



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

Notice of Decision

Decision Date: May 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013530

[REDACTED]

Dear [REDACTED],

On February 28, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 26, 2016 eligibility redetermination 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: May 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013530



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 ended effective November 1, 2016?

Did NY State of Health properly determine that you were eligible to enroll in the Essential Plan effective January 1, 2017?

Procedural History

On December 21, 2015, NYSOH issued an eligibility redetermination notice stating that you were newly eligible to purchase a qualified health plan (QHP) at full cost through NYSOH, effective January 1, 2016. You enrolled in a silver-level QHP with a plan start date of January 1, 2016.

On June 18, 2016, NYSOH issued an eligibility redetermination notice based on your updated application of June 17, 2016, stating that you were conditionally eligible to receive up to \$254.00 in advance payments of the premium tax credit (APTC) and conditionally eligible to receive cost-sharing reductions if you enrolled in a silver level QHP, effective August 1, 2016. The notice directed you to provide documentation confirming your income before September 15, 2016.

On June 24, 2016, NYSOH issued a plan enrollment notice confirming your enrollment in QHP with APTC of \$254.00 applied to the monthly premium starting July 1, 2016 with a plan enrollment start date of January 1, 2016.

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On June 28, 2016, NYSOH issued an eligibility redetermination notice stating that you were conditionally eligible to receive up to \$254.00 in APTC and conditionally eligible to receive cost-sharing reductions if you enrolled in a silver level QHP, effective August 1, 2016. The notice also stated that you qualified to select a health plan outside of the open enrollment period for 2016. The notice further directed you to provide documentation confirming your income before September 15, 2016.

On July 28, 2016, documentation you submitted to NYSOH on July 21, 2016, was uploaded to your account.

On August 5, 2016, NYSOH issued a notice stating that the documentation you submitted had been reviewed but it did not confirm the information in your application. You were directed to send in more proof to verify your income by September 15, 2016.

No additional income documentation was viewable in your NYSOH account by the September 15, 2016 deadline.

On October 7, 2016, NYSOH issued a plan enrollment notice confirming you were enrolled in your silver-level QHP with \$0.00 of APTC applied to your premium.

On October 11, 2016, NYSOH issued an eligibility redetermination notice, based on a system update of October 6, 2016, stating that you were newly eligible to purchase a QHP at full cost, effective November 1, 2016. The notice stated that you did not qualify for Medicaid, Child Health Plus, the Essential Plan or to receive APTC or cost-sharing reductions because NYSOH did not receive the income documentation needed by the deadline provided to verify the income listed in your application.

On October 15, 2016, NYSOH issued a notice that it was time to renew your health insurance for 2017. That notice stated that, based on information from federal and state sources, NYSOH could not decide whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by December 15, 2016 or you might lose the financial assistance you were currently receiving.

On November 25, 2016, you updated your application for financial assistance. That day, a preliminary eligibility redetermination was prepared finding you eligible to enroll in the Essential Plan for a limited time with a \$20.00 monthly premium, effective January 1, 2017. This eligibility determination was based on a household income listed in the application of \$22,497.00. That notice further stated you were required to submit proof of income.

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Also on November 25, 2016, you spoke to NYSOH's Account Review Unit and appealed the termination of your APTC as of November 1, 2016, as well as the eligibility redetermination finding you eligible for the Essential Plan as of January 1, 2017.

On November 26, 2016, NYSOH issued an eligibility redetermination notice stating that you were eligible to enroll in the Essential Plan for a limited time with \$20.00 monthly premium, effective January 1, 2017. This eligibility determination was based on a household income listed in the November 25, 2016 application of \$22,497.00. That notice further stated you were to provide proof of income by February 23, 2017.

On December 7, 2016, you contacted NYSOH Account Review Unit and requested Aid to Continue so that you could maintain your APTC and silver-level QHP pending the outcome of this appeal.

On December 9, 2016, NYSOH issued an eligibility redetermination notice stating that you were eligible for APTC with cost-sharing reductions for a limited time, effective January 1, 2017. The notice stated you had been granted Aid to Continue until a decision is made on your appeal.

Also on December 9, 2016, NYSOH issued a plan enrollment notice confirming you were enrolled in your silver-level QHP with \$321.00 of APTC applied to your premium, effective January 1, 2017.

According to your NYSOH account, on December 19, 2016, NYSOH also granted your request for Aid to Continue from October 1, 2016 to December 31, 2016 in your silver-level QHP and to apply APTC of \$254.00 pending outcome of appeal. No eligibility redetermination was issued to reflect this update [REDACTED].

On February 28, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open to March 14, 2017, to allow you to submit supporting documents.

That same day, NYSOH Appeals Unit received by secure facsimile your supporting evidence, including a February 28, 2017 follow-up letter from you regarding the hearing, and a copy of your Form 4868 Application for Automatic Extension of Time to File U.S. Individual Income Tax Return (2015). These documents were collectively made part of the record as "Appellant's Exhibit 1" and the record was closed.

