



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

Notice of Decision

Decision Date: May 9, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013217



Dear [REDACTED],

On February 23, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 18, 2016, October 19, 2016 and January 20, 2017 eligibility redetermination notices.

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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: May 9, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013217



Issues

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

Did NY State of Health (NYSOH) properly determine that your eligibility for advance payments of the premium tax credit (APTC) ended effective October 31, 2016?

Did NYSOH properly determine that you were ineligible for APTC effective November 1, 2016?

Did NYSOH properly determine that you were ineligible for APTC effective March 1, 2017?

Procedural History

On December 10, 2015, NYSOH issued an eligibility determination notice stating that you were conditionally eligible to receive up to \$186.00 in APTC and conditionally eligible to receive cost-sharing reductions if you enrolled in a silver level qualified health plan (QHP), effective January 1, 2016. The notice further directed you to provide documentation confirming your income before March 8, 2016.

On December 10, 2015, NYSOH issued an enrollment notice confirming your selection of a silver-level QHP with a monthly premium of \$191.65 after your monthly APTC of \$186.00 was applied, effective January 1, 2016.

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).

On September 18, 2016, NYSOH issued an eligibility redetermination notice stating that, effective November 1, 2016, you were newly eligible to purchase a QHP at full cost. The notice stated that you were not eligible to receive APTC or cost-sharing reductions because NYSOH did not receive the income documentation needed to verify the income listed in your application.

Also on September 18, 2016, NYSOH issued an enrollment notice stating that you were enrolled in a QHP at full cost and without any APTC applied to your premium.

On October 19, 2016, NYSOH issued an eligibility redetermination notice, based on your October 18, 2016 updated application, stating that you were newly eligible to purchase a QHP at full cost, effective December 1, 2016. This notice stated that you were not eligible to receive APTC or cost-sharing reductions because APTC was paid to your health insurance company to reduce your premium costs in a prior year and NYSOH was unable to tell if a federal tax return was filed for that year.

On November 1, 2016, NYSOH issued an enrollment notice, based on your October 31, 2016 updated plan selection, confirming your enrollment in the silver-level QHP; however, at the increased monthly premium amount of \$377.65, effective January 1, 2016.

On November 11, 2016, you updated your application for financial assistance. That day, a preliminary eligibility redetermination was prepared finding you ineligible to receive APTC and cost-sharing reductions, effective December 1, 2016.

Also on November 11, 2016, you spoke to NYSOH's Account Review Unit and appealed that preliminary redetermination insofar as your APTC was terminated effective October 31, 2016 and you were no longer eligible for APTC effective December 1, 2016.

On November 12, 2016 and November 23, 2016, NYSOH issued two eligibility redetermination notices, based on your November 11, 2016 and November 22, 2016 updated applications, stating that you were newly eligible to purchase a QHP at full cost, effective December 1, 2016. These notices stated that you were not eligible to receive APTC or cost-sharing reductions because APTC was paid to your health insurance company to reduce your premium costs in a prior year and NYSOH was unable to tell if a federal tax return was filed for that year.

On November 27, 2016, NYSOH issued a cancellation notice stating that your coverage would end on December 31, 2016. This was because you were no longer eligible to enroll in your plan.

On December 6, 2016, NYSOH issued an eligibility redetermination notice, based on your December 5, 2016 updated application, stating that you were newly eligible to purchase a QHP at full cost, effective January 7, 2017. This notices stated that you were not eligible to receive APTC or cost-sharing reductions because APTC was paid to your health insurance company to reduce your premium costs in a prior year and NYSOH was unable to tell if a federal tax return was filed for that year.

On December 16, 2016, NYSOH issued an eligibility redetermination notice, based on your December 15, 2016 updated application, stating that you were newly eligible to purchase a QHP at full cost, effective January 1, 2017. This notice stated that this was based on your household income.

On January 12, 2017, NYSOH issued an enrollment notice, based on your January 11, 2017 updated plan selection, confirming your enrollment in the silver-level QHP with a monthly premium amount of \$419.50, effective February 1, 2017.

On January 20, 2017, NYSOH issued an eligibility redetermination notice, based on your January 19, 2017 application, stating that you were newly eligible to purchase a QHP at full cost, effective March 1, 2017. This notice stated that you were not eligible to receive APTC or cost-sharing reductions because APTC was paid to your health insurance company to reduce your premium costs in a prior year and NYSOH was unable to tell if a federal tax return was filed for that year.

On February 23, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. You requested to amend your appeal to include an appeal of your January 2017 eligibility determination. The Hearing Officer granted your request. The record was developed during the hearing and held open to April 3, 2017, to allow you to submit supporting documents.

