



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

Notice of Decision

Decision Date: March 31, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013480

[REDACTED]

Dear [REDACTED]

On March 2, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 18, 2016 eligibility determination notice, the October 26, 2016 eligibility determination notice, November 12, 2016 eligibility determination notice, and the November 27, 2016 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).

This page intentionally left blank.



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

Decision

Decision Date: March 31, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013480



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 of up to \$163.00 per month ended effective October 1, 2016, and that your premium tax credit of up to \$69.00 per month was effective October 1, 2016?

Did NYSOH properly determine that your eligibility for advance payments of the premium tax credit of up to \$228.00 per month was effective December 1, 2016?

Did NYSOH properly determine that your eligibility for advance payments of the premium tax credit of up to \$192.00 per month was effective December 1, 2016?

Did NYSOH properly determine that your enrollment in your qualified health plan for 2016 terminated as of December 31, 2016?

Procedural History

On December 7, 2015, your application for financial assistance was updated by a certified application counselor.

On December 8, 2015 NYSOH issued a notice of eligibility determination, based on the December 7, 2015 application, stating that you were conditionally eligible to receive up to \$163.00 per month in advance payments of the premium tax

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).

credit (APTC), effective January 1, 2016. The notice further directed you to provide documentation confirming your income before March 6, 2016.

On January 14, 2016, NYSOH issued a notice confirming your enrollment in qualified health plan with APTC, effective February 1, 2016.

On September 18, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to receive up to \$69.00 per month in APTC because you did not provide satisfactory proof of your household income within the required timeframe, therefore NYSOH used federal and state data sources to determine your amount of financial assistance.

Also on September 18, 2016, NYSOH issued an enrollment confirmation notice stating that you were enrolled in a qualified health plan with \$69.00 of APTC applied to your premium, effective October 1, 2016.

On October 25, 2016 you updated your application for financial assistance.

On October 26, 2016 NYSOH issued a notice of eligibility determination, based on the October 25, 2016 application, stating that you were eligible to receive up to \$228.00 in APTC for a limited time and eligible to receive cost-sharing reductions if you enrolled in a silver level qualified health plan for a limited time, effective December 1, 2016. The notice further directed you to provide documentation confirming your income before January 23, 2017.

On October 30, 2016, income documentation was uploaded to your NYSOH account.

On November 10, 2016, NYSOH updated your application based on the income documentation you submitted.

On November 11, 2016, NYSOH issued a notice of eligibility determination, based on the November 10, 2016 application update, stating that you were eligible to receive up to \$192.00 per month in APTC and eligible to receive cost-sharing reductions if you enrolled in a silver level qualified health plan, effective December 1, 2016.

On November 11, 2016, you updated your application for financial assistance.

On November 12, 2016, NYSOH issued a notice of eligibility determination, based on the November 11, 2016 application, stating that you were eligible to receive up to \$192.00 per month in APTC, effective December 1, 2016.

Also on November 12, 2016, NYSOH issued a notice of enrollment confirming your enrollment in your qualified health plan as of February 1, 2016, with your APTC of \$192.00 effective as of December 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 November 22, 2016, you spoke to NYSOH's Account Review Unit and appealed the reduction in your APTC for the months of October 2016 and November 2016.

On March 2, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The hearing time on the notice was incorrect. Under oath, you waived your right to formal notice of the hearing. During the hearing, you stated that you are seeking APTC of \$163.00 applied to your premium for October 2016 and your coverage for November 2016 and December 2016 cancelled. The record was developed during the hearing and closed at the end of the hearing.

