



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

## NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: December 16, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004567

[REDACTED]

Dear [REDACTED],

On August 17, 2015, the Marketplace issued a notice of eligibility determination, stating your family was not eligible to enroll through New York State of Health because you did not respond to the renewal notice and did not complete your renewal within the required timeframe. You appealed this determination.

On December 8, 2015, a Hearing Officer from the Appeals Unit of NY State of Health called you for the hearing you requested, but was unable to reach you. Your hearing was adjourned to December 9, 2015.

On December 9, 2015, the Hearing Officer called you for the adjourned hearing and placed you under oath.

While under oath, you identified yourself, waived your right to formal notice to proceed with the adjourned hearing, and stated that you were no longer interested in pursuing your appeal because you were satisfied with your family's current eligibility determination.

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).

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 be reviewing this matter.

## **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.

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



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