



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: AP000000014347

[REDACTED]

Dear [REDACTED],

On March 23, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 23, 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).

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: AP000000014347



Issues

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

Did NY State of Health properly determine that you were eligible for Medicaid effective November 1, 2016?

Did NY State of Health properly determine that you were not eligible for Medicaid retroactively from August 1, 2016 through September 30, 2016?

Procedural History

On December 5, 2015, NY State of Health (NYSOH) issued an eligibility redetermination notice stating in relevant part, that you were eligible to receive advance premium tax credits and cost sharing reductions effective January 1, 2016. You were enrolled in a bronze-level qualified health plan (QHP) with a start date of January 1, 2016.

On September 10, 2016, NYSOH issued an eligibility redetermination notice based upon your September 9, 2016, updated application for financial assistance, stating in part that you were eligible to enroll in the Essential Plan for a limited time with a \$20.00 per month premium, effective October 1, 2016. You were instructed to provide proof of income by December 8, 2016.

Also on September 10, 2016, NYSOH issued a disenrollment notice stating that your coverage in your bronze-level QHP would end effective September 30, 2016. This was because you were no longer eligible to remain enrolled in your current plan.

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).

Also on September 10, 2016, NYSOH issued an enrollment confirmation notice confirming in part your enrollment in an Essential Plan 1 with Fidelis Care with a \$20.00 per month premium and a plan start date of October 1, 2016.

On September 17, 2016, NYSOH issued an enrollment confirmation notice based on your September 16, 2016 plan selection, confirming your enrollment in Essential Plan 1 with Healthfirst, at a \$20.00 per month premium, with a plan start date of November 1, 2016.

On November 15, 2016, NYSOH issued an eligibility redetermination notice stating in part that you were eligible for Medicaid because your household income of \$2,000.00 is at or below the allowable income limit. This eligibility was effective as of November 1, 2016.

On November 23, 2016, NYSOH issued an eligibility redetermination notice that stated you remained eligible for Medicaid, effective November 1, 2016 and that you had requested help with paying medical bills for the three-month period prior to your application.

Also on November 23, 2016, NYSOH issued an eligibility redetermination notice that stated you were not eligible for Medicaid for August 1, 2016 through September 30, 2016 because the monthly household income of \$1,974.04 is over the allowable monthly income limit of \$1,843.00.

Also on November 23, 2016, NYSOH issued a disenrollment notice stating in part that coverage in your Essential Plan 1 would end on November 30, 2016. This was because you were no longer eligible to enroll in the Essential Plan.

On November 29, 2016, NYSOH issued an enrollment confirmation notice confirming your enrollment in a Medicaid Managed Care plan with a plan start date of December 1, 2016.

On December 27, 2016, you spoke to NYSOH's Account Review Unit and appealed the November 23, 2016, eligibility redetermination notice insofar as it denied retroactive Medicaid for the months of August 2016 and September 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 for 15 days to allow you time to submit proof of your worker's compensation claim decisions. That same day, you submitted, via facsimile, 9 pages of documents including a cover page. Pages 2 thru 9 were copies of NY Workers Compensation Board notices of decisions dated 7/8/16, 12/2/16 and 1/19/17. Those documents have been made part of the record collectively as "Appellant's Exhibit # 1." The record is now closed.

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).

Findings of Fact

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

- 1) According to your NYSOH account and your testimony, during 2016, you earned \$2,000.00 in wages and were then injured at work in March 2016. You testified that you have been out of work since March 2016 due to a combination of the work-related injury and illness.
- 2) You submitted an updated application for financial assistance on September 9, 2016.
- 3) According to your NYSOH account, the September 10, 2016 eligibility redetermination notice was based on an expected yearly household income of \$27,662.00. This amount included the \$2,000.00 in earned wages and \$493.51 in weekly worker's compensation insurance benefits received after your injury.
- 4) According to your NYSOH account, you submitted a copy of the Workers' Compensation Board decision dated 10/03/2016 on October 31, 2016 and this document was uploaded to your account on November 1, 2016, and verified by NYSOH on November 14, 2016.
[REDACTED]
- 5) On November 14, 2016, NYSOH redetermined your eligibility and you were found eligible for Medicaid effective November 1, 2016.
- 6) According to your NYSOH account and your testimony, your only source of income since your March 2016 work injury has been \$493.51 in weekly worker's compensation insurance benefits.
- 7) You testified that you are seeking retroactive Medicaid coverage for the months of August 2016 and September 2016.

