



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

NOTICE OF DISMISSAL - WITHDRAWAL

Notice Date: July 28, 2014

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000000603

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On May 19, 2014, a notice of hearing was mailed to you informing you that a telephone hearing for an appeal on your application for health insurance was scheduled for June 4, 2014 at 2:30 p.m.

On June 3, 2014, you uploaded a written withdrawal to your account. In the letter of withdrawal, you indicated that you do not remember requesting an appeal. You also indicated in your letter that you would like verification that your appeal has been properly closed. On June 4, 2014, a representative from the NY State of Health Appeals Unit contacted you by phone and left a message acknowledging the receipt of your written withdrawal. Accordingly, we are dismissing your appeal.

How does this Dismissal Affect My Eligibility?

The Marketplace's April 24, 2014 eligibility redetermination continues unchanged and is now final. You remain eligible for Medicaid with an enrollment start date of June 1, 2014.

If You Think Your Appeal Should Not Be Dismissed

If you think your appeal should not be dismissed, you can ask us to vacate (cancel) this dismissal. You must ask us in writing within 30 days after the date on this notice. In that writing, explain why you did not appear for your hearing as scheduled.

The Marketplace's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, the Marketplace will tell you in writing.

If you do not respond to this notice within 30 days, your appeal will remain dismissed, and the Marketplace will take no further action on your appeal.

Appeal Identification Number

When communicating with the Marketplace about this appeal, please reference Appeal Identification Number AP000000000603.

How to Contact the Marketplace

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

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.530

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: 1-877-622-4886).

This Notice Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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: 1-877-622-4886).