Findings of Fact

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

- 1) You testified, and your account indicates, that you receive notices from NYSOH by regular mail.
- 2) You testified that you expect to file your 2016 taxes with a tax filing status of single and will not claim any dependents on that tax return.
- 3) You are seeking insurance for yourself.
- 4) The application that was submitted on June 17, 2016, in which you requested financial assistance, listed annual household income of \$24,000.00. You testified that this was a projected income at the time, as you had not submitted your 2015 tax return but your accountant had submitted a request for an extension of time in which to file.
- 5) The June 18, 2016, June 19, 2016, and June 28, 2016 eligibility redetermination notices informed you that you had to submit additional income documentation to verify your income on your application.
- 6) According to your NYSOH account and your testimony, you knew you were required to submit proof of your income.
- 7) You testified that you downloaded your banking transactions for the period of March 1, 2016 to May 30, 2016 and transferred that information to a spreadsheet. You testified you then submitted that spreadsheet documentation to NYSOH by facsimile on July 21, 2016.
- 8) According to your NYSOH account, that documentation was reviewed and determined to be invalid proof of income on August 4, 2016 and a manual notice to this effect was issued on August 5, 2016.
- 9) According to the August 5, 2016 notice, you were required to send in more proof of income.
- 10) Your NYSOH account indicates that, on October 6, 2016, after the September 15, 2016 deadline to submit additional proof of income, NYSOH systematically reran your application and you were found no longer eligible for APTC as of November 1, 2016.
- 11) According to your NYSOH account, you submitted a copy of your 2015 Income Tax Return to NYSOH on October 19, 2016. You testified that this document was filed with the IRS electronically by your accountant

on October 15, 2016, which was before the due date of October 16, 2016.

- 12) According to your NYSOH account and your testimony, you updated the income information in your NYSOH account on November 25, 2016. On February 28, 2017, following the hearing you submitted a copy of the Form 4868 Application for Automatic Extension of Time to File U.S. Individual Income Tax Return (2015) (see Appellant's Exhibit 1).
- 13) You testified that you are a self-employed health provider and your 2015 Income Tax return lists your occupation as [REDACTED]. You testified that your income varies depending on when you see clients and when insurance companies issue payments.
- 14) The application that was submitted on November 25, 2016, which requested financial assistance, listed annual household income of \$22,497.00. You testified that this amount was correct.
- 15) Your November 25, 2016, application states that you will not be taking any deductions on your 2016 tax return.
- 16) According to the Health Insurance Marketplace Statements for 2016, Forms 1095-A, in your NYSOH account, you paid full monthly premiums for the months of January 2016 to June 2016, and APTC was applied for the months of July 2016 through September 2016 [REDACTED].
- 17) According to your NYSOH account, you were granted Aid to Continue effective January 1, 2017 pending the outcome of this appeal.
- 18) According to your NYSOH account, you were also granted Aid to Continue for the period of November 1, 2016 to December 31, 2016, but there is no corresponding eligibility redetermination issued that states this and no Form 1095-A to this effect.
- 19) You testified that you need to keep your APTC so you can continue to afford your silver-level QHP.
- 20) You further testified that, due to your illness, you need to stay with the health care providers that are available through your silver-level plan and which are not available through the Essential Plan.
- 21) You testified that you are seeking reinstatement of your APTC as of November 1, 2016.

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 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)).

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

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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).

In an analysis of Essential Plan 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)). For eligibility in 2017, that was the 2016 FPL, which is \$11,880.00 for a one-person household (81 Fed. Reg. 4036).

A person who has a household income that is at or below 150% of the FPL has a \$0.00 premium contribution (New York's Basic Health Plan Blueprint, p. 21, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

A person who has a household income greater than 150% of the FPL or below 200% of the FPL has a \$20.00 per month premium contribution (New York's Basic Health Plan Blueprint, as approved January 2016).

The Essential Plan is considered minimum essential coverage therefore, a person who is eligible for the Essential Plan is not eligible for any premium tax credit because they are eligible for minimum essential coverage through the individual market (see 26 CFR § 1.36B-2(c)(1), 26 USC § 5000A(f)(1)(C)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that your eligibility for APTC ended effective November 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 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 redetermination notices issued on June 18, 2016, June 19, 2016 and June 28, 2016 you were advised that your eligibility for APTC was only

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conditional, and that you needed to confirm your household's income before September 15, 2016.

You testified that you knew you were required to submit proof of your income. You testified that you downloaded your banking transactions for the period of March 1, 2016 to May 30, 2016 and transferred that information to a spreadsheet. You testified you then submitted that spreadsheet documentation to NYSOH by facsimile on July 21, 2016. However, the record reflects that this documentation was invalidated and, according to the August 5, 2016 notice, you were required to send in more proof of income by September 15, 2016.

Notably, no such income documentation was submitted by the September 15, 2016 deadline. In fact, the next time you submitted income documentation, was when you provided a copy of your 2015 Income Tax Return after the hearing.

Therefore, it is concluded that NYSOH gave you the proper notice that you needed to submit documentation of your income to confirm your eligibility for APTC.

