



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

Notice of Decision

Decision Date: April 20, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013891

[REDACTED]

Dear [REDACTED]

On March 10, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 30, 2016 and October 20, 2016 enrollment confirmation notices and the December 15, 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 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
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Decision

Decision Date: April 20, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013891

[REDACTED]

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 enrollment in your qualified health plan (QHP), was effective as of July 1, 2016?

Did NYSOH properly determine that you were not eligible for retroactive Medicaid coverage for the months of September 2016 through November 2016?

Procedural History

On August 16, 2016, NYSOH issued an eligibility determination notice, based on your August 15, 2016 initial application, that stated you were eligible to enroll in a full cost QHP, effective October 1, 2016. The notice also stated that you qualified to select a health plan outside of the 2016 open enrollment period, and that you had until August 29, 2016 to select a plan.

On August 27, 2016, NYSOH issued an eligibility redetermination notice, based on your August 26, 2016 updated application, that stated you were eligible to enroll in a full cost QHP, effective October 1, 2016. The notice also stated that you qualified to select a health plan outside of the 2016 open enrollment period, and that you had until August 29, 2016 to select a plan.

On August 30, 2016, NYSOH issued an enrollment confirmation notice, based on your August 29, 2016 plan selection, that stated you were enrolled in a full cost QHP, effective July 1, 2016.

On September 29, 2016, NYSOH issued a cancellation notice stating that your QHP was cancelled, effective July 1, 2016, because you did not make your premium payments to your health plan for coverage to start as of that date.

On October 7, 2016, NYSOH issued an eligibility redetermination notice, based on your September 27, 2016 updated application, that stated you were eligible to enroll in a full cost QHP, effective November 1, 2016. That notice also stated enrollment was conditioned upon you qualifying for a special enrollment period.

On October 13, 2016, NYSOH issued another eligibility redetermination notice, based on your September 27, 2016 updated application, that stated you were eligible to enroll in a full cost QHP, effective November 1, 2016. That notice also stated that you do not qualify for a special enrollment period.

On October 20, 2016, NYSOH issued an eligibility redetermination notice, based on your October 19, 2016 updated application, that stated you were eligible to enroll in a full cost QHP, effective November 1, 2016. That notice also stated enrollment was conditioned upon you qualifying for a special enrollment period.

Also on October 20, 2016, NYSOH issued an enrollment confirmation notice, based on your October 19, 2016 plan selection, that stated you were enrolled in a full cost QHP, effective July 1, 2016.

On November 5, 2016, NYSOH issued a disenrollment notice stating that your QHP was cancelled, effective July 31, 2016, because you did not make your premium payments to your health plan for coverage to start as of July 1, 2016.

On December 8, 2016, you spoke to NYSOH's Account Review Unit and requested an appeal of that enrollment confirmation notice insofar as your enrollment in your QHP began retroactively as of July 1, 2016.

On December 15, 2016, NYSOH issued an eligibility redetermination notice, based on your December 14, 2016 updated application, that stated you were eligible to enroll in a full cost QHP, effective January 1, 2017.

Also on December 15, 2016, NYSOH issued an eligibility determination notice, based on your December 14, 2016 updated application, that stated you were ineligible for help paying medical bills for September 1, 2016 through November 30, 2016. The reason stated was because the program you were eligible for cannot pay for any care you received in the past.

Also on December 15, 2016, you submitted your unemployment benefit payment history (see [REDACTED]).

On January 26, 2017, NYSOH issued a Form 1095-A, Health Insurance Marketplace Statement, reflecting that a premium payment had been received by the health plan for the month of July 2016 (see [REDACTED]).

On March 10, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you requested to amend the appeal to include an appeal of the December 15, 2016 denial of retroactive Medicaid coverage. The Hearing Officer granted your request and the record was held open until March 25, 2017 for you to submit proof of income for the months of September 2016 through November 2016.

On March 24, 2017, you submitted proof of your income and expenses for the months of September 2016 through November 2016, along with premium billing statements and a receipt of premium payment. These documents were made part of the record as "Appellant's Exhibit A". No further documentation was received as of March 25, 2017 and the record was closed that day.

