



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

## **NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL**

Notice Date: February 27, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001360

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On December 30, 2014, you modified your Marketplace Account through the Marketplace. On December 31, 2014, the Marketplace issued an eligibility determination that you, your spouse, and three children are eligible to purchase a qualified health plan at full cost through New York State of Health effective February 1, 2015.

On January 7, 2015, you spoke to the Marketplace Account Review Unit and appealed the effective coverage date of February 1, 2015.

On February 10, 2015, you had a scheduled telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. You testified under sworn testimony that you no longer wished to pursue your appeal.

Accordingly, we are dismissing your case.

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

The Marketplace's December 31, 2014, eligibility determination continues in effect.

## **If You Think Your Appeal Should Not Be Dismissed**

Under some circumstances, you can ask us to vacate (cancel) this dismissal. You must ask us in writing within 30 days after the date on this notice. In that writing you also must state a good reason for us to do this.

If you ask us in writing to vacate this dismissal, the Marketplace's Appeals Unit will review your request and send you a decision on that request.

If we deny your request to vacate this dismissal, we will tell you that in writing.

If you do not respond to this notice within 30 days, your appeal will remain dismissed. No further action will be taken on it by the Marketplace.

## **Appeal Identification Number**

When communicating with the Marketplace about this appeal, please reference 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.

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).

**A Copy of this Notice of Dismissal Has Been Provided To**

[REDACTED]  
[REDACTED]  
[REDACTED]

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