



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

## NOTICE OF DISMISSAL - TELEPHONE WITHDRAWAL

Notice Date: March 4, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001435

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

Dear [REDACTED],

On January 8, 2015, you reapplied for health insurance through the Marketplace. On January 10, 2015, the Marketplace issued a notice of eligibility determination stating: You are eligible to receive advance premium tax credits of \$630.00 per month; eligible to receive cost-sharing reductions; and not eligible for Medicaid.

On January 12, 2015, you spoke with the Marketplace Account Review Unit and requested an appeal.

On February 18, 2015, a Hearing Officer from the New York State of Health Appeals Unit called you at 11:00 a.m. While under oath, you identified yourself and withdrew your appeal on the record. You testified that you no longer wished to pursue your appeal.

You further testified that you understand that when you withdraw your appeal, the January 10, 2015 Marketplace determination will continue in effect.

Accordingly, we are dismissing your appeal.

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

The January 10, 2015, eligibility determination continues 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).

## **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]  
[REDACTED]

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