



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

### Notice of Decision

Decision Date: April 10, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000012324

[REDACTED]

[REDACTED]

Dear [REDACTED]

On March 20, 2017, you and your Attorney Representative appeared by telephone at a hearing on your appeal of NY State of Health's September 5, 2016 eligibility redetermination notice and disenrollment notice.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the NY State of Health Account ID at the top of this notice.

### Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

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).

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

## Decision

Decision Date: April 10, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000012324

[REDACTED]

[REDACTED]

## Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health properly determine that your eligibility for the Essential Plan ended September 30, 2016, for failing to provide valid immigration documentation?

Did NY State of Health properly determine that you were ineligible for Medicaid effective September 30, 2016?

## Procedural History

On May 21, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan for a limited time and you also qualify for additional benefits through Medicaid, effective May 1, 2016. The notice stated NYSOH was checking federal data sources to confirm your immigration status. The notice stated NYSOH would contact you if you need to send in proof that you have an eligible immigration status.

Also on May 21, 2016, NYSOH issued a notice confirming your enrollment in an Essential Plan 4, effective May 1, 2016.

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On May 30, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan for a limited time and you also qualify for additional benefits through Medicaid, effective June 1, 2016. The notice stated you needed to provide additional information to confirm your Immigration Status by August 27, 2016.

On June 3, 2016, NYSOH received your immigration documentation.

On June 8, 2016, NYSOH issued a letter to your attorney's address stating you submitted documentation to resolve the inconsistency in your account, however the documentation appears to be insufficient to resolve the request. The notice stated you needed to provide additional immigration information.

On June 22, 2016, NYSOH issued an eligibility redetermination notice stating you were eligible to enroll in the Essential Plan for a limited time and you also qualify for additional benefits through Medicaid, effective August 1, 2016. The notice stated you needed to provide additional information to confirm your Immigration Status by August 27, 2016.

On July 22, 2016, NYSOH issued an eligibility redetermination notice stating you were eligible to enroll in the Essential Plan for a limited time and you also qualify for additional benefits through Medicaid, effective September 1, 2016. The notice stated you needed to provide additional information to confirm your Immigration Status by August 27, 2016.

On August 22, 2016, NYSOH issued an eligibility redetermination notice stating you were eligible to enroll in the Essential Plan for a limited time and you also qualify for additional benefits through Medicaid, effective October 1, 2016. The notice stated you needed to provide additional information to confirm your Immigration Status by August 27, 2016.

On September 5, 2016, NYSOH issued an eligibility redetermination notice stating that you were not qualified to enroll in health insurance coverage through NYSOH because NYSOH did not receive the citizenship documentation needed to verify your eligibility. Your current eligibility would end as of September 30, 2016.

Also on September 5, 2016, NYSOH issued a disenrollment notice stating that your enrollment in the Essential Plan 4 would end as of September 30, 2016, because you were no longer eligible to enroll in health insurance through NYSOH.

On September 30, 2016, you spoke to NYSOH's Account Review Unit and appealed the termination of your Essential Plan 4 effective September 30, 2016.

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On November 6, 2016, NYSOH issued an eligibility determination stating that you were eligible to enroll in the Essential Plan for a limited time and you also qualify for additional benefits through Medicaid, effective November 1, 2016. The notice stated NYSOH was checking federal data sources to confirm your immigration status.

Also on November 6, 2016, NYSOH issued an enrollment notice was issued confirming your enrollment in the Essential Plan 4 effective November 1, 2016.

On November 19, 2016, NYSOH issued an eligibility determination stating that you were eligible to enroll in the Essential Plan for a limited time and you also qualify for additional benefits through Medicaid, effective December 1, 2016. The notice stated that you needed to provide proof of your Immigration status by February 3, 2017 and proof of your income by February 16, 2017.

On January 18, 2017, NYSOH issued a disenrollment notice stating your enrollment in the Essential Plan 4 would end January 31, 2017. The notice stated this was because you are no longer eligible to enroll in the Essential Plan 4.

Your telephone hearing was initially scheduled for January 24, 2017 at 2:00 p.m.

A Hearing Officer contacted your Attorney Representative on January 24, 2017 at 2:00 p.m. Attorney Representative stated he did not receive a Notice of Telephone Hearing and therefore an adjournment was granted.

On February 10, 2017, NYSOH issued an eligibility redetermination notice stating you were determined no longer qualified to enroll in health insurance coverage through NYSOH because NYSOH did not receive the citizenship documentation needed to verify your eligibility. This eligibility ended as of March 1, 2017.

On March 20, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the proceeding.

## **Findings of Fact**

A review of the record supports the following findings of fact:

- 1) You testified, and your application indicates, that you receive your notices from NYSOH via regular U.S. mail.
- 2) The record supports you were using your Attorney representative's address for communication with NYSOH since May 21, 2016.

