



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

NOTICE OF DISMISSAL - TELEPHONE WITHDRAWAL

Notice Date: February 19, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001246

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On December 18, 2014, you requested an appeal of the December 17, 2014 notice of eligibility determination issued by the Marketplace. The determination stated that you were eligible to receive an advance premium tax credit of up to \$162.00 per month. You were also found eligible for cost-sharing reductions if you enrolled in a silver level health plan.

On January 21, 2015, you were scheduled to appear for a telephone hearing. A Hearing Officer from the Marketplace's Appeals Unit called you to conduct the hearing. While under oath, you identified yourself and withdrew your appeal on the record. You testified that you no longer needed insurance through the Marketplace because you are eligible for coverage under your husband's employer health plan.

You further testified that you understood that when your appeal was withdrawn, the December 17, 2014 determination would continue in effect.

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

How does this Dismissal Affect Your Eligibility?

The December 17, 2014 eligibility determination continues 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).

You remain eligible to receive an advance premium tax credit of \$162.00 per month and eligible for cost-sharing reductions if you enroll in a silver level health plan.

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 notice.

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(a)(1)(i)(B).

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]
[REDACTED]
[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).