



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: September 18, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003568

[REDACTED]

Dear [REDACTED],

On June 20, 2015, the Marketplace issued an eligibility determination notice, stating, in relevant part, that you and your spouse were eligible to enroll in a qualified health plan (QHP); eligible to receive an advance premium tax credit (APTC) of up to \$575.00 per month; and, if you selected a silver-level plan, eligible for cost-sharing reductions, effective August 1, 2015. You appealed this determination.

On July 23, 2015, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for September 14, 2015 at 9:00 a.m.

Between 9:03 a.m. and 9:08 a.m. on September 14, 2015, a Hearing Officer placed two calls to the telephone number that you have provided to the Marketplace. You answered the second call attempt and stated that you no longer wanted to proceed with the appeal since you and your spouse's insurance had been reinstated. The Hearing Officer asked to swear you in, in order to obtain a proper withdrawal over the telephone. You stated that you did not want to be sworn in or proceed with the hearing any further since you felt that the matter had been resolved.

Since you were unwilling to be sworn in for your hearing as scheduled, 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?

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

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

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulations 45 CFR § 155.530.

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



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