- 3) No notices that were sent to the address listed on your NYSOH account have been returned as undeliverable.
- 4) You submitted citizenship documentation to NYSOH on June 3, 2016.
- 5) The record supports the documentation you provided to NYSOH on June 3, 2016 was a copy of a one page document entitled "Authorization for Parole of an Alien into the United States" with an issue date of May 12, 2005. The document states your status is an alien paroled into the United States pursuant to section 212(d)(5) of the Immigration and Nationality Act (See Document [REDACTED]).
- 6) Per the document you provided "the holder is authorized to enter the United States temporarily for the purpose of pursuing an application for temporary resident status under 245 A of the Immigration and Nationality Act (INA). This document is valid for multiple applications for parole into the United States if presented prior to the date noted above. Parole is authorized for one year."
- 7) Your immigration documentation was invalidated by a NYSOH representative on June 7, 2016. Your NYSOH account indicates a representative left a note that you submitted an authorization of parole, however this was not accepted and you could submit an I-551 or refer to the acceptable documents guide.
- 8) Your NYSOH account indicates that on September 4, 2016 your application and eligibility was re-run on your behalf by NYSOH and you were found no longer eligible for the Essential Plan as of September 30, 2016.
- 9) Your Attorney testified you do not currently have any other documents you could provide to NYSOH to redetermine your eligibility.
- 10) Your Attorney testified you have applied for Temporary Protected Status which was denied [REDACTED].
- 11) Your Attorney testified you were not currently in removal proceedings.
- 12) Your Attorney requested you be found eligible for enrollment in the Essential Plan 4 as of October 1, 2016, and be found eligible in 2017 for coverage in the Essential Plan 4.
- 13) Your application indicates you have no expected income for 2017.
- 14) Your application indicates you will be filing your 2016 tax return as Head of Household with three qualifying dependents.

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15) You reside in [REDACTED] [REDACTED]

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

## **Applicable Law and Regulations**

### Medicaid

Medicaid can be provided to adults who: (1) Are age 19 or older and under age 65; (2) Are not pregnant; (3) Are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act; (4) Are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part; and (5) Have a household modified adjusted gross income that is at or below 138% of the federal poverty level for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.603(d)(4)), N.Y. Soc. Serv. Law § 366(1)(b)).

A person who meets certain nonfinancial criteria and has a household income that is at or below the applicable Medicaid income standard is eligible for Medicaid benefits (45 CFR § 155.305(c)). One of the non-financial criteria for Medicaid eligibility is the immigration status of the person applying for health insurance.

Generally, no person except a United States citizen, naturalized citizen, qualified alien, or person permanently residing in the United States under color of law (PRUCOL) is eligible for full Medicaid benefits (NY Soc. Serv. Law § 122(1); 18 NYCRR § 360-3.2).

An alien who is a qualified alien and who enters the United States on or after August 22, 1996 is not eligible for any Federal means-tested public benefit for a period of 5 years beginning on the date of the alien's entry into the United States with a status within the meaning of the term "qualified alien" (8 USC § 1613 (a)).

Qualified Alien means an alien who at the time the alien applies for, receives, or attempts to receive a federal public benefit. An alien who is paroled into the United States under section 212(d)(5) for a period of at least 1 year is a Qualified Alien (8 USC § 1641 (b)(4)).

In an analysis of Medicaid financial eligibility, the determination is based on the FPL "for the applicable budget period used to determine an individual's eligibility" (42 CFR § 435.4). On the date of your application, that was the 2016 FPL, which is \$24,300.00 for a four-person household (81 Fed. Reg. 4036).

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## Clarification on PRUCOL Status for Medicaid Eligibility

An alien is considered as one whose departure the federal immigration agency does not contemplate enforcing if; it is the agency's policy or practice not to enforce the departure of aliens in a particular category, and the alien falls within that category or; based on all the facts and circumstances of the alien's case, it appears that the federal immigration agency is permitting the alien to reside in the United States indefinitely (18 NYCRR § 360-3.2).

Some aliens are PRUCOL because the federal immigration agency has granted them a status, an example is an alien paroled into the U.S. for less than one year. Other aliens are PRUCOL because they have applied for a particular immigration status which has not yet been granted or denied. If an alien seeking Temporary Protected Status has an application before USCIS which remains pending the Medicaid worker must find the individual PRUCOL. However, if USCIS has denied the alien's application or otherwise indicates that it is not permitting the alien to reside in the U.S. indefinitely, the Medicaid worker must find that individual is not PRUCOL. In such cases, the alien if otherwise eligible may receive Medicaid only for care and services necessary to treat an emergency medical condition (NYS Department of Health Informational Letter "Clarification of PRUCOL Status for Purposes of Medicaid Eligibility" 07 OHIP/INF-2, pg. 2-3, March 15, 2007).

