



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

Notice of Decision

Decision Date: May 9, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014326

[REDACTED]

Dear [REDACTED],

On March 23, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's December 27, 2016 enrollment confirmation 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: May 9, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014326



Issues

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

Did the NY State of Health (NYSOH) properly determine that your three oldest children's eligibility for and enrollment in their Child Health Plus plan was effective January 1, 2017?

Did the NYSOH properly determine that your newborn child's enrollment in his Child Health Plus plan was effective February 1, 2017?

Procedural History

On August 19, 2015, NYSOH issued an eligibility determination notice, based on your August 18, 2015, application, stating in part that your two oldest children [REDACTED] were eligible for Child Health Plus (CHP) effective October 1, 2015. That notice further stated that your youngest child [REDACTED] was eligible for Medicaid effective August 1, 2015. Your two oldest children were subsequently enrolled in a CHP plan and your youngest child was enrolled in a Medicaid Managed Care (MMC) plan, with all three plan enrollments beginning October 1, 2015.

On June 3, 2016, NYSOH issued a notice that it was time to renew your family's health insurance for the next enrollment period. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether your family members would qualify for financial help paying for health coverage, and that you needed to update your account by July 15, 2016 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).

your family members might lose the financial assistance they were currently receiving.

No updates were made to your account by July 15, 2016.

On July 17, 2016, NYSOH issued an eligibility redetermination notice stating that your youngest child was not eligible for Medicaid, CHP, the Essential Plan or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. Your youngest child also could not enroll in a qualified health plan at full cost. This was because you had not responded to the renewal notice and had not completed your youngest child's renewal within the required time frame. Your youngest child's eligibility was to end July 31, 2016.

Also on July 17, 2016, NYSOH issued a disenrollment notice stating that your two oldest children's coverage in their CHP plan would end effective July 31, 2016. That notice also stated that your youngest child's enrollment in his MMC plan would end July 31, 2016.

Also on July 17, 2016, NYSOH issued an enrollment confirmation notice stating that your two oldest children were enrolled in a CHP plan effective August 1, 2016.

On August 16, 2016, NYSOH issued a notice that it was time to renew your family's health insurance for the next enrollment period. That notice stated in relevant part that, based on information from federal and state sources, NYSOH could not make a decision about whether your family members would qualify for financial help paying for their health coverage, and that you needed to update your account by September 15, 2016, or your family members might lose the financial assistance they were currently receiving.

No updates were made to your account by September 15, 2016.

On September 17, 2016, NYSOH issued an eligibility redetermination notice stating that your two oldest children were not eligible for Medicaid, CHP, the Essential Plan or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. Your two oldest children also could not enroll in a qualified health plan at full cost. This was because you had not responded to the renewal notice and had not completed your two oldest children's renewal within the required time frame. Your two oldest children's eligibility was to end September 30, 2016.

Also on September 17, 2016, NYSOH issued an eligibility redetermination notice stating in part that your youngest child was eligible to purchase a qualified health plan at full cost, effective October 1, 2016. That notice also stated that your youngest child qualified to select a health plan outside of the open enrollment

period for 2016, and you had until November 15, 2016 to select a health plan for him.

Also on September 17, 2016, NYSOH issued a disenrollment notice stating that your two oldest children's coverage in their CHP plan would end effective September 30, 2016. The reason provided was because you did not renew their health insurance coverage in time.

On October 17, 2016, you added your newborn child [REDACTED] to your NYSOH account and submitted an updated application for health insurance for all your children.

On October 18, 2016 and October 21, 2016, NYSOH issued eligibility redetermination notices, based on your October 17, 2016 updated application, stating that your three oldest children were eligible to enroll in CHP for a limited time with a \$9.00 monthly premium each, effective December 1, 2016. You were directed to provide proof of income for your three oldest children by December 16, 2016. That notice further requested that you provide proof of income by November 1, 2016 and proof of citizenship and Social Security number by January 15, 2017 for your newborn child.

On November 13, 2016, NYSOH issued an eligibility redetermination notice stating in part that your newborn child did not qualify for Medicaid, CHP, the Essential Plan or to receive tax credits or cost sharing reductions. Your newborn child could purchase a qualified health plan at full cost effective December 1, 2016. This was because NYSOH did not receive the documentation needed to verify the income listed in your application within the required time frame.

