



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

## **NOTICE OF DISMISSAL – WRITTEN WITHDRAWAL**

Notice Date: February 1, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000005209

[REDACTED]

Dear [REDACTED],

On November 17, 2015 the Marketplace issued a notice confirming that on November 16, 2015 you requested a telephone hearing to review your “[e]ligibility determination.”

On December 18, 2015 the Marketplace issued a Notice of Telephone Hearing that your hearing has been scheduled on January 26, 2016 at 9:00 am.

On January 4, 2016 the Marketplace received a signed statement that you do not wish to have a telephone hearing and are satisfied with your current insurance.

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.

### **If You Think Your Appeal Should Not Be Dismissed**

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 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).

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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