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

Applicable Law and Regulations

Verification Process

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income (45 CFR §155.320(c)(1)(i)).

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 NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f)).

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)).

Generally, gross income does not include “amounts received through accident or health insurance (or through an arrangement having the effect of accident or health insurance) for personal injuries or sickness (other than amounts received by an employee, to the extent such amounts (A) are attributable to contributions by the employer which were not includible in the gross income of the employee, or (B) are paid by the employer)” (26 USC § 104(a)(3)).

Medicaid Start Dates

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-03(III)(F)).

MMC plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H-6(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; see 42 USC § 1315; § 364-j(1)(c); 18 NYCRR § 360-10.3(h), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-03(III)(F)).

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

Legal Analysis

The first issue under review is whether NYSOH properly determined that you were eligible for Medicaid effective November 1, 2016.

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

According to your NYSOH account you were enrolled in a bronze-level qualified health plan effective January 1, 2016.

According to your NYSOH account and your testimony, you were injured at work in March 2016 and your only source of income since then has been worker's compensation insurance benefits.

You had a duty to report within 30 days any changes in circumstances that would affect your eligibility for enrollment in health insurance such as a change in income. However, your NYSOH account reflects that you next updated your application for financial assistance on September 9, 2016, which was the first time you reported a change in your income.

The record reflects that your September 9, 2016 updated application lists your expected yearly income as \$ 27,662.00. This was because NYSOH calculated your income based on your \$2,000.00 in earned wages before your injury and \$493.51 in weekly workers' compensation benefits received after your injury, even though workers' compensation benefits are not counted as income for MAGI-based income purposes.

NYSOH then issued an eligibility redetermination notice, based on this September 9, 2016 application and its income calculations, finding you eligible for the Essential Plan for a limited time, effective October 1, 2016. You enrolled in an Essential Plan 1 with Fidelis Care and coverage under that plan was in place for the month of October 2016. You then switched plans and had Essential Plan 1 coverage with Healthfirst for the month of November 2016.

By the September 10, 2016 eligibility redetermination notice, you were instructed to submit proof of income by December 8, 2016. On November 1, 2016, NYSOH received a copy of the NYS Workers' Compensation Board decision dated October 3, 2016, which document was verified on November 14, 2016. As a result of this verification, your household income was changed to \$2,000.00 and you were found eligible for Medicaid effective November 1, 2016, as stated in the November 15, 2016 eligibility redetermination notice.

However, had NYSOH correctly calculated your income on the September 9, 2016 application, you would have been found conditionally eligible for Medicaid effective September 1, 2016 and your Medicaid Fee-For-Service (MA FFS) eligibility would have started on that date also.

Therefore, the November 15, 2016 eligibility redetermination should be MODIFIED to find that you were eligible for Medicaid effective September 1, 2016.

The record reflects that you were already enrolled in a bronze-level QHP and therefore, MA FFS would be secondary to the bronze-level QHP for the month of September 2016.

For the month of October 2016, you were enrolled in the Essential Plan 1 with Fidelis Care. Therefore, MA FFS would have remained secondary to the Essential Plan 1 for that month. Since your eligibility for and enrollment in the Essential Plan was based on erroneous income as calculated by NYSOH, you may elect to have your MA FFS coverage be your primary health insurance for October 2016, and the Essential Plan coverage with Fidelis Care dropped. Notably, you should consider whether any claims for medical services with Essential Plan 1 with Fidelis Care were processed **or** if claims were processed and your medical provider participated in MA FFS, before making such an election to request a refund of your \$20.00 monthly premium from the health plan directly.

For the month of November 2016, you were enrolled in the Essential Plan 1 with Healthfirst. Therefore, again MA FFS would remain secondary to the Essential Plan for the month of November 2016. Since your eligibility for and enrollment in the Essential Plan was based on erroneous income as calculated by NYSOH, you may elect to have your MA FFS coverage be your primary health insurance for November 2016, and the Essential Plan coverage with Healthfirst dropped. Notably, you should consider whether any claims for medical services with Essential Plan 1 with Fidelis Care were processed **or** if claims were processed and your medical provider participated in MA FFS, before making such an election to request a refund of your \$20.00 monthly premium from the health plan directly.