On November 30, 2016, NYSOH received your children's updated application for health insurance.

On December 1, 2016, NYSOH issued an eligibility redetermination notice stating in part that your three older children were eligible to enroll in CHP with a \$9.00 monthly premium each, effective January 1, 2017.

Also on December 1, 2016, NYSOH issued an enrollment confirmation notice, based on your plan selection on November 30, 2016, confirming that your three oldest children were enrolled in a CHP plan, effective January 1, 2017.

On December 22, 2016, NYSOH issued an eligibility redetermination notice based on the December 21, 2016 updated application stating in part that your newborn child was eligible to enroll in CHP with a \$30.00 monthly premium, effective February 1, 2017.

On December 27, 2016, NYSOH issued an enrollment confirmation notice, based on your plan selection on December 26, 2016, stating that your three oldest

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).

children were enrolled in CHP with a \$27.00 monthly premium and your newborn child was enrolled in CHP with a \$0.00 (free) monthly premium, effective February 1, 2017.

Also on December 27, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of all your children's CHP plans insofar as those plans did not begin October 1, 2016.

On March 23, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and left open until April 7, 2017 to allow you time to submit supporting documentation. No documents were received within the allotted time. The record is now closed.

Findings of Fact

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

- 1) You testified that you are appealing the start date of all your children's CHP plans in that you would like for them to begin October 1, 2016.
- 2) According to your NYSOH account and your testimony, you receive all of your notices from NYSOH by regular mail.
- 3) According to your NYSOH account, no notices that were sent to you have been returned by the post office to NYSOH as undeliverable.
- 4) According to your NYSOH account and your testimony, your newborn child's date of birth is [REDACTED].
- 5) You submitted an updated application to NYSOH on October 17, 2016, in which you added your newborn child and requested financial assistance for all your children.
- 6) You testified that you attempted to fax requested documentation to NYSOH prior to the listed deadlines but kept experiencing technical problems.
- 7) According to your NYSOH account, you submitted your newborn child's Social Security number and birth certificate on November 30, 2016.
- 8) According to your NYSOH account, on December 1, 2016, you submitted multiple pay stubs for your spouse and a statement from your employer showing your dates of family medical leave following the birth of your child on [REDACTED].

- 9) According to your NYSOH account, these income documents were verified on December 21, 2016, and your family's eligibility was redetermined based on this updated information.
- 10) According to your NYSOH account, you enrolled your three oldest children in a CHP plan on November 30, 2016.
- 11) According to your NYSOH account, you enrolled your newborn child into a CHP plan on December 26, 2016.
- 12) You testified that you need your children's CHP plan to begin on October 1, 2016 because one of your older children was hospitalized in December 2016 and there are unpaid medical bills associated with that treatment. Also, your newborn child incurred medical bills from the time of his birth up to February 1, 2017 which are unpaid.

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

Applicable Law and Regulations

Medicaid Renewal

In general, NYSOH must review Medicaid eligibility once every twelve months or "whenever it receives information about a change in a beneficiary's circumstances that may affect eligibility" (42 CFR § 435.916(a)(1), (d)). NYSOH must make its "redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency" (42 CFR § 435.916(a)(2)).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (45 CFR § 155.335(c), (e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates provided by the individual (45 CFR § 155.335(h)).

Child Health Plus – Income Verification

NYSOH is required to verify the eligibility of an applicant for CHP subsidy payments, which includes verifying the applicant's household income. If NYSOH is unable to verify the applicant's household income using available data sources, then NYSOH must request additional information from the applicant.

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).

NYSOH must provide the applicant with a reasonable period to furnish such information (42 CFR § 457.380; 42 CFR § 435.952(c)).

Child Health Plus

A child who meets the eligibility requirements for Child Health Plus may be eligible to receive a subsidy payment if the child resides in a household with a household income at or below 400% of the federal poverty level (FPL) (NY Public Health Law § 2511(2)(a)(iii)).

