



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

NOTICE OF DISMISSAL - TELEPHONE WITHDRAWAL

Notice Date: March 31, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001557

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On January 22, 2015, you requested an appeal regarding the December 22, 2014 eligibility determination, which stated that you are not eligible to receive an advance premium tax credit because your “[r]enewal period and income data is not available.”

On December 22, 2014, the Marketplace issued an eligibility determination that you are newly eligible to receive an advance premium tax credit of up to \$204.00 per month and cost-sharing reductions effective March 1, 2015.

On December 23, 2014, the Marketplace sent you a notice confirming your enrollment in Silver Standard Silver ST INN Dep25 with a monthly premium responsibility of \$196.76, which applies the maximum advance premium tax credit to which you are eligible.

On March 3, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace’s Appeals Unit. At that hearing, you testified that you were satisfied with your current enrollment and no longer wished to continue your appeal.

Under sworn testimony, you verbally withdrew your hearing request on the record.

Accordingly, we are dismissing your appeal.

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 My Eligibility?

Your January 22, 2015 eligibility determination and enrollment confirmation remain 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, 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: 1-877-622-4886).

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.530.

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This Notice Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]

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