



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

## NOTICE OF DISMISSAL - WITHDRAWAL

Notice Date: September 22, 2014

Appeal Identification Number: AP000000000744

Account ID: [REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On July 11, 2014, you requested an appeal regarding the July 8, 2014 eligibility determination made by the Marketplace. That eligibility determination stated that you and your spouse were eligible to enroll in a qualified health plan through the Marketplace but did not qualify to select a health plan outside of the open enrollment period because you did not experience a qualifying life event.

On August 26, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At that hearing, you testified that you were able to obtain health insurance through a private company outside of the Marketplace and no longer wished to continue your appeal. Under sworn testimony, you verbally withdrew your hearing request on the record.

Accordingly, we are dismissing your appeal.

### **How does this Dismissal Affect My Eligibility?**

Your appeal request of the July 8, 2014 eligibility determination is dismissed in accordance with your verbal request.

The July 8, 2014 eligibility determination remains in effect.

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).

## **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.

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 AP00000000744.

## **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.

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**This Notice Has Been Provided To**

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

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