



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

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

Notice Date: February 16, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000005342

[REDACTED]

Dear [REDACTED],

On November 23, 2015, a disenrollment notice was issued stating that your son's eligibility through his health plan would end effective November 30, 2015 because you did not renew your health insurance coverage.

On November 24, 2015, you enrolled your son in a Child Health Plus plan effective December 1, 2015.

On November 25, 2015, you contacted the Marketplace's Account Review Unit and appealed any gap in coverage your son received as a result of his disenrollment.

On February 5, 2016, the Marketplace received a handwritten letter from you with your signature dated February 5, 2016 which states that you would like to withdraw from your appeal hearing.

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 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).

## **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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