Findings of Fact

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

- 1) The record indicates that you submitted your initial application for 2016 health insurance coverage on August 15, 2016. You then updated your account on August 26, 2016. You stated this was because you wanted an October 1, 2016 start date as opposed to a September 1, 2016 start date.
- 2) According to your NYSOH account and your testimony, you had health insurance through your employer, but that you left your job and lost health coverage on June 30, 2016.
- 3) On August 27, 2016 and August 30, 2016, NYSOH issued two conflicting notices, based on your August 26, 2016 application and your August 29, 2016 plan selection. Your eligibility determination notice stated that you are eligible to enroll in a full cost QHP, effective October 1, 2016. The enrollment confirmation notice stated that you are enrolled in a full cost QHP, effective July 1, 2016.
- 4) You testified that you were not aware of the July 1, 2016 start date of your QHP and that you paid the monthly premium before you realized you were paying for July 2016 instead of October 2016. You expected and wanted your health insurance coverage to become effective October 1, 2016.

- 5) You testified that you called NYSOH and a representative told you that you should stop paying for your insurance and that they would fix this for you.
- 6) You testified that you called the health plan and were advised there was nothing they could do and that NYSOH had to fix the issue.
- 7) According to your NYSOH account, your QHP was cancelled effective July 1, 2016 and then reinstated effective July 1, 2016. NYSOH did not terminate the policy again until July 31, 2016. Your NYSOH account history tab confirms that you were enrolled in a QHP from July 1, 2016 through July 31, 2016.
- 8) On January 26, 2017, NYSOH issued a Form 1095-A, Health Insurance Marketplace Statement, reflecting that a premium payment had been received by the health plan for the month of July 2016 [REDACTED]
- 9) You testified that you would like to be considered for Medicaid coverage from September 2016 through November 2016 because you are worried about the tax consequences for not being insured. You were advised by a NYSOH representative to seek an exemption from the tax penalty, but were unsure if you would be allowed the exemption.
- 10) According to your NYSOH account, you expect to file your 2016 federal income tax return as single, and claim no dependents.
- 11) You submitted an updated application for financial assistance on December 14, 2016. That application states that for the month of December 2016 your income was \$1,720.00. You testified that was correct.
- 12) You testified that your income varies each month. While you have a consistent unemployment benefit income, you also have self-employment income. You believed your self-employment income may have resulted in a loss after expenses for at least one of three months you were seeking retroactive Medicaid coverage.
- 13) On December 15, 2016, you submitted your unemployment benefit payment history. This record shows that you received unemployment benefits totaling \$1,275.00, in September 2016, \$2,145.00 in October 2016, and \$1,720.00 in November 2016 [REDACTED]
- 14) On March 24, 2017, you submitted proof of your income and expenses for the months of September 2016 through November 2016. These records reflect that you earned \$500.00 in September 2016, \$100.00 in October

2016, and \$300.00 in November 2016 in self-employment income. These records also reflect that you had business expenses each of these months. Therefore, your documentation reflects that your modified adjusted gross income for September 2016, October 2016 and November 2016 are as follows:

September 2016: Unemployment Income: \$1,275.00
Self-Employment Income: \$ 500.00
\$1,775.00
Less Business Expenses: \$ (24.00)
Total September 2016 Income: \$1,751.00

October 2016: Unemployment Income: \$2,145.00
Self-Employment Income: \$ 100.00
\$2,245.00
Less Business Expenses: \$ (150.25)
Total October 2016 Income: \$2,094.75

November 2016: Unemployment Income: \$1,720.00
Self-Employment Income: \$ 300.00
\$2,020.00
Less Business Expenses: \$ (16.50)
Total November 2016 Income: \$2,003.50

(see Appellant's Exhibit A).

15) On March 24, 2017, you submitted premium billing statements from your health plan, along with a receipt which reflects that you paid one month's premium in the amount of \$374.10 to your health plan (see Appellant's Exhibit A).