Findings of Fact

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

- 1) You testified, and your NYSOH account confirms, that you receive all of your notices from NYSOH by electronic mail.
- 2) You testified that you do not know if you received any electronic alerts notifying you of any notice in your NYSOH account stating that your eligibility was only conditional and that you needed to provide documentation of your income. You further testified that you do not always review the electronic mail alerts from NYSOH.
- 3) You testified that you did not know that you needed to submit documentation of your income until the end of October 2016 when you went to pay your premium bill.
- 4) You testified that you could not recall when you submitted your income documentation.
- 5) You testified that your 2015 tax return was not an accurate indicator of your 2016 income because you had significant gambling winnings, which is not typical.
- 6) You testified that your business income for 2015 was \$27,819.00 after business deductions.
- 7) The record reflects that NYSOH was not provided your full tax return by State and Federal data sources, only an income figure.
- 8) You testified that you would not have been able to produce income documentation before March 6, 2016 because your income is from

self-employment do not have a full accounting of your income until you file your taxes in April. You further explained that typically you show losses for the first and second quarter and profits in the third and fourth quarter.

- 9) You testified that you did not advise NYSOH that you would not be able to produce income documentation until after you filed your tax return until you were trying to get the amount of your APTC straightened out.
- 10) Your NYSOH account indicates that on September 17, 2016, your application was run and you were found eligible for up to \$69.00 per month in APTC as of October 1, 2016.
- 11) You updated the income information in your NYSOH application on October 25, 2016 to be \$25,000.00.
- 12) The record reflects that your 2015 tax return was first uploaded to your NYSOH account on October 30, 2016.
- 13) On November 10, 2016, NYSOH updated the income in your application to \$27,819.00 and redetermined your eligibility based on that income.
- 14) On November 11, 2016, you updated your application for financial assistance and submitted an application with a listed income of \$27,819.00.
- 15) You testified that you are seeking reinstatement of your APTC of \$163.00 for the month of October 2016 and cancellation of your plan for November 2016 and December 2016.
- 16) During the hearing, you gave permission for the hearing officer to listen to recordings of phone calls you had with NYSOH.
- 17) The record reflects that between October 15, 2016 and December 31, 2016 you placed 13 phone calls to NYSOH. A review of the recordings of those phone calls reveals that the first time you requested to be disenrolled from your plan for November 2016 and December 2016 was during a December 13, 2016 phone call.

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

Applicable Law and Regulations

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).

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 individual's 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)).

Electronic Notices

Applicants may choose to receive notices and information from NYSOH by either electronic or regular mail. If the individual elects electronic communications, NYSOH must send an email or other electronic communication alerting the individual when a notice has been posted to his or her account and send a notice by regular mail within three business days if the electronic communication cannot be delivered (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4), (5)).

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).

Termination of a Qualified Health Plan

NYSOH must permit an enrollee to terminate his or her coverage with a qualified health plan coverage, with appropriate notice to the NYSOH or qualified health plan (45 CFR § 155.430(b)(1)(i)).

For enrollee-initiated terminations, the last day of coverage is either:

- 1) The termination date specified by the enrollee, if the enrollee provides reasonable notice (at least 14 days before the requested termination date);
- 2) Fourteen days after the enrollee requests the termination, if they do not provide reasonable notice; or
- 3) On a date on or after the date the enrollee requests the termination, if the enrollee's qualified health plan issuer and the enrollee agree to such a date

(45 CFR § 155.430(d)(2)(i)-(iii)).

NYSOH must permit an enrollee to retroactively terminate or cancel their enrollment in a qualified health plan if:

- 1) The enrollee demonstrates that they attempted to terminate their coverage and experienced a technical error that did not allow the coverage to be terminated, and requests retroactive termination within 60 days after they discovered the technical error.
- 2) The enrollment in the qualified health plan was unintentional, inadvertent, or erroneous and was the result of the error or misconduct of an officer, employee, or agent of NYSOH or HHS, its instrumentalities, or a non-NYSOH entity providing enrollment assistance or conducting enrollment activities. Such enrollee must request cancellation within 60 days of discovering the unintentional, inadvertent, or erroneous enrollment.
- 3) The enrollee was enrolled in a qualified health plan without their knowledge or consent by any third party, including third parties who have no connection with the Exchange, and requests cancellation within 60 days of discovering of the enrollment.

(45 CFR § 155.430(b)(2)(iv)(A-C)).

