



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: July 16, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002915

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]

On May 3, 2015 the Marketplace issued an eligibility determination notice that you are not eligible for financial assistance and cannot enroll in a qualified health plan at full cost through the Marketplace. The notice stated that you did not provide proof of your citizenship status in order to confirm your eligibility.

On May 4, 2015 the Marketplace issued a disenrollment notice that your insurance through the Marketplace will end effective May 31, 2015.

On May 13, 2015 you spoke to the Marketplace's Account Review Unit and requested an appeal insofar as you being disenrolled from their health insurance effective May 31, 2015.

On June 9, 2015 the Marketplace issued an enrollment notice stating that you are enrolled in Health Republic Insurance of New York and coverage could start as early as July 1, 2015.

On July 9, 2015 you and your authorized representative, [REDACTED], 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 withdrew your appeal on the record through sworn testimony.

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: 1-877-662-4886).

How does this Dismissal Affect Your Eligibility?

The Appeals Unit of NY State of Health will not review your appeal at this time.

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]

[REDACTED]
[REDACTED]
[REDACTED]