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

Applicable Law and Regulations

Enrollment in a Qualified Health Plan

NY State of Health (NYSOH) must provide annual open enrollment periods during which time qualified individuals may enroll in a qualified health plan (QHP) and enrollees may change QHPs (45 CFR § 155.410(a)(1)).

For the benefit year beginning on January 1, 2016, the annual open enrollment period began on November 1, 2015, and extended through January 31, 2016 (45 CFR § 155.410(e)(2)).

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Special Enrollment Periods

After each open enrollment period ends, NYSOH provides special enrollment periods to qualified individuals. During a special enrollment period, a qualified individual may enroll in a QHP, and an enrollee may change their enrollment to another plan. This is generally permitted when one of the following triggering events occur:

- The qualified individual or his or her dependent involuntarily loses certain health insurance coverage:
 - (a) Health insurance considered to be minimum essential coverage;
 - (b) Enrolled in any non-calendar year health insurance policy, even if they have the option to renew the expiring non-calendar year individual health insurance policy; or
 - (c) Pregnancy-related coverage; or
 - (d) Medically needy coverage.
- The qualified individual's or his or her dependent's, enrollment or non-enrollment in a QHP is unintentional, inadvertent, or erroneous and is the result of the error, misrepresentation, or inaction of an officer, employee, or agent of the Exchange or HHS, or its instrumentalities as evaluated and determined by the Exchange; or a non-Exchange entity providing enrollment assistance or conducting enrollment activities; or
- The qualified individual or enrollee, or their dependent, demonstrates to the Exchange, in accordance with guidelines issued by HHS, that the individual meets other exceptional circumstances as the Exchange may provide;

(45 CFR § 155.420(d)).

Generally, if a triggering life event occurs, the qualified individual or enrollee has 60 days from the date of a triggering event to select a QHP (45 CFR § 155.420(c)(1)).

Effective Date of Coverage

If a qualified individual is granted an SEP due to the loss of minimum essential coverage, and selects a new plan on or before the last date of that coverage, NYSOH must ensure that the new plan is effective on the first day of the month following the date that coverage was lost. If the new plan is not selected prior to

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the date the previous coverage ends, then the new plan may be made effective on the first date of the month following plan selection. (45 CFR § 155.420(b))

Modified Adjusted Gross Income

NYSOH bases its eligibility determinations on modified adjusted gross income as defined in the federal tax code (45 CFR § 155.300(a)). The term “modified adjusted gross income” means adjusted gross income increased by (1) any income that was excluded under 26 USC § 911 for United States citizens or residents living abroad, (2) tax-exempt interest received or accrued, and (3) Social Security benefits that were excluded from gross income under 26 USC § 86 (see 26 USC § 36B(d)(2)(B), 26 CFR § 1.36B-1(e)(2)).

Business Expenses Deduction

“Adjusted gross income” is the gross income of the taxpayer minus the deductions permitted (26 USC § 62). Subject to some limitations, deductions that are attributable to a trade or business may be deductions from the taxpayers adjusted gross income (26 USC § 62 (a)(1)).

Medicaid for Adults between the Ages of 19 and 65

Medicaid can be provided through NYSOH to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), NY Social Services Law § 366(1)(b)).

In an analysis of Medicaid eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4). On the date of your application, that was the 2016 FPL, which is \$11,880 for a one-person household (81 Fed. Reg. 4036).

Retroactive Medicaid

The Department of Health must make Medicaid coverage start retroactively for up to three months prior to the month of an initial application if the individual received medical services that would have been covered under Medicaid and the individual would have been eligible for Medicaid at the time he received the services if he had applied (42 USCA § 1396A (34); 42 CFR § 435.915(a)). The Department of Health may make eligibility effective for fee-for-service Medicaid on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b)).

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Legal Analysis

The first issue under review is whether NYSOH properly determined that your enrollment in your QHP was effective as of July 1, 2016.

NYSOH provided an open enrollment period from November 1, 2015 until January 31, 2016.

Once the annual open enrollment period ends, a health plan enrollee must qualify for a special enrollment period to enroll in, or change to another health plan offered in NYSOH. To qualify for a special enrollment period, a person must experience a triggering event.