To be eligible for Child Health Plus, the child:

- Must be under 19 years of age;
- Must be a New York State Resident;
- Must not have other health insurance coverage; and
- Must not be eligible for, or enrolled in, Medicaid

(NY Public Health Law § 2511(2)(a)-(e)).

The “period of eligibility” for Child Health Plus is “that period commencing on the first day of the month during which a child is an eligible child and enrolled or recertified for enrollment on an annual basis based on all required information and documentation and ending on the last day of the twelfth month following such date,” unless the CHP premiums are not timely paid, or the child no longer resides in New York State, gains access to or obtains other health insurance coverage, or becomes eligible for Medicaid (NY Public Health Law § 2510(6)).

“A State must specify a method for determining the effective date of eligibility for [Child Health Plus], which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between [Child Health Plus] and other insurance affordability programs as family circumstances change and avoids gaps or overlaps in coverage,” including for periodic renewals (42 CFR § 457.340(f); 42 CFR § 457.343).

In general, a child eligible for Child Health Plus must recertify their eligibility for enrollment through NYSOH once every twelve months (42 CFR § 457.343; 42 CFR § 435.916(a)(1), (d)). NYSOH must make its “redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency” (NY Public Health Law § 2511(2)(f)(ii)). 42 CFR § 435.916(a)(2)).

NYSOH is required to provide proper written notice to an applicant of any decision effecting an enrollee's Child Health Plus eligibility (42 CFR § 457.340(e)). When Child Health Plus coverage is denied, suspended 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).

terminated NYSOH must provide sufficient notice to enable the child's parent or caretaker relative to take appropriate actions in order to allow Child Health Plus coverage to continue without interruption (42 CFR § 457.340(e)(1)(D); 42 CFR § 457.1130(a)(3)).

The State of New York has provided that a child's period of eligibility for Child Health Plus begins on the first day of the month during which a child is eligible. A child will become eligible on the first day of the next month, if the application is received by the 15th of the month; applications received after the 15th day of the month will be processed for the first day of the second following month (see State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

Although so-called "qualified health plans" are generally required to provide coverage as of date of birth (45 CFR § 155.420(b)(2)), as are Medicaid plans (42 CFR § 435.117(a), NY Social Services Law § 366-g(3)), Medicaid Managed Care Model Contract (Appendix H-3(a), effective 3/1/2014 – 2/28/2019), until recently there was no similar requirement for CHP plans.

The law that was in effect until the end of 2015 created a gap between the date of birth and the beginning date of coverage through CHP, through no fault of the enrollee (see Sponsor Memo, 2015 NY Senate Bill S4745B (March 15, 2015)).

On December 22, 2015, the Governor of New York signed into law an amendment to NY Public Health Law § 2511(2)(g) stating that in the case of a newborn enrolled into CHP, the date of enrollment shall be the date of the child's birth if the parent applied for insurance prior to the child's birth or within 60 days after the child's birth. This amendment took effect as of January 1, 2016 (S04745B, Chap 577, Laws of New York, 2015).

However, on March 18, 2016, the Governor of New York signed an amendment to chapter 577 of the Laws of 2015, which delayed the effective date of the amendment to January 1, 2017. (S06421A, Chap 27, Laws of New York, 2016; NY Public Health Law § 2511(2)(i)).

Legal Analysis

The first issue is whether NYSOH properly determined that your three oldest children's eligibility for and enrollment in their CHP plan was effective January 1, 2017.

Your youngest child [REDACTED] of those three children was originally found eligible for Medicaid effective August 1, 2015.

Generally, NYSOH must redetermine a qualified individual's eligibility for Medicaid once every 12 months without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency. NYSOH's June 3, 2016, renewal notice stated that there was not enough information to determine whether your family members were eligible to continue their financial assistance for health insurance, and that you needed to supply additional information by July 15, 2016, or their financial assistance might end.

Because there was no timely response to this notice, that child was terminated from his MMC plan effective July 31, 2016, at the end of the twelve-month period of Medicaid coverage for that policy period.

Your two oldest children [REDACTED] were originally found eligible for CHP effective October 1, 2015.

