



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: April 23, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001941

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

Dear [REDACTED],

On February 10, 2015, the Marketplace issued an enrollment confirmation notice that stated your health insurance coverage with the plan you selected could start as early as January 1, 2015 if you paid your first month's premium.

On March 4, 2015, you spoke with the Marketplace's Account Review Unit and appealed that determination insofar as it began your coverage as early as January 1, 2015, and not March 1, 2015.

On April 17, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At that hearing, you testified your issue had been resolved and you are satisfied with your current enrollment. You further testified that you no longer wished to continue with the appeal.

Under sworn testimony, you withdrew your appeal on the record.

Accordingly, we are dismissing your appeal.

How does this Dismissal Affect My Eligibility?

The February 10, 2015 enrollment confirmation notice has since been superseded by an enrollment confirmation notice issued by the Marketplace on March 5, 2015.

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).

The March 5, 2015 enrollment confirmation notice 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, 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.

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This Notice Has Been Provided To:

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

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