You filed your initial application with NYSOH on August 15, 2016, which is outside the annual open enrollment period. However, in that application you indicated that your health insurance through your former employer likely ended on or about June 30, 2016. Loss of minimum essential coverage, such as health insurance through an employer, is considered a triggering life event.

When a triggering life event occurs, the qualified individual has sixty days from the date of that event to select a QHP. Accordingly, from the loss of employer insurance on or about June 30, 2016, you were given a special enrollment period until August 29, 2016 to select a plan, which you did on August 29, 2016. On August 30, 2016, NYSOH issued an enrollment confirmation notice stating that your enrollment in the QHP you selected was effective July 1, 2016.

When an individual loses minimum essential coverage, and is found eligible for a special enrollment period, if they select a plan after their prior coverage ends, the plan can be effective on the first day of the month following the plan selection. In your case, since you selected a plan on August 29, 2016 your NYSOH health plan should have started on September 1, 2016.

Therefore, the credible evidence of record indicates that NYSOH erred in making your QHP enrollment effective July 1, 2016. Because of this error, on September 29, 2016, you were disenrolled from the QHP you had just selected 31 days before because a premium payment had not been received by your health plan for the month of July 2016.

You testified, and submitted documentation, that on October 18, 2016, you made a premium payment to your health plan. You believed this payment was to be applied to your October 2016 premium, but instead it was applied to your July 2016 premium.

On October 19, 2016, you contacted NYSOH and enrolled in health coverage on that day. On October 20, 2016, NYSOH issued an enrollment confirmation notice

stating that your enrollment in the QHP you selected was effective July 1, 2016. Thus, your enrollment in your QHP was reinstated as of July 1, 2016.

On November 5, 2016, NYSOH issued a disenrollment notice stating that your QHP was cancelled, effective July 31, 2016, because you did not make your premium payments to your health plan for coverage to start as of July 1, 2016. Thus, you remained enrolled in coverage for the month of July 2016.

A retroactive termination of health coverage can be granted if a qualified individual's enrollment or non-enrollment into a QHP is unintentional, inadvertent, or erroneous and is the result of the error, misrepresentation, or inaction of an officer, employee, or agent of NYSOH or its instrumentalities as evaluated and determined by the NYSOH.

Since your enrollment in, disenrollment from and then subsequent reenrollment in your QHP as of July 1, 2016 was the direct result of NYSOH's error in granting you a retroactive enrollment date that you did not request, and that was not proper under the law, you should have been eligible to select another health plan within sixty days of NYSOH's error. When you updated your application on October 19, 2016 and attempted to enroll you were technically within a new sixty-day window.

As such, NYSOH's August 30, 2016 and October 20, 2016 eligibility enrollment confirmation notices are **RESCINDED**. At your election, you may choose to enroll into a QHP going back to September 1, 2016 because of NYSOH's initial error in the start date of your plan.

The final issue under review is whether NYSOH properly determined that you were not eligible for Medicaid for September 1, 2016 through November 30, 2016.

You are in a one-person household for purposes of this analysis. This is because you expect to file your taxes with a tax filing status of single and claim no dependents on your tax return.

You submitted an application for financial assistance on December 14, 2016 and requested help in paying for medical bills for September 2016 through November 2016.

When an individual files an initial application for Medicaid, his or her eligibility for retroactive Medicaid depends on the date of application. To this end, it does not matter whether that initial application resulted in Medicaid going forward. Instead, an individual, who has filed an initial application for Medicaid through NYSOH, has the right to be evaluated for Medicaid for the three months before the month of his or her application.

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Medicaid coverage can be made effective retroactively for up to three months prior to an individual's initial application if the individual received medical services that would have been covered under Medicaid and if they would have been eligible for Medicaid in those three months had they applied.

You testified that you are seeking Medicaid from September 1, 2016 to November 30, 2016.

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size. To be eligible for Medicaid in September 2016, October 2016, and November 2016, you would have needed to meet the non-financial criteria and have an income no greater than 138% of the FPL, which is \$1,367.00 per month. There is no indication in the record that you would have been ineligible for Medicaid based on non-financial criteria during September 2016, October 2016 or November 2016.

