



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

## NOTICE OF DISMISSAL - TELEPHONE WITHDRAWAL

Notice Date: March 5, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001393

[REDACTED]  
[REDACTED] [REDACTED] [REDACTED]  
[REDACTED]

Dear [REDACTED],

On January 8, 2015, you requested an appeal regarding the January 8, 2015 preliminary eligibility determination that you, [REDACTED], were eligible to receive up to \$127.00 in advance premium tax credit, effective February 1, 2015. You requested that the eligibility for the credit begin on January 1, 2015.

On February 17, 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 had been told by your carrier that you would not need to do anything else for your coverage and eligibility for a tax credit would continue as it had last year. You also testified that since the time you filed your appeal, you had discussed the problem of the tax credit for January 2015 with your insurance carrier and you were satisfied with the outcome of that discussion.

You further testified that you understood that by withdrawing your appeal, the January 8, 2015 preliminary eligibility determination, as formalized in the notice sent to you on January 9, 2015, would continue in effect.

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

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).

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

The start date of your advance premium tax credit, as determined in the January 9, 2015 notice, and any subsequent determinations by the Marketplace, remain in effect.

You remain eligible to receive up to \$127.00 per month in advance premium tax credit, starting 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  
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: 1-877-662-4886).

## **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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