



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

## NOTICE OF DISMISSAL - TELEPHONE WITHDRAWAL

Notice Date: February 24, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001524

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On January 20, 2015, you requested an appeal regarding the January 20, 2015 preliminary eligibility determination notice that stated you were eligible to receive up to \$194.00 per month in advance premium tax credit and, if you enrolled in a silver level health plan, cost-sharing reductions. This eligibility started on March 1, 2015. On January 21, 2015, an eligibility determination notice was issued that confirmed the information contained in the January 20, 2015 preliminary eligibility determination.

On February 19, 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 you had spoken with someone at the Marketplace who explained your eligibility determination to you.

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

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

Your appeal of the January 21, 2015 eligibility determination is dismissed.

You remain eligible to receive up to \$194.00 per month in advance premium tax credit and, if you enrolled in a silver level health plan, cost-sharing reductions.

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]

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