Therefore, the October 11, 2016 eligibility determination notice stating that you are no longer eligible for APTC is AFFIRMED. Likewise, the October 7, 2016 enrollment confirmation notice, issued out of chronological order, stating that you were enrolled in your silver-level QHP with \$0.00 of APTC applied to your premium is AFFIRMED.

It is noted that you received APTC in both November 2016 and December 2016 on an Aid to Continue basis.

To bring your eligibility for APTC in line with this Decision, your case is RETURNED to NYSOH to issue a corrected 1095-A Form for November 2016 and December 2016 to reflect that APTC in the monthly amount of \$254.00 was applied to both months, so that the amount of APTC to which you were entitled in 2016 can be reconciled at the time that you file your 2016 Income Tax Return, if applicable.

The second issue under review is whether NYSOH properly determine that you were eligible to enroll in the Essential Plan effective January 1, 2017.

The application that was submitted on November 25, 2016 listed an annual household income of \$22,497.00 and the eligibility determination relied upon that information.

You are in a one-person household for purposes of this analysis. This is because you expect to file your 2016 income taxes as single and will claim no dependents on that tax return.

The Essential Plan is provided through NYSOH to individuals who meet the non-financial requirements and have a household modified adjusted gross income (MAGI) that is between 138% and 200% of the FPL for the applicable family size. The relevant FPL for 2017 eligibility was \$11,880.00 for a one-person household. Since an annual household income of \$22,497.00 is 189.37% of the 2016 FPL, NYSOH properly found you to be eligible for the Essential Plan, effective January 1, 2017.

An individual who requests financial assistance and is eligible to enroll in the Essential Plan is not eligible to receive advance payments of the premium tax credit to subsidize the purchase of a qualified health plan because they are considered eligible for minimum essential coverage through NYSOH.

Therefore, the November 26, 2016 eligibility redetermination notice stating that you were eligible for the Essential Plan, effective January 1, 2017, was correct and is AFFIRMED.

Your case is RETURNED to NYSOH to assist you in enrolling in an Essential Plan of your choosing as soon as practicable.

Decision

The October 11, 2016 eligibility redetermination notice stating that you are no longer eligible for APTC, effective November 1, 2016, is AFFIRMED.

The October 7, 2016 enrollment confirmation notice, issued out of chronological order, is AFFIRMED.

Your case is RETURNED to NYSOH to issue a corrected 1095-A Form for November 2016 and December 2016 to reflect that APTC in the monthly amount of \$254.00 was applied to both months, so that the amount of APTC to which you were entitled in 2016 can be reconciled at the time that you file your 2016 Income Tax Return, if applicable.

The November 26, 2016 eligibility redetermination notice stating that you were eligible for the Essential Plan, effective January 1, 2017, was correct and is AFFIRMED.

Your case is RETURNED to NYSOH to assist you in enrolling in an Essential Plan of your choosing as soon as practicable.

Effective Date of this Decision: May 10, 2017

How this Decision Affects Your Eligibility

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 eligibility for APTC properly terminated as of October 31, 2016.

You were not eligible for APTC in November 2016 or December 2016, but received it on an Aid to Continue basis.

Your case is being sent back to NYSOH to issue a corrected 1095-A Form for 2016 to show you received APTC in November 2016 and December 2016, which may need to be reconciled at the time you file your 2016 Income Tax Return.

You were eligible for the Essential Plan, effective January 1, 2017, but continued to receive APTC on an Aid to Continue basis.

Your case is being sent back to NYSOH to assist you in enrolling in an Essential Plan of your choosing.

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.
London, KY 40750-0061
- By fax: 1-877-369-0129

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 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 October 11, 2016 eligibility redetermination notice stating that you are no longer eligible for APTC, effective November 1, 2016, is **AFFIRMED**.

The October 7, 2016 enrollment confirmation notice, issued out of chronological order, is **AFFIRMED**.

Your case is **RETURNED** to NYSOH to issue a corrected 1095-A Form for November 2016 and December 2016 to reflect that APTC in the monthly amount of \$254.00 was applied to both months, so that the amount of APTC to which you were entitled in 2016 can be reconciled at the time that you file your 2016 Income Tax Return, if applicable.

The November 26, 2016 eligibility redetermination notice stating that you were eligible for the Essential Plan, effective January 1, 2017, was correct and is **AFFIRMED**.

Your case is **RETURNED** to NYSOH to assist you in enrolling in an Essential Plan of your choosing as soon as practicable.

Your eligibility for APTC properly terminated as of October 31, 2016.

You were not eligible for APTC in November 2016 or December 2016, but received it on an Aid to Continue basis.

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Your case is being sent back to NYSOH to issue a corrected 1095-A Form for 2016 to show you received APTC in November 2016 and December 2016, which may need to be reconciled at the time you file your 2016 Income Tax Return.

You were eligible for the Essential Plan, effective January 1, 2017, but continued to receive APTC on an Aid to Continue basis.

Your case is being sent back to NYSOH to assist you in enrolling in an Essential Plan of your choosing.

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।

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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&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).