## Emergency Medicaid

In some cases, Medicaid will pay for emergency medical treatment for a person who does not have evidence of citizenship or immigration status, even if the person cannot get full Medicaid coverage (NY Soc. Serv. Law § 122(1)(e); 18 NYCRR § 360-3.2(j)(3)(ii)(a)).

The term "emergency medical condition" means:

A medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- (a) Placing the patient's health in serious jeopardy;
- (b) Serious impairment of bodily functions; or
- (c) Serious dysfunction of any bodily organ or part

(18 NYCRR § 360-3.2 (iii)(a)-(c)).

To get treatment for an emergency medical condition, an undocumented alien who is not a temporary non-immigrant must meet all of the other Medicaid



eligibility requirements, including proof of identity, income, and State residence (GIS 13 MA/09: Changes to Medicaid Coverage for the Treatment of an Emergency Medical Condition, (2/25/2013)).

### Verification of Eligibility for the Essential Plan

NYSOH must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable federal poverty level (FPL) or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated (see 42 CFR § 600.305, 42 CFR § 435.603(d)(4), 45 CFR § 155.305(e), NY Social Services Law § 369-gg(3), 42 USC § 18051).

If an applicant attests to citizenship, status as a national, or lawful presence, and NYSOH is unable to verify such attestation, NYSOH must provide the applicant with notice of the inconsistency. NYSOH must then provide the applicant with 90 days to provide satisfactory documentary evidence, from the date the notice of inconsistency is received by the applicant. Notice is considered received 5 days after the date on the notice, unless the applicant demonstrates that he or she did not receive the notice within the 5-day period (42 CFR § 600.345, 45 CFR § 155.315(c)(3), (f)(2)(i)).

Upon making an eligibility redetermination, NYSOH must notify the applicant and implement any updates in eligibility to the Essential Plan effective the first day of the following month for changes received by NYSOH from the first to the fifteenth of any month (45 CFR § 155.420(b)(1)(i); see *also* 42 CFR § 600.320(c)). For updates received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR § 155.420(b)(1)(ii); see *also* 42 CFR § 600.320(c)).

In an analysis of Essential Plan financial eligibility, the determination is based on the FPL in effect on the first day of the benefit year for which coverage is requested (45 CFR § 155.300(a)). On the date of your application, that was the 2016 FPL, which is \$24,300.00 for a four-person household (81 Fed. Reg. 4036).

### Qualified Immigrants Transitioned to the Essential Plan

In New York State, qualified immigrants who were formerly eligible for Medicaid through the state, but not eligible for Medicaid under federal law, were transitioned to the Essential Plan as of January 1, 2016 (New York's Basic

Health Plan Blueprint, p. 19, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

## **Legal Analysis**

The first issue under review is whether NYSOH properly determined that your eligibility for the Essential Plan ended September 30, 2016 for failing to provide valid immigration documentation.

NYSOH is required to determine whether individuals are eligible to enroll in coverage through NYSOH, and must confirm, among other things, that their citizenship status is satisfactory.

If NYSOH cannot verify an individual's citizenship status, it must provide the individual with notice of the inconsistency and provide a period of 90 days from the date notice is received to resolve the inconsistency.

Generally, if NYSOH remains unable to verify the attestation of the applicant after 90 days, NYSOH must redetermine an individual's eligibility based on the information available from the data sources.

In the eligibility determination issued on May 30, 2016, you were advised that you were eligible for the Essential Plan for a limited time, and that you needed to confirm your citizenship status by providing documentation before August 27, 2016. You were then enrolled in an Essential Plan starting May 1, 2016.

On June 3, 2016, a document entitled "Authorization for Parole of an Alien into the United States" with an issue date of May 12, 2005 was received by NYSOH. The document states your status is an alien paroled into the United States pursuant to section 212(d)(5) of the Immigration and Nationality Act.

Your immigration documentation was subsequently invalidated by a NYSOH representative on June 7, 2016. A letter was then issued to your Attorney's address on June 8, 2016 stating that although you submitted documentation to resolve the inconsistency in your account, the documentation was insufficient to resolve the request. The notice stated you needed to provide additional information to make sure NYSOH knew your correct proof of immigration.

Others notices issues on June 22, July 22, and August 22, 2016 also requested that you submit immigration status to confirm your eligibility.

One of the nonfinancial criteria for participation in the Essential Plan is that an applicant be a citizen or a lawfully present non-citizen. An applicant meets the definition of Lawfully Present for purposes of the Essential Plan if they are an alien who has been paroled into the United States pursuant to section 212(d)(5)

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of the Immigration and Nationality Act (INA) for less than 1 year, except for an alien paroled for prosecution, for deferred inspection or pending removal proceedings.

