



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: March 12, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001546

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On January 13, 2015, the Marketplace issued a notice of eligibility redetermination that you and your husband are eligible to receive advance premium tax credits up to \$551.00 per month and, if you select a silver-level qualified health plan, for cost-sharing reductions.

On January 22, 2015, you appealed the eligibility redetermination.

The Marketplace scheduled a telephone hearing based on your appeal request and on February 3, 2015, sent you a notice telling you that a Hearing Officer from the Marketplace's Appeals Unit would be calling you on February 25, 2015 at about 10:00 a.m.

On February 25, 2015, the Hearing Officer contacted you to conduct the telephone hearing. A Spanish Interpreter (ID# [REDACTED]) assisted. Through sworn testimony, you identified yourself and indicated that you wanted to withdraw your appeal because you could not afford health insurance even with tax credits.

You further testified you understand that in withdrawing your appeal, the Marketplace's January 13, 2015 notice of eligibility redetermination continues 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: 1-877-662-4886).

How does this Dismissal Affect Your Eligibility?

The Marketplace's January 13, 2015 notice of eligibility redetermination 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. No further action will be taken on it by the Marketplace.

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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A Copy of this Notice Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]