



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: AP000000001365

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On January 7, 2015, you requested an appeal regarding the December 23, 2014 eligibility determination issued by the Marketplace. The determination stated that you are eligible to receive an advance premium tax credit of up to \$15.00 per month, and not eligible for cost-sharing reductions, effective February 1, 2015.

On February 11, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At that hearing, you testified that you now had health insurance coverage with Primary Select PCMH Silver NS INN Dep25 Acupuncture and no longer wished to continue your appeal.

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

Accordingly, we are dismissing your appeal.

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

The December 23, 2014 eligibility determination continues 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 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.

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).

**This Notice Has Been Provided To:**

[REDACTED]  
[REDACTED]  
[REDACTED]

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