



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

## Notice of Dismissal – Written Withdrawal

Notice Date: September 8, 2014

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000000684

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On June 30, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's February 6, 2014 preliminary eligibility redetermination and said you wished to withdraw your appeal.

On June 30, 2014, you submitted a signed, written withdrawal to the Marketplace's Appeals Unit.

Accordingly, we are dismissing your appeal.

### How does this Dismissal Affect Your Eligibility?

The Marketplace's February 6, 2014 preliminary eligibility redetermination is AFFIRMED and remains in effect.

### If You Think Your Appeal Should Not Be Dismissed

Under some circumstances, 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 you also must state a good reason for us to do this.

If you ask us in writing to vacate this dismissal, the Marketplace's Appeals Unit will review your request and send you a decision on that request.

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 we deny your request to vacate this dismissal, we will tell you that in writing.  
If you do not respond to this notice within 30 days, your appeal will remain dismissed.  
No further action will be taken on it by the Marketplace.

## **Appeal Identification Number**

When communicating with the Marketplace about this appeal, please reference the Appeal Identification Number at the top of this notice.

## **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.

**A Copy of this Notice of Dismissal Has Been Provided To**

[REDACTED]  
[REDACTED]  
[REDACTED]