



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: November 16, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004085

[REDACTED]

Dear [REDACTED],

On April 18, 2015, the Marketplace issued a cancellation notice which cancelled your coverage effective April 1, 2015 for non-payment of premiums.

On July 9, 2015, an eligibility redetermination was made finding you and your household eligible to receive advance premium tax credits and cost sharing reductions in the amount \$429.00 per month effective August 1, 2015. However, you did not qualify to select a health plan outside of the open enrollment period for 2015.

On July 28, 2015, you contacted the Marketplace's Account Review Unit and requested an appeal of the cancellation of your coverage as you were seeking to have your insurance reinstated.

On October 13, 2015, a Hearing Officer from the Appeals Unit of NY State of Health called you and placed you under Oath.

While under Oath, you identified yourself and stated that you were no longer interested in pursuing your appeal because you had recently been in contact with your insurance provider who assisted you in re-enrolling in a plan. You further testified that you were satisfied with the current coverage you had with them.

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).

You therefore withdrew your appeal on the record. Accordingly, we are dismissing your appeal, pursuant to Code of Federal Regulation (CFR) 45 CFR § 155.530(a)(1).

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

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).

Legal Authority

We are sending you this notice in accordance with 45 CFR § 155.530.

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A Copy of this Notice of Dismissal Has Been Provided To



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