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

NOTICE OF DISMISSAL

Notice Date: November 23, 2016

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000009942

[redacted]

Dear [redacted]

On May 27, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination, stating that you were eligible to receive an advance premium tax credit of $0.00 per month, effective July 1, 2016. The notice also stated that you did not qualify to select a health plan outside of the open enrollment period for 2016. You appealed this determination.

On November 1, 2016, NYSOH issued a Notice of Hearing to advise you that the hearing you requested was scheduled for November 21, 2016, at 3:00 p.m.

A Hearing Officer called you at 3:00 p.m. on November 21, 2016. You answered the call and stated that you no longer wanted to proceed with the appeal since the hearing came too late and you have already obtained insurance that will take effect on January 1, 2017. The Hearing Officer asked to swear you in, in order to obtain a proper withdrawal over the telephone. However, you stated that you did not want to be sworn in, and requested that the Hearing Officer just cancel the appeal.

Since you were unable to be sworn in for your hearing as scheduled, we are dismissing your appeal.

How does this Dismissal Affect My Eligibility?

The Appeals Unit of NYSOH will not review your appeal 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, or cancel, this dismissal. You must ask us, in writing, within 30 of the date on this notice. In that writing, you must explain why your hearing did not go forward as scheduled.

NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing.

If you do not respond to this notice within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Appeal Identification Number

When communicating with NYSOH about this appeal, please refer to both the Appeal Identification number and the NY State of Health number at the top of this notice.

How to Contact NYSOH

You can contact NYSOH 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

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).

Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations § 155.530.

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

[redacted]

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