



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

NOTICE OF DISMISSAL - WITHDRAWAL

Notice Date: September 19, 2014

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000000782

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

Dear [REDACTED],

You applied for health insurance through the Marketplace on March 20, 2014. On March 21, 2014, a determination was issued stating that based on a household income of \$23,004.56 you are eligible to enroll in a qualified health plan (QHP), receive up to \$250.00 monthly of advanced premium tax credits (APTC), and eligible to receive cost-sharing reductions (CSR).

On July 18, 2014, you reapplied for health insurance through the Marketplace. On July 19, 2014, a determination was issued stating that based on a household income of \$25,344.56 you are eligible to enroll in a qualified health plan (QHP), receive up to \$222.00 monthly of advanced premium tax credits (APTC), and eligible to receive cost-sharing reductions (CSR).

On August 4, 2014, you spoke with the Marketplace Customer Service Unit and entered an appeal request.

On August 14, 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 September 3, 2014 at 1:00 p.m.

On September 3, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At the hearing you stated on the record through sworn testimony that you had moved out of state and wanted to withdraw your appeal. Accordingly, we are dismissing your appeal.

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).

How does this Dismissal Affect My Eligibility?

The Marketplace's July 19, 2014 eligibility determination continues in effect.

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 AP000000000782.

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]