



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: AP000000001402

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On January 8, 2015, you requested an appeal regarding the December 27, 2014 eligibility determination notice that stated, in part, that you, [REDACTED] were eligible to enroll in a health insurance plan at full cost, effective February 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 filed the appeal about the enrollment start date because you had been concerned that you might give birth in January, and you would not have coverage your doctor would accept. However, since you gave birth in February, you no longer wished to pursue the appeal. You further testified that you understood by withdrawing your appeal, the December 27, 2014 determination would continue in effect, and that subsequent determinations would not be affected by the withdrawal of your appeal.

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

How does this Dismissal Affect Your Eligibility?

Your December 27, 2014 eligibility determination and any subsequent determinations made by the Marketplace remain in effect.

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).

You remain eligible for and enrolled in a qualified health plan at full cost through the Marketplace.

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(a)(1)(i)(B).

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This Notice Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]

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