NYSOH permits a qualified health plan to terminate an individual's coverage if (1) the enrollee is no longer eligible for coverage or (2) non-payment of the premiums by the enrollee (45 CFR § 155.430(b)(2)(i)-(ii)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that your eligibility for APTC of up to \$163.00 per month ended effective October 1, 2016, and that your premium tax credit of up to \$69.00 per month was 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 8, 2015, you were advised that your eligibility for APTC was only conditional, and that you needed to confirm your household's income before March 6, 2016.

You testified that you were not sure if you received an e-mail alert directing you to 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 electronic mail. However, you also testified that you do not always review the electronic alerts from NYSOH.

Therefore, 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.

You testified that you did not advise NYSOH that you would not be able to produce income documentation until after you filed your tax return until you were trying to get the amount of your APTC straightened out, which the record reflects began in October 2016.

You testified that your 2015 tax return was not an accurate indicator of your income for 2016 as you had significant gambling winnings in 2015. However, NYSOH was not provided your full tax return by State and Federal data sources, only an income figure.

Therefore, on September 18, 2016 NYSOH properly redetermined your eligibility for APTC based on the information available from state and federal data sources.

Any changes in APTC are to be made effective the date following the eligibility redetermination notice.

Accordingly, your eligibility for up to \$163.00 in APTC should have ended as of October 2016, and your eligibility for up to \$69.00 in APTC should have begun as of October 2016, the month following the September 18, 2016 eligibility redetermination.

Therefore, the September 18, 2016 eligibility determination notice is MODIFIED to state that you were eligible to receive up to \$69.00 per month in APTC because NYSOH did not receive the income documentation needed to verify the income listed in your application, effective October 1, 2016.

The second issue is whether NYSOH properly determined that your eligibility for APTC of up to \$228.00 per month was effective December 1, 2016.

On October 25, 2016, you updated the income information in your NYSOH account. On October 26, 2016, a notice of eligibility redetermination was issued stating that you were eligible to receive up to \$228.00 per month in APTC for a limited time and eligible to receive cost-sharing reductions for a limited time if you enrolled in a silver level qualified health plan, effective December 1, 2016. The notice further directed you to provide documentation confirming your income before January 23, 2017.

As stated above, any changes in APTC are to be made effective the date following the eligibility redetermination notice.

Since you updated your application on October 25, 2016, any changes in APTC should have been made effective as of November 1, 2016.

Therefore, NYSOH's October 26, 2016 notice of eligibility determination is MODIFIED to state that you were eligible for APTC of up to \$228.00 per month, effective November 1, 2016.

The third issue is whether NYSOH properly determined that your APTC of up to \$192.00 per month was effective December 1, 2016.

On November 11, 2016 you updated the income information in your NYSOH account. On November 12, 2016, a notice of eligibility redetermination was issued stating that you were eligible to receive up to \$192.00 in APTC and eligible to receive cost-sharing reductions if you enrolled in a silver level qualified health plan, effective December 1, 2016.

As stated above, any changes in APTC are to be made effective the date following the eligibility redetermination notice.

Since you updated your application on November 11, 2016, any changes in APTC should have been made effective as of December 1, 2016.

Therefore, NYSOH's November 12, 2016 eligibility determination is correct and is AFFIRMED.

The fourth issue is whether NYSOH properly determined that your enrollment in your qualified health plan for 2016 terminated as of December 31, 2016.

On December 8, 2015, NYSOH issued an eligibility determination notice stating that you were conditionally eligible to receive APTC of up to \$163.00 per month, which you could apply all or part of the credit to your monthly health plan premium, effective January 1, 2016. You subsequently selected a qualified health plan for enrollment on January 13, 2016 with a plan enrollment start date of February 1, 2016.

On November 27, 2016, NYSOH issue a disenrollment notice indicating you would be disenrolled from your qualified health plan effective December 31, 2016.

You testified that you are seeking retroactive disenrollment from your qualified health plan effective October 31, 2016.

