



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

Notice of Adjudgment

Notice Date: May 13, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002111

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

You and your family were enrolled in a qualified health plan through the Marketplace.

On March 19, 2015, you requested to end this insurance coverage.

Also on March 19, 2015, you spoke with the Marketplace's Account Review Unit and appealed the effective end date of your coverage.

On March 20, 2015, the Marketplace issued a disenrollment notice, which stated that that your coverage would end effective March 31, 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 10:00 a.m.

On April 24, 2015, you spoke with the Marketplace's Account Review Unit, requested to reschedule your telephone hearing, and provided a different number to be used for the telephone hearing. The hearing was not rescheduled prior to the original hearing.

Between 10:00 a.m. and 10:30 a.m. on April 29, 2015, a Hearing Officer placed a call to the phone number provided in the Notice of Hearing, and placed three

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calls to the new telephone number provided on April 24, 2015. The Hearing Officer was unable to reach you at either number provided.

However, because you had previously requested that the April 29, 2015 hearing be rescheduled, your hearing was adjourned and has been, or shortly will be, rescheduled.

You will be provided with a new hearing date, and you will be issued a new Notice of Hearing once your hearing has been scheduled.

How does this Adjournment Affect Your Eligibility?

Your requested telephone hearing will be rescheduled. You will be issued a Notice of Hearing with your new hearing date.

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

[REDACTED]
[REDACTED]
[REDACTED]

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