On April 3, 2017, you submitted a copy of your IRS Account Transcripts for 2015 and 2016. Those documents were made part of the record as "Appellant's Exhibit A". The record is now closed.

Findings of Fact

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

- 1) On December 10, 2015, you were found conditionally eligible for APTC effective January 1, 2016.
- 2) You testified, and your account indicates, that you receive your notices from NYSOH by regular mail.

- 3) You testified that you did not receive any notices stating that your eligibility was only conditional and that you needed to provide documentation of your household's income. You testified that you have difficulty receiving your mail.
- 4) No notices that were sent to the address listed on your NYSOH account have been returned as undeliverable.
- 5) You testified that you did not know that you needed to submit documentation of your income until you received bills from your health plan in October 2016.
- 6) Your NYSOH account indicates that, on September 18, 2016, your application was systematically run and you were found no longer eligible for APTC as of November 1, 2016.
- 7) Your NYSOH account indicates that on October 18, 2016, you renewed your application for financial assistance, and you were found no longer eligible for APTC as of January 1, 2017. This was because APTC was paid to your health insurance company to reduce your premium costs in a prior year and NYSOH was unable to tell if a federal tax return was filed for that year.
- 8) Your NYSOH account shows that APTC was paid on your behalf in 2015.
- 9) You testified that your accountant filed your 2015 income tax return on or about October 15, 2016 after timely filing an extension on April 15, 2016.
- 10) On April 3, 2017, you submitted to NYSOH a copy your 2015 IRS Account Transcript which reflects that the IRS received your extension to file your 2015 income tax return on April 15, 2016. It further reflects that the IRS received your 2015 income tax return on October 17, 2016 and that it was filed by the IRS on February 20, 2017 (see Appellant's Exhibit A).
- 11) The documentation you submitted on April 3, 2017, further reflects that your income for 2016 was \$32,302.00 and you received a \$981.00 premium tax credit on that return. The IRS Account Transcript shows that your 2016 tax return was filed by them on March 20, 2017. You testified that since filing your application on December 16, 2016, there have been no other major changes to your household (see Appellant's Exhibit A).

- 12) You testified, and submitted documentation to show that, although you claim one dependent on your tax return, your two children reside in your household.
- 13) You testified that you are seeking reinstatement of your APTC as of October 1, 2016.
- 14) During your hearing, you requested to amend the appeal to include the January 20, 2017 eligibility redetermination notice, so that you can receive financial assistance and enroll into a QHP for 2017. The Hearing Officer granted that request and the record was developed on this issue during the hearing.
- 15) According to your NYSOH account, you have been without health insurance since January 1, 2017.
- 16) According to your NYSOH account, you live in [REDACTED], NY.

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

Applicable Law and Regulations

Verification of Eligibility for Advance Payments of the Premium Tax Credit

APTC are generally available to a person who is eligible to enroll in a qualified health plan and (1) expects to have a household income between 138% and 400% of the applicable federal poverty level (FPL), (2) expects to file a tax return and claim a personal exemption deduction for a person who meets the eligibility requirements to enroll in a qualified health plan, and (3) is not otherwise eligible for minimum essential coverage except through the individual market (see 45 CFR § 155.305(f), 42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)).

An applicant is required to attest to their household's projected annual income for purposes of determining their eligibility for APTC (45 CFR § 155.320(c)(3)(ii)(B)). For all individuals whose household income is needed, NYSOH must request tax return data from the Secretary of the Treasury and data regarding Social Security benefits from the Commissioner of Social Security in order to confirm that the information the applicant is attesting to is accurate (45 CFR § 155.320(c)(1)(i); 45 CFR § 155.320(c)(3)(ii)(A)).

If income data is unavailable, or if an applicant's attestation is not reasonably compatible with the income data NYSOH obtains, NYSOH must request

additional information from the applicant in order to resolve the inconsistency (45 CFR § 155.320 (c)(3)(iii), (iv)).

NYSOH must provide the applicant with notice of the inconsistency in their account and 90 days to provide satisfactory documentary evidence to resolve the inconsistency (45 CFR § 155.315 (f)(2)). If NYSOH remains unable to verify the attestation of the applicant, NYSOH must redetermine the applicant's eligibility based on the information available from the data sources unless the applicant demonstrates that they are unable to provide the required documentation (45 CFR § 155.315(f)(2), (g)).

Upon making an eligibility redetermination, NYSOH must notify the applicant and implement any changes in eligibility to APTC effective as of the first day of the month following the date of the notice (45 § 155.310(f), 45 CFR § 155.330(e), (f)(1)(i)).

