



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

NOTICE OF DISMISSAL - TELEPHONE WITHDRAWAL

Notice Date: February 20, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001373

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On January 7, 2015, you requested an appeal regarding the December 20, 2015 eligibility determination that, as of January 1, 2015, you are eligible to purchase a qualified health plan at full cost through New York State of Health insofar as it denied you advance premium tax credits due to your tax filing status of married filing jointly.

On February 3, 2015, the Marketplace issued an eligibility redetermination in your case based on your modified application submitted on February 2, 2015. It stated that you are newly eligible to receive up to \$279.00 per month in advance premium tax credit and are newly eligible to receive cost sharing reductions.

On February 6, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At that hearing, you testified that you were satisfied with your current determination and wished to withdraw 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?

Your appeal request of the January 10, 2015 eligibility determination is dismissed in accordance with your verbal request.

The February 3, 2015 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

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).

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.530.

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This Notice Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]

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