NYSOH must permit an enrollee to be retroactively disenroll from their qualified health plan if the enrollee demonstrates that there was a technical error that should have allowed them to terminate coverage earlier, or if their enrollment in the plan was unintentional, inadvertent, or erroneous and was the result of the error or misconduct of an officer, employee, or agent of NYSOH, its instrumentalities, or a non-NYSOH entity providing enrollment assistance or conducting enrollment activities, or the enrollee was enrolled into a qualified health plan without their knowledge or consent by a third party.

There is no indication in the record that your enrollment in a qualified health plan as confirmed in the January 14, 2016 enrollment notice was unintentional, inadvertent, or erroneous, nor was your enrollment in a qualified health plan the result of the error or misconduct of an officer, employee, or agent of NYSOH, its instrumentalities, or a non-NYSOH entity providing enrollment assistance or

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).

conducting enrollment activities. Furthermore, there is no indication that your enrollment in a qualified health plan as confirmed in the January 14, 2016 enrollment notice was without your knowledge or consent.

Therefore, there is no basis to find that NYSOH must permit you to retroactively terminate or cancel your enrollment in a qualified health plan.

The record reflects that on December 13, 2016 you contacted NYSOH and requested that you be disenrolled from your qualified health plan as you no longer wanted to remain enrolled for the months of November 2016 and December 2016.

Enrollees must be allowed to terminate their coverage with a qualified health plan at the date they specify if they provide reasonable notice to NYSOH or to their health plan. Reasonable notice is defined as at least 14 days prior to the requested termination date.

NYSOH terminated your insurance coverage with your qualified health plan effective December 31, 2016, which is the last day of the month following your request.

Since you do not qualify to be retroactively disenrolled from your coverage, NYSOH properly determined that your disenrollment in your qualified health plan was effective December 31, 2016.

Therefore, the November 27, 2016, disenrollment notice is **AFFIRMED**.

Decision

The September 18, 2016 eligibility determination notice is **MODIFIED** to state that you were eligible to receive up to \$69.00 per month in APTC because NYSOH did not receive the income documentation needed to verify the income listed in your application, effective October 1, 2016.

The October 26, 2016 notice of eligibility determination is **MODIFIED** to state that you were eligible for APTC of up to \$228.00 per month, effective November 1, 2016.

The November 12, 2016 eligibility determination notice is **AFFIRMED**.

The November 27, 2016 disenrollment notice is **AFFIRMED**.

Your case is **RETURNED** to NYSOH to instate APTC of up to \$228.00 for November 2016 and APTC of up to \$192.00 for December 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).

Effective Date of this Decision: March 31, 2017

How this Decision Affects Your Eligibility

NYSOH properly found you eligible to receive APTC of up to \$69.00 effective October 1, 2016 because you did not provide documentation of your household's income.

You are eligible for up to \$69.00 in APTC for October 2016; up to \$228.00 in APTC for November 2016; and up to \$192.00 in APTC for December 2016.

Your enrollment in your qualified health plan properly ended December 31, 2016.

Your case is also being sent back to NYSOH to ensure that APTC of up to \$228.00 is instated for November 2016 and APTC of up to \$192.00 is instated for December 2016.

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 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.

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).

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 18, 2016 eligibility determination notice is MODIFIED to state that you were eligible to receive up to \$69.00 per month in APTC because NYSOH did not receive the income documentation needed to verify the income listed in your application, effective October 1, 2016.

NYSOH properly found you eligible to receive APTC of up to \$69.00 effective October 1, 2016 because you did not provide documentation of your household's income.

The October 26, 2016 notice of eligibility determination is MODIFIED to state that you were eligible for APTC of up to \$228.00 per month, effective November 1, 2016.

The November 12, 2016 eligibility determination notice is AFFIRMED.

You are eligible for up to \$69.00 in APTC for October 2016; up to \$228.00 in APTC for November 2016; and up to \$192.00 in APTC for December 2016.

The November 27, 2016 disenrollment notice is AFFIRMED.

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).

Your enrollment in your qualified health plan properly ended December 31, 2016.

Your case is RETURNED to NYSOH to instate APTC of up to \$228.00 for November 2016 and APTC of up to \$192.00 for December 2016.

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)

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।

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).

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&etumi 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).

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).