



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

## NOTICE OF DISMISSAL - TELEPHONE WITHDRAWAL

Notice Date: February 6, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001317

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On December 31, 2014, you requested an appeal regarding the Marketplace's December 30, 2014 determination that stated you were eligible to receive \$0.00 per month in advance premium tax credits (APTC). The determination also stated that [REDACTED] was conditionally eligible to receive \$0.00 per month in APTC and that [REDACTED] was newly eligible to enroll in Child Health Plus with a \$60.00 monthly premium. All findings are effective February 1, 2015.

On February 3, 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 it no longer mattered whether the eligibility effective date for you, [REDACTED], and [REDACTED], was effective in January because there had been no need to use the insurance coverage in that month.

You further testified that you understand that by withdrawing your appeal, the February 1, 2015 eligibility effective date would become final, and you still wished to withdraw the appeal.

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

## **How does this Dismissal Affect Your Eligibility?**

The December 30, 2014 determination is now final.

You remain eligible to receive \$0.00 in advance premium tax credit effective February 1, 2015.

██████████ remains conditionally eligible to receive \$0.00 per month in advance premium tax credit effective February 1, 2015. Please note that ██████████ must confirm his Citizenship Status by March 31, 2015 in order for his eligibility to become final.

██████████ remains newly eligible to enroll in Child Health Plus with a \$60.00 monthly premium effective as of February 1, 2015.

## **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

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).

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).

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**This Notice Has Been Provided To:**

[REDACTED]  
[REDACTED]  
[REDACTED]

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