Household Composition

In the case where a child is claimed by one parent as a dependent and who is living with both parents who are not filing a joint tax return (42 CFR § 435.603(f)(2)(ii)), the child's family includes the following persons, if living with the child: (1) the child's parents, (2) the child's spouse, (3) the child's children and siblings under the age of 19, or 21 if a full-time student (42 CFR § 435.603(f)(3)).

Enrollment in a Qualified Health Plan

The effective date of coverage by a qualified health plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i)). For selections 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 §§ 155.410(f)(2), 155.420(b)(1)(ii)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that your eligibility for APTC ended effective October 1, 2016.

An individual requesting financial assistance to help pay for the cost of coverage provided through NYSOH is required to attest to their household's projected annual income. For individuals seeking APTC, NYSOH must request income

data from federal data sources in order to verify an individual's income attestation.

If NYSOH cannot verify an individual's attestation, 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.

In the eligibility determination issued on December 10, 2015, you were advised that your eligibility for APTC was only conditional, and that you needed to confirm your household's income before March 8, 2016.

You testified that you did not receive any notice from NYSOH telling you that you needed to provide income documentation to confirm your eligibility. You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

Therefore, it is concluded that NYSOH properly notified you of an inconsistency in your account and that documentation was needed to confirm the income you listed in the account.

If NYSOH remains unable to verify the attestation of the applicant, NYSOH must redetermine an individual's eligibility based on the information available from the data sources unless the applicant demonstrates that they are unable to provide the required documentation. Any changes in APTC are to be made effective the date following the eligibility redetermination notice.

Accordingly, your eligibility for APTC should have ended as of October 1, 2016, the month following the issuance of the September 18, 2016 eligibility redetermination notice.

Therefore, the September 18, 2016 eligibility determination notice is MODIFIED to state that you were not eligible to receive APTC as of October 1, 2016, because NYSOH did not receive the income documentation needed to verify the income listed in your application.

The second issue under review is whether NYSOH properly determined that you were ineligible for APTC effective November 1, 2016.

The record reflects that you were enrolled in a silver-level QHP beginning January 1, 2016 at monthly premium rate of \$191.65, after giving effect to an APTC of \$186.00.

On October 18, 2016, NYSOH received an update to your application for health insurance.

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).

On October 19, 2016, NYSOH issued an eligibility redetermination notice stating that you were eligible to purchase a full cost QHP through NYSOH, effective December 1, 2016, as NYSOH had received information that APTC had been paid on your behalf for a year in which you did not file a tax return.

Also on October 19, 2016, NYSOH received information that you had not filed a tax return for 2015. However, this was erroneous. You testified, and submitted documentation, that your accountant filed your 2015 tax return on or about October 15, 2016 after having timely filed for an extension on April 15, 2016. Specifically, the IRS received your return along with your payment on October 17, 2016, which indicates the return was mailed to the IRS in a timely manner.

Any changes in APTC are to be made effective the date following the eligibility redetermination notice. Had you properly been determined eligible for APTC in the October 19, 2016 eligibility redetermination notice, your APTC would have gone back into effect on November 1, 2016.

At the end of a tax year, a person who elects to take the APTC to help pay for the cost of an insurance premium must file a tax return to reconcile any differences between the amount of income the person reported to NYSOH and their actual gross income for that year, which may also result in a tax credit or reduction in tax liability if the full amount of APTC to which a person is entitled is not taken throughout the year. Conversely, if a person received more APTC than their maximum entitlement, based on gross income, they might owe the excess as an additional income tax liability.

Since it is now well past November 1, 2016, the amount of APTC to which you were entitled to receive in November 2016 and December 2016 can be reconciled at the time you file your 2016 federal tax return. It is noted, however, that the documentation that you submitted on April 23, 2017 reflects that you received a \$981.00 premium tax credit, as reconciled on your 2016 income tax return.

Therefore, because it is past the end of the 2016 policy year and you already received the full tax credit for 2016 in your filed 2016 tax return, no further action by NYSOH is required as of this Decision.

The final issue under review is whether NYSOH properly determine that you were ineligible for APTC effective March 1, 2017.

On January 19, 2017, NYSOH received an update to your application for health insurance.

On January 20, 2017, NYSOH issued an eligibility redetermination notice stating that you were eligible to purchase a full cost QHP through NYSOH, effective

January 1, 2017, as NYSOH had received information that APTC had been paid on your behalf for a year in which you did not file a tax return.