Based on your documentation, your Authorization of Parole was only valid for a period of one year from May 12, 2005, until May 11, 2006. No additional documentation was provided by you or your Attorney. Your Attorney testified that you do not currently have any other documents you could provide to NYSOH to redetermine your eligibility. Your representative further testified that you had made an application for Temporary Protected Status but that application was denied on [REDACTED].

Since the only documentation that was provided shows that your qualified status would have expired as of May 11, 2006, NYSOH was proper to find that you were longer eligible to enroll in health insurance coverage through NYSOH as of September 30, 2016.

Therefore, the September 5, 2016 disenrollment notice terminating your Essential Plan effective September 30, 2016 is AFFIRMED.

The second issue is whether NYSOH properly determined you were ineligible for Medicaid.

Generally, no person except a United States citizen, naturalized citizen, qualified alien, or person permanently residing in the United States under color of law (PRUCOL) is eligible for full Medicaid benefits.

An alien is considered PRUCOL whose departure the federal immigration agency does not contemplate enforcing if; it is the agency's policy or practice not to enforce the departure of aliens in a particular category, and the alien falls within that category or; based on all the facts and circumstances of the alien's case, it appears that the federal immigration agency is permitting the alien to reside in the United States indefinitely.

Per Department of Health policy, if an alien seeking Temporary Protected Status, has an application before US Customs and Immigration Services (USCIS) which remains pending the individual is considered PRUCOL. However, if USCIS has denied the alien's application or otherwise indicates that it is not permitting the alien to reside in the U.S. indefinitely, the individual is not PRUCOL. In such cases, the alien if otherwise eligible may receive Medicaid only for care and services necessary to treat an emergency medical condition.

As discussed above your application for Temporary Protected Status was denied. Therefore, NYSOH cannot consider you as a PRUCOL individual without proof of another application being filed or any other documentation showing what your status is.

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).

Therefore, the September 5, 2016 eligibility redetermination notice finding you ineligible for Medicaid is AFFIRMED.

However, based on your testimony and the record, you may meet the criteria provided by statute for the treatment of Emergency Medical conditions. Your case is RETURNED to NYSOH to evaluate your eligibility for that program.

Should you obtain a valid Employment Authorization Card or acceptable proof of Immigration Status, you may provide that documentation to NYSOH to be verified and your eligibility redetermined.

## **Decision**

The September 5, 2016 notice of eligibility redetermination is AFFIRMED.

The September 5, 2016 disenrollment notice is AFFIRMED.

Your case is RETURNED to NYSOH to evaluate your eligibility for Emergency Medicaid.

**Effective Date of this Decision:** April 10, 2017

## **How this Decision Affects Your Eligibility**

NYSOH properly found you not eligible to enroll in the Essential Plan effective September 30, 2016 because you did not provide valid documentation of your citizenship status.

NYSOH properly found that you were ineligible for Medicaid effective September 30, 2016.

You may be eligible for Emergency Medicaid.

## **If You Disagree with this Decision (Appeal Rights)**

This Decision is final unless you submit an appeal request to the Federal Marketplace or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This

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must be done within four months of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the Federal Marketplace. This must be done within 30 days of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:  
Health Insurance Marketplace  
Attn: Appeals  
465 Industrial Blvd.  
London, KY 40750-0061
- By fax: 1-877-369-0129

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

### **If You Have Questions about this Decision (Customer Service Resources):**

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

### **Summary**

The September 5, 2016 notice of eligibility redetermination is **AFFIRMED**.

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The September 5, 2016 disenrollment notice is AFFIRMED.

Your case is RETURNED to NYSOH to evaluate your eligibility for Emergency Medicaid.

NYSOH properly found you not eligible to enroll in the Essential Plan effective September 30, 2016 because you did not provide valid documentation of your citizenship status.

NYSOH properly found that you were ineligible for Medicaid effective September 30, 2016.

You may be eligible for Emergency Medicaid.

### **Legal Authority**

We are issuing this determination in accordance with 45 CFR § 155.545.

**A Copy of this Decision Has Been Provided To:**

[REDACTED]

[REDACTED]

## Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

### **Español (Spanish)**

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

### **中文 (Traditional Chinese)**

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

### **Kreyòl Ayisyen (Haitian Creole)**

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

### **中文 (Simplified Chinese)**

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

### **Italiano (Italian)**

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

### **한국어 (Korean)**

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

### **Русский (Russian)**

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

### **العربية (Arabic)**

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

### **বাংলা (Bengali)**

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

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## **Français (French)**

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

## **हिंदी (Hindi)**

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

## **日本語 (Japanese)**

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

## **नेपाली (Nepali)**

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

## **Polski (Polish)**

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

## **Twi (Twi)**

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&btumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

## **(Urdu) اردو**

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

## **Tiếng Việt (Vietnamese)**

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

## **אידיש (Yiddish)**

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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).