adjusted gross income (MAGI) that is at or below 223% of the FPL for the applicable family size. The relevant FPL was \$24,600.00 for a four-person household. Since \$46,226.28 is 187.91% of the 2017 FPL for a four-person household, NYSOH properly found your newborn to be eligible for Medicaid.

Accordingly, the August 4, 2017 notice of eligibility determination is AFFIRMED insofar as it found that your newborn was eligible for Medicaid.

The third issue is whether NYSOH provided you with a timely determination of your newborn's Medicaid eligibility as of August 1, 2017.

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.

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You updated your NYSOH account on July 17, 2017. The income amount that was entered into this application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your household's income.

You updated your NYSOH account again on July 19, 2017. The income amount that was entered into this application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your household's income.

On July 19, 2017, you uploaded a copy of your three paystubs for the father of your children. That same day, NYSOH reviewed these paystubs and determined that they were insufficient to resolve the inconsistency on your account as four weekly paystubs were required.

On July 25, 2017, you uploaded four paystubs for the father of your child to your NYSOH account, however, one of these paystubs did not include the date of pay.

On August 3, 2017, you uploaded four recent weekly paystubs for the father of your children.

Therefore, your newborn's application was considered complete as of August 3, 2017 for the purpose of issuing an eligibility determination.

NYSOH must provide Medicaid applicants who are an infant of younger than one year of age notice of their eligibility determination within 30 days from the date of the completed application. To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of the completed application to the date NYSOH notifies the applicant of its decision.

NYSOH issued an eligibility determination notice on August 4, 2017, stating that your newborn was eligible for Medicaid, effective August 1, 2017. Since NYSOH issued an eligibility determination one day from the date your newborn's application was considered complete, the August 4, 2017 eligibility determination was timely.

The fourth issue is whether NYSOH properly determined that your newborn's enrollment in her Medicaid Managed Care plan was effective September 1, 2017.

The record reflects that your newborn was enrolled into a Medicaid Managed Care plan on [REDACTED].

The date on which a Medicaid Managed Care 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 will go into effect on the first day of the following month. A plan that is

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selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

Since the August 4, 2017 eligibility determination notice was timely issued, you were able to select a Medicaid Managed Care plan for your newborn as of August 4, 2017. Your newborn's plan therefore properly took effect on the first day of the first month following August 4, 2017; that is, on September 1, 2017.

In New York State Medicaid coverage must be provided to a child born to a woman who has been determined eligible and is receiving Medicaid on the date of the child's birth. The record reflects that you were not receiving Medicaid on the date of your child's birth through NYSOH. Therefore, your newborn child is not mandated to receive coverage through a Medicaid Managed Care plan as of his date of birth.

Therefore, the August 14, 2017 enrollment confirmation notice stating that your newborn's enrollment in her Medicaid Managed Care plan was effective September 1, 2017, was correct and must be AFFIRMED.

Decision

The August 4, 2017 eligibility determination notice is AFFIRMED.

The August 14, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: March 29, 2018

How this Decision Affects Your Eligibility

NYSOH properly determined that your newborn was eligible for Medicaid.

The effective of your newborn's Medicaid Managed Care plan is September 1, 2017.

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.

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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
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

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The August 4, 2017 eligibility determination notice is AFFIRMED.

NYSOH properly determined that your newborn was eligible for Medicaid.

The August 14, 2017 enrollment confirmation notice is AFFIRMED.

The effective of your newborn's Medicaid Managed Care plan is September 1, 2017.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

[REDACTED]

[REDACTED]

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)

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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।

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 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.

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).

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.