Also on January 20, 2017, NYSOH received information that you had not filed a tax return for 2015. However, this was erroneous. You testified, and submitted documentation, that your accountant filed your 2015 tax return on or about October 15, 2016 after having timely filed for an extension on April 15, 2016. Further, the IRS Account Transcript indicates that the IRS received your return along with your tax liability payment on October 17, 2016, which corroborates that the return was mailed to the IRS in a timely manner. Therefore, the information that NYSOH received was incorrect and its January 20, 2017 eligibility redetermination notice was based on incorrect information, which was in error, and therefore is rendered moot by this Decision.

Any changes in APTC are to be made effective the date following the eligibility redetermination notice. Had you properly been determined eligible for APTC as of the issuance of the January 20, 2017 eligibility redetermination notice, your APTC would have gone into effect on February 1, 2017.

However, the record shows that on January 19, 2017 you updated the information in your NYSOH account and submitted a request to enroll in a QHP. When an individual changes information in their application on or before the 15th of any month, NYSOH must make the redetermination that results from the change effective the first day of the following month. Additionally, the date on which a QHP can take effect depends on the day a person selects the plan for enrollment. A plan that is selected after the fifteenth day of a month goes into effect on the first day of the second following month. Therefore, your QHP enrollment would have gone into effect on March 1, 2017.

On April 3, 2017, you submitted documentation that your income for 2016 was \$32,302.00. Additionally, you credibly testified, and submitted documentation showing, that when you submitted your insurance application to NYSOH, two children resided with you. Accordingly, for purposes of this analysis, you are in a three-person household. You testified that there have been no other major changes to your household.

Now that the record is more fully developed, the January 20, 2017 eligibility redetermination is RESCINDED. Your case is RETURNED to NYSOH to redetermine your eligibility for financial assistance based on a household of three and an income of \$32,302.00 with a March 1, 2017 effective date, for an individual living in [REDACTED] and to notify you accordingly.

Decision

The September 18, 2016 eligibility determination notice is MODIFIED to state that, effective October 1, 2016, you were not eligible to receive APTC because NYSOH did not receive the income documentation needed to verify the income listed in your application.

NYSOH erred in finding you ineligible for financial assistance effective November 1, 2016. However, since you already received your full premium tax credit for the 2016 income tax year, no further action is required by NYSOH in this regard.

The January 20, 2017 eligibility redetermination notice is RESCINDED.

Your case is RETURNED to NYSOH to redetermine your eligibility for financial assistance based on a household of three people and an income of \$32,302.00, with a March 1, 2017 effective date, for an individual living in [REDACTED] and to notify you accordingly.

Effective Date of this Decision: May 9, 2017

How this Decision Affects Your Eligibility

You were not eligible to receive APTC effective October 1, 2016 because you did not provide documentation of your household's income within the required timeframe.

Your eligibility for November 2016 and December 2016 is unchanged. You have already filed your 2016 income tax return and received your full premium tax credit for those months.

Your case is RETURNED to NYSOH to redetermine your eligibility for financial assistance based on a household of three and an income of \$32,302.00 as of March 1, 2017, and to notify you accordingly.

If you choose to have your health plan coverage start as of March 1, 2017, you will be responsible for any unpaid monthly premiums as of that date.

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.

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).

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 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

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).

Summary

The September 18, 2016 eligibility determination notice is MODIFIED to state that, effective October 1, 2016, you were not eligible to receive APTC because NYSOH did not receive the income documentation needed to verify the income listed in your application.

NYSOH erred in finding you ineligible for financial assistance effective November 1, 2016. However, since you already received your full premium tax credit for the 2016 income tax year, no further action is required by NYSOH in this regard.

The January 20, 2017 eligibility redetermination notice is RESCINDED.

Your case is RETURNED to NYSOH to redetermine your eligibility for financial assistance based on a household of three people and an income of \$32,302.00, with a March 1, 2017 effective date, for an individual living in [REDACTED] and to notify you accordingly.

You were not eligible to receive APTC effective October 1, 2016 because you did not provide documentation of your household's income within the required timeframe.

Your eligibility for November 2016 and December 2016 is unchanged. You have already filed your 2016 income tax return and received your full premium tax credit for those months.

Your case is RETURNED to NYSOH to redetermine your eligibility for financial assistance based on a household of three and an income of \$32,302.00 as of March 1, 2017, and to notify you accordingly.

If you choose to have your health plan coverage start as of March 1, 2017, you will be responsible for any unpaid monthly premiums as of that date.

Legal Authority

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

A Copy of this Decision Has Been Provided To:



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。我们可以为您免费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، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

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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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&tumi 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.

שׂוּדִישׂ (Yiddish)

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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.

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