



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

NOTICE OF DISMISSAL

Notice Date: December 28, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010576

[REDACTED]

Dear [REDACTED],

On June 29, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination, stating that you were conditionally eligible to receive advance premium tax credits and cost sharing reductions, effective August 1, 2016. You appealed this determination.

On December 9, 2016, NYSOH issued a Notice of Hearing to advise you that the hearing you requested was scheduled for December 28, 2016, at 3:00 p.m.

On December 23, 2016, a representative from NYSOH contacted you to confirm your address and that you had received the notice of telephone hearing. The representative noted you stated that you had already informed NYSOH that you do not need the appeal to be heard. The note further indicated that the appeal could not be made official because you did not identify yourself.

That same day, a Supervising Hearing Officer from NYSOH's Appeals Unit called you at 11:40 a.m. Although you answered the call, indicated that the Hearing Officer had the right person, and confirmed you did not wish to pursue the appeal, you were not willing to identify yourself beyond your name or to formally withdraw your appeal through sworn testimony. You did provide your mailing address, which the Hearing Officer confirmed was correctly noted on your NYSOH account and the notice of telephone hearing.

Since it appears you no longer wish to pursue your appeal at the scheduled hearing and time, we are dismissing your appeal.

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).

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

Legal Authority

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

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



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