



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

## **NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL**

Notice Date: May 21, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002143

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On March 23, 2015, the Marketplace prepared a preliminary eligibility determination stating you are eligible to receive up to \$232.00 of advance premium tax credits per month and cost sharing reductions, if you select a silver level qualified health plan.

On that same day you spoke to the Marketplace Account Review Unit and appealed the amount of financial assistance you were determined eligible to receive.

On April 22, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At the hearing you confirmed that you no longer wanted to pursue your appeal and you withdrew your appeal on the record through sworn testimony.

Accordingly, we are dismissing your appeal.

### **How does this Dismissal Affect Your Eligibility?**

The Marketplace's March 23, 2015 preliminary eligibility determination continues in effect.

However, this dismissal will not affect eligibility determinations made after your appeal request.

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).

## **If You Think Your Appeal Should Not Be Dismissed**

Under some circumstances, 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 you also must state a good reason for us to do this.

If you ask us in writing to vacate this dismissal, the Marketplace's Appeals Unit will review your request and send you a decision on that request.

If we deny your request to vacate this dismissal, we will tell you that 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 reference 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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