



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: June 17, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001967

[REDACTED]
[REDACTED]
[REDACTED]

Dear Ms. [REDACTED],

On January 28, 2015, the Marketplace prepared a Form 1095-A that said you had coverage from May 1, 2014 to June 30, 2014 through the Marketplace and received \$339.00 each month in advance premium tax credits.

On March 5, 2015, you appealed the period of coverage through the Marketplace and provided proof that you had employer-sponsored coverage as of June 1, 2014. You requested that the Marketplace correct your Form 1095-A for 2014 to reflect that you received advance premium tax credit of \$339.00 for only May 2014.

The Marketplace scheduled a telephone hearing based on your appeal request and on March 27, 2015, sent you a notice telling you that a Hearing Officer from the Marketplace's Appeals Unit would be calling you on April 21, 2015 at about 2:00 p.m.

Prior to the hearing, you provided the Marketplace with an executed authorized representative designation form for [REDACTED] to speak on your behalf at the scheduled hearing.

On April 7, 2015, the Marketplace issued a corrected Form 1095-A to show you had coverage from May 1, 2014 to May 31, 2014 through the Marketplace and received \$339.00 in advance premium tax credits for that month.

On April 21, 2015, the Hearing Officer contacted your authorized representative, [REDACTED], to conduct the telephone hearing as scheduled. Through sworn testimony, Mr. [REDACTED] identified himself and agreed to maintain the confidentiality of your personal tax information. He indicated that you wished to withdraw 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: 1-877-662-4886).

because the Marketplace had corrected your Form 1095-A to reflect that you received advance premium tax credits of \$339.00 for May 2014 only.

He further agreed that he understood that the withdrawal of your appeal does not affect your health insurance coverage through the Marketplace during May 2014.

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

How does this Dismissal Affect Your Eligibility?

This notice does not affect the eligibility for health insurance coverage.

It simply confirms the withdrawal of your appeal based on the Marketplace having issued a corrected Form 1095-A for 2014.

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

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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]
[REDACTED]