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

NOTICE OF DISMISSAL - WRITTEN WITHDRAWAL

Notice Date: January 28, 2015

NY State of Health Number: [redacted]
Appeal Identification Number: AP000000001140

[redacted]

Dear [redacted],

Three revised applications for health insurance through New York State of Health were filed on your behalf on December 4, 2014. The last application that was submitted that day produced a preliminary eligibility determination that stated that you were eligible for $0.00 in advance premium tax credit (APTC).

Also on December 4, 2014, you spoke with the Marketplace's Account Review Unit and submitted an appeal request.

An eligibility determination notice issued on December 5, 2014, was consistent with December 4, 2014 preliminary eligibility determination. You were found eligible for $0.00 in APTC. The notice further stated that you were no longer eligible for cost-sharing reductions because your household income is over the allowable income limit. You also were not eligible for Medicaid.

On December 9, 2014, a notice of telephone hearing was mailed to you informing you that a telephone hearing for your appeal on your application for health insurance was scheduled for December 30, 2014 at 9:00 a.m.

On December 15, 2014, your faxed a written withdrawal to the Marketplace. The withdrawal was uploaded to your account on December 18, 2014. The withdrawal stated that you were cancelling your hearing because you agreed with the previous decision from the Marketplace notices that you were no longer eligible for cost-sharing reductions. 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: 1-877-622-4886).).

How does this Dismissal Affect My Eligibility?

Your appeal of your December 5, 2014 eligibility determination is dismissed pursuant to your written request.

The December 5, 2014 eligibility determination finding you eligible for $0.00 in APTC 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 reference Appeal Identification Number AP000000001140.

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: 1-877-662-4886).

This Notice Has Been Provided To

[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: 1-877-662-4886).