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

NOTICE OF DISMISSAL - TELEPHONE WITHDRAWAL

Notice Date: January 28, 2015

NY State of Health Number:
Appeal Identification Number: AP000000001154

Dear ,

On December 8, 2014, you requested an appeal regarding the November 6, 2014 eligibility determination made by the Marketplace. That eligibility determination stated that you and your wife, , were not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost sharing reductions. You and your wife were also not eligible to enroll in a qualified health plan at full cost through the Marketplace. The notice further stated that you did not provide information proving your citizenship status in order to confirm your eligibility for any of the above programs.

Also on December 8, 2014, you and your wife uploaded both of your Certificates of Naturalization to your Marketplace account.

On December 10, 2014, you and your wife's Certificates of Naturalization were verified by the Marketplace and your eligibility was redetermined.

On December 16, 2014, an eligibility determination notice was issued. The notice stated that you and your wife were eligible to receive up to $142.00 per month in advance premium tax credit that you can apply to your monthly premium when you enroll in a qualified health plan.

On December 30, 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, you testified that you no longer needed an appeal because you and your wife were able to reenroll in a new qualified health plan.

Under sworn testimony, you verbally withdrew your hearing request on the record.

Accordingly, we are dismissing your appeal, pursuant to 45 CFR § 155.530(a)(1).

How does this Dismissal Affect My Eligibility?

Your appeal of the November 6, 2014 eligibility determination is dismissed pursuant to your telephonic request.

The December 16, 2014 eligibility determination finding you and your wife eligible to receive up to $142.00 per month in advance premium tax credit that you can apply to your monthly premium when you enroll in a qualified health plan is now final.

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 AP000000001154.

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

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