Generally, NYSOH must redetermine a qualified child's eligibility for CHP once every twelve months without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency. NYSOH's August 16, 2016, renewal notice stated that there was not enough information to determine whether your family members were eligible to continue their financial assistance for health insurance, and that you needed to supply additional information by September 15, 2016, or their financial assistance might end.

Because there was no timely response to this notice, your two oldest children were terminated from their CHP plan effective September 30, 2016.

According to your NYSOH account and your testimony, you elected to receive notifications via regular mail. There is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

Therefore, the record reflects that NYSOH properly notified you of your one child's annual renewal and that information in your NYSOH account needed to be updated by July 15, 2016 in order to ensure that his eligibility for financial assistance would continue. Similarly, the record reflects that NYSOH properly notified you of your two older children's annual renewal and that information in your NYSOH account needed to be updated by September 15, 2016 in order to ensure that their eligibility for financial assistance would continue.

The record shows that, on November 30, 2016, you updated the information in your NYSOH account and submitted a request to enroll your three oldest children into a CHP plan that day.

The date on which a Child Health Plus plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected between the first

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).

day and fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected from the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

Therefore, the December 1, 2016 eligibility determination and enrollment confirmation notices are AFFIRMED because they properly began your three oldest children's eligibility for and enrollment in CHP on January 1, 2017.

The second issue is whether the NYSOH properly determine that your infant child's enrollment in his CHP plan was effective February 1, 2017.

NYSOH is required to determine whether individuals are eligible to enroll in coverage through NYSOH. When an application requests financial assistance, NYSOH must verify an applicant's household income.

If NYSOH cannot verify the household income attested to by the applicant through available data sources, it must provide the individual with notice of the inconsistency. NYSOH must then provide the individual with reasonable time to provide documentation or information to resolve that inconsistency.

The October 18, 2016 notice explained that NYSOH was unable to confirm the information in your application with state and federal data sources and you were directed to provide income documentation before November 1, 2016 and proof of citizenship and Social Security number by January 15, 2017 in order to confirm your newborn child's eligibility.

On November 30, 2016, you supplied your newborn child's Social Security number and birth certificate. On December 1, 2016, you submitted multiple pay stubs for your spouse and a statement from your employer showing your dates of family medical leave following the birth of your child on [REDACTED]. These documents were verified by NYSOH as acceptable documentation on December 21, 2016.

Based on the verified information, NYSOH reran your newborn child's eligibility on December 21, 2016 and an eligibility redetermination notice was issued on December 22, 2016 stating in part that your newborn child was eligible for CHP effective February 1, 2017.

According to your NYSOH account, you enrolled your newborn child in a CHP plan on December 26, 2016.

The date on which a CHP plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected between the first day and fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected between the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

Therefore, NYSOH's December 22, 2016, eligibility determination notice and the December 27, 2016 enrollment confirmation notice are AFFIRMED because they properly began your newborn child's eligibility for and enrollment in CHP on February 1, 2017.

Decision

The December 1, 2016 eligibility determination and enrollment confirmation notices are AFFIRMED because they properly began your three oldest children's eligibility for and enrollment in CHP on January 1, 2017.

The December 22, 2016, eligibility determination notice and the December 27, 2016 enrollment confirmation notice are AFFIRMED because they properly began your newborn child's eligibility for and enrollment in CHP on February 1, 2017.

Effective Date of this Decision: May 9, 2017

How this Decision Affects Your Eligibility

This decision does not change your children's eligibility.

The effective date of your three oldest children's CHP plan is January 1, 2017.

The effective date of your newborn child's CHP plan is February 1, 2017.

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

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

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

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

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The December 1, 2016 eligibility determination and enrollment confirmation notices are AFFIRMED because they properly began your three oldest children's eligibility for and enrollment in CHP on January 1, 2017.

The December 22, 2016, eligibility determination notice and the December 27, 2016 enrollment confirmation notice are AFFIRMED because they properly began your newborn child's eligibility for and enrollment in CHP on February 1, 2017.

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 decision does not change your children's eligibility.

The effective date of your three oldest children's CHP plan is January 1, 2017.

The effective date of your newborn child's CHP plan is February 1, 2017.

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).