



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

NOTICE OF DISMISSAL

Notice Date: August 25, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003658

[REDACTED]

Dear [REDACTED],

On June 26, 2015, the Marketplace issued a notice of eligibility determination, stating that you were newly eligible for \$0.00 in advance premium tax credits, effective August 1, 2015. You appealed this determination.

On June 29, 2015, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for August 20, 2015 at 3:00 p.m.

On August 19, 2015, you spoke with the Marketplace's Account Review Unit to request a withdrawal of your appeal due to a death in your family. You further informed the Marketplace's Account Review Unit that you did not wish to reschedule your hearing.

Also on August 19, 2015, the Marketplace's Appeals Unit was informed of your request to withdraw your appeal. Given the unfortunate circumstances that prompted your withdrawal request, the Marketplace's Appeals Unit will dismiss your appeal.

However, if your situation changes, or you wish to reinstate your appeal request, you may do so by contacting the Marketplace.

How does this Dismissal Affect Your Eligibility?

The Appeals Unit of NY State of Health will not be reviewing this matter 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.

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 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 45 CFR § 155.530.

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).

A Copy of this Notice of Dismissal Has Been Provided To



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