



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: December 10, 2014

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000000844

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On August 18, 2014, your wife, who was not applying for insurance through the Marketplace, requested an appeal on your behalf regarding the August 18, 2014 preliminary eligibility determination made by the Marketplace. That preliminary determination stated that you were eligible to enroll in a qualified health plan and to receive up to \$0.00 per month in advance premium tax credit (APTC). A formal written decision, reflecting that preliminary determination, was sent to you on August 19, 2014.

On August 25, 2014, you were scheduled to appear for a telephone hearing. A Hearing Officer from the Marketplace's Appeals Unit called you to conduct the hearing. At the hearing, your wife testified that you had recently gained employment and that you would be receiving health insurance from your job. Therefore, you no longer wish to receive health insurance or financial assistance to help pay for health insurance through the Marketplace. Your wife testified that you were withdrawing your hearing request on the record at the time of the hearing.

At the time of the hearing, you personally did not appear or testify. Since you did not appear for your scheduled hearing, 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: 1-877-622-4886).

How does this Dismissal Affect My Eligibility?

Your appeal of your August 19, 2014 eligibility determination is dismissed pursuant to your wife's telephonic request and because of your failure to appear.

A subsequent eligibility determination was issued on September 3, 2014, after your appeal. That determination also stated that you were eligible to enroll in a qualified health plan and to receive up to \$0.00 per month in APTC. The September 3, 2014 notice remains 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 refer to the Appeal Identification Number at the top of this letter.

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

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).

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]

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