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

NOTICE OF DISMISSAL – WRITTEN WITHDRAWAL

Notice Date: December 29, 2015

NY State of Health Number: [redacted]
Appeal Identification Number: AP000000004818

[redacted]

Dear [redacted],

On September 23, 2015, the Marketplace received your application for financial assistance with your health insurance.

On September 24, 2015, an eligibility determination was made finding you eligible to receive advance premium tax credits and cost sharing reductions in the amount of $306.00 per month effective November 1, 2015.

Also on that day you enrolled in a silver level health plan through the Marketplace with a start date of November 1, 2015.

On September 29, 2015 you contacted the Marketplace's Account Review Unit and appealed the start date of your qualified health plan and asked it take effect on October 1, 2015 and not November 1, 2015.

On December 11, 2015, the Marketplace received a typed letter from you with your signature dated December 11, 2015 which states you would like to withdraw from your hearing. You further updated your address for correspondence and asked that you be allowed to cancel coverage for your current health plan.

Accordingly, we are dismissing your appeal, pursuant to Code of Federal Regulation (CFR) 45 CFR § 155.530(a).

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: 1-877-622-4886).

A Copy of this Notice of Dismissal Has Been Provided To

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