



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: May 13, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002109

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On March 3, 2015, the Marketplace issued a disenrollment notice, which stated that your insurance with New York State of Health would be terminated, and that your coverage would end effective March 31, 2015 because you were no longer eligible to enroll in health insurance through the Marketplace.

On March 9, 2015, the Marketplace received your written request to appeal the March 3, 2015 disenrollment notice insofar as it did not terminate your coverage effective February 28, 2015.

On April 3, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for April 29, 2015 at 11:00 a.m.

Between 11:00 a.m. and 11:30 a.m. on April 29, 2015, a Hearing Officer placed three calls to the telephone number that you gave the Marketplace, but was unable to reach you.

Since you did not appear for your hearing as scheduled, we are dismissing your appeal.

How does this Dismissal Affect My Eligibility?

The March 3, 2015 disenrollment notice remains in effect; your coverage ended effective March 31, 2015.

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. In that writing, explain why you did not appear for your hearing as scheduled.

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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A Copy of this Notice of Dismissal Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]

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