



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

NOTICE OF DISMISSAL – WRITTEN WITHDRAWAL

Notice Date: December 16, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004871

[REDACTED]

Dear [REDACTED],

On October 6, 2015 the Marketplace issued an eligibility determination notice that you are conditionally eligible to receive up to \$236.00 in advance premium tax credits and cost-sharing reductions, if you enroll in a silver-level qualified health plan effective November 1, 2015. You appealed this determination.

On November 5, 2015 the Marketplace issued a Notice of Telephone Hearing scheduling your telephone hearing for December 11, 2015.

On November 17, 2015, you faxed a signed to the Marketplace requesting that the hearing scheduled for Friday, December 11, 2015 be cancelled.

Accordingly, we are dismissing your appeal.

How does this Dismissal Affect Your Eligibility?

The Appeals Unit of NY State of Health will not review your appeal at this time.

Any determinations made subsequent to your appeal request will not be affected by this dismissal.

If You Think Your Appeal Should Not Be Dismissed

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).

Under some circumstances, 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 you also must state a good reason for us to do this.

If you ask us in writing to vacate this dismissal, the Marketplace's Appeals Unit will review your request and send you a decision on that request.

If we deny your request to vacate this dismissal, we will tell you that in writing.

If you do not respond to this notice within 30 days, your appeal will remain dismissed. No further action will be taken on it by the Marketplace.

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 Federal regulation 45 CFR § 155.530.

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A Copy of this Notice of Dismissal Has Been Provided To



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