You testified, and submitted documentation, that you are paid weekly unemployment benefits and have some self-employment income. Specifically, you uploaded an unemployment benefit payment history along with your income and expense statements for the months of September 2016, October 2016 and November, 2016. These documents indicate that you had income of \$1,751.00 in September 2016, \$2,094.75 in October 2016 and \$2,003.50 in November 2016 (see Document [REDACTED] and [REDACTED]).

Since your monthly income of \$1,751.00 in September 2016, \$2,094.75 in October 2016 and \$2,003.50 in November 2016 was more than the \$1,367.00 monthly Medicaid allowable limit for those months, NYSOH properly determined that you were not eligible for Medicaid coverage during those months. Therefore, the December 15, 2016 eligibility determination notice stating that you were not eligible for Medicaid in the month of September 2016 through November 30, 2016, is correct and must be AFFIRMED.

During the hearing, you testified that you were concerned about a possible tax penalty for not having health insurance coverage for part of 2016.

Sometimes after an appeal decision, an appellant can claim an exemption from the requirement to have health insurance. You might qualify for a health coverage exemption in 2016 if you didn't have health coverage while you were waiting for an appeal decision about coverage eligibility or savings *and* your appeal was eventually successful (emphasis added).

If you choose to proceed, you must claim this exemption through the United States Department of Health and Human Services (HHS). Currently, NYSOH does not accept hardship exemption applications.

You will find the information you need to claim the exemption due to an appeal decision at:

<https://www.healthcare.gov/exemptions-tool/#/results/2016/details/eligible-based-on-appeal>.

You can also call 1-800-318-2596.

Important: If you do not get a response from HHS to your exemption application in time to file your tax return, write the word “pending” in column “c” and file your return. If HHS does not approve your exemption, you will need to file an amended return later.

Decision

The NYSOH’s August 30, 2016 and October 20, 2016 eligibility enrollment confirmation notices are RESCINDED.

You may choose to enroll into a QHP going back to September 1, 2016 because of NYSOH’s initial error in the start date of your plan.

Your case is RETURNED to NYSOH to assist you in enrolling into a plan for 2016 health coverage if you so choose.

The December 15, 2016 eligibility determination notice stating that you are not eligible for retroactive Medicaid coverage for the months of September 2016 through November 2016 is AFFIRMED.

This Decision does not affect any subsequent eligibility redeterminations or enrollment notices issued by NYSOH.

Effective Date of this Decision: April 20, 2017

How this Decision Affects Your Eligibility

NYSOH erred in the start date of your original QHP.

You may elect to re-enroll into QHP effective September 1, 2016, and must pay monthly premiums if you so elect to re-enroll.

You were not eligible for Medicaid for the months of September 2016 through November 2016.

This decision does not affect your current eligibility or enrollment.

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 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 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:

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).

NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The NYSOH's August 30, 2016 and October 20, 2016 eligibility enrollment confirmation notices are RESCINDED.

You may choose to enroll into a QHP going back to September 1, 2016 because of NYSOH's initial error in the start date of your plan.

Your case is RETURNED to NYSOH to assist you in enrolling into a plan for 2016 health coverage if you so choose.

The December 15, 2016 eligibility determination notice stating that you are not eligible for retroactive Medicaid coverage for the months of September 2016 through November 2016 is AFFIRMED.

This Decision does not affect any subsequent eligibility redeterminations or enrollment notices issued by NYSOH.

You will find the information you need to claim the exemption due to hardship at: <https://www.healthcare.gov/exemptions-tool>.

This decision does not affect your current eligibility or enrollment.

NYSOH erred in the start date of your original QHP.

You may elect to re-enroll into QHP effective September 1, 2016, and must pay monthly premiums if you so elect to re-enroll.

You were not eligible for Medicaid for the months of September 2016 through November 2016.

This decision does not affect your current eligibility or enrollment.

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)

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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।

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 चाहन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोलने 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.

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).

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.