



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: AP000000002069

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On March 7, 2015, the Marketplace issued a notice that stated your insurance was cancelled effective January 1, 2015 because a premium payment had not been received.

On March 16, 2015, you spoke with the Marketplace's Account Review Unit and an appeal request was made on your behalf regarding the cancellation of your insurance.

On March 17, 2015, the Marketplace issued a notice confirming your enrollment in a health insurance plan, stating that your coverage could start as early as May 1, 2015 if you paid your first month's premium.

On April 17, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At that hearing, you testified you were satisfied that you were now enrolled in a health insurance plan, albeit not at the desired metal level, and no longer wished to continue with the 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 current eligibility and enrollment will not be affected by the withdrawal of this appeal.

## **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]

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