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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: November 15, 2016

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000010001

[redacted]

Dear [redacted]

On May 18, 2016, NY State of Health (NYSOH) issued an enrollment notice, stating that your family's Essential Plan coverage would begin effective July 1, 2016. You appealed insofar as you were seeking for that coverage to begin no later than June 1, 2016.

On November 10, 2016, a Hearing Officer from the Appeals Unit of NY State of Health called the telephone number provided for the hearing. Your son, [redacted], acting as Authorized Representative for you and your spouse, answered the call and was sworn in by the Hearing Officer.

While under oath, your son identified himself and stated that you were no longer interested in pursuing your appeal because your family had not incurred any medical expenses during the month of June 2016 for which you were seeking reimbursement.

Therefore, your son, acting on your behalf, withdrew your appeal on the record. Accordingly, we are dismissing your appeal, pursuant to 45 Code of Federal Regulations (CFR) § 155.530(a)(1).

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, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice.

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 reference Appeal Identification Number at the top of this notice.

How to Contact NYSOH

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: 1-877-662-4886).

A Copy of this Notice of Dismissal Has Been Provided To

[redacted]

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