The next issue is whether NYSOH properly found you not eligible for Medicaid retroactively for August 1, 2016 through September 30, 2016.

You testified that you are seeking to have your Medicaid coverage applied retroactively for the months of August 2016 and September 2016.

Medicaid coverage can be made effective retroactively for up to three months prior to an individual's 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.

The record reflects that you would have been eligible for Medicaid for the three-month period prior to your September 9, 2016 application on a financial basis because your only source of income was worker's compensation insurance benefit payments and these payments are not considered as part of your modified adjusted gross income.

You requested retroactive Medicaid coverage for the month of August 2016. As the record reflects, you were enrolled in a bronze-level QHP through September 30, 2016. You would not be eligible for retroactive Medicaid for August 2016 because you had minimum essential coverage through your bronze-level QHP. As such, you would not qualify for Medicaid for the month of August 2016.

As stated in the above analysis, for the month of September 2016, MA FFS would be secondary to your bronze-level QHP.

Therefore, the November 23, 2016, eligibility redetermination notice that stated you were not eligible for Medicaid for August 1 through September 30, 2016 because your monthly household income was over the allowable limit is MODIFIED to state that you are not eligible for Medicaid for August 1, 2016 through August 31, 2016 because you were already enrolled in minimum essential coverage. The notice is further MODIFIED to state that you are eligible for MA FFS for the period of September 1, 2016 through September 30, 2016 because your monthly income for that period of \$0.00 is below the allowable monthly limit of \$1,843.00.

Decision

The November 15, 2016 eligibility redetermination notice finding in part that you were eligible for Medicaid effective November 1, 2016 is MODIFIED to state that you were eligible for Medicaid effective September 1, 2016.

The November 23, 2016, eligibility redetermination notice that stated you were not eligible for Medicaid for August 1 through September 30, 2016 because your monthly household income was over the allowable limit is MODIFIED to state that you are not eligible for Medicaid for August 1, 2016 through August 31, 2016 because you were already enrolled in minimum essential coverage. The notice is further MODIFIED to state that you are eligible for MA FFS for the period of September 1, 2016 through September 30, 2016 because your monthly income for that period of \$0.00 is below the allowable monthly limit of \$1,843.00.

Your case is RETURNED to NYSOH to effectuate the changes in your MA FFS coverage as referenced above and/or at your election and to notify you accordingly.

If you choose, you may request that NYSOH facilitate the termination of your Essential Plan coverage with Fidelis Care for the month of October 2016 and Healthfirst for the month of November 2016 and your MA FFS for each of those months be your primary health insurance coverage. Any refunds for coverage must be handled with the health plans directly.

Effective Date of this Decision: May 9, 2017

How this Decision Affects Your Eligibility

You were ineligible for retroactive Medicaid for the month of August 2016.

Your eligibility for MA FFS is being made effective as of September 1, 2016.

Your MA FFS was secondary to your bronze-level QHP for the month of September 2016.

For the month of October 2016, you were enrolled in the Essential Plan 1 with Fidelis Care. MA FFS is secondary to the Essential Plan 1 for the month of October 2016. You may elect to have your MA FFS coverage be your primary health insurance for October 2016, and the Essential Plan coverage with Fidelis Care dropped. Notably, you should consider whether any claims for medical services with Essential Plan 1 with Fidelis Care were processed **or** if claims were processed and your medical provider participated in MA FFS, before making such an election to request a refund of your \$20.00 monthly premium from the health plan directly.

For the month of November 2016, you were enrolled in the Essential Plan 1 with Healthfirst. MA FFS is secondary to the Essential Plan for the month of November 2016. You may elect to have your MA FFS coverage be your primary health insurance for November 2016, and the Essential Plan coverage with Healthfirst dropped. Notably, you should consider whether any claims for medical services with Essential Plan 1 with Fidelis Care were processed **or** if claims were processed and your medical provider participated in MA FFS, before making such an election to request a refund of your \$20.00 monthly premium from the health plan directly.

Your Medicaid Managed Care plan was effective as of December 1, 2016.

Your case is RETURNED to NYSOH to effectuate the changes in your MA FFA coverage as referenced above and/or at your election to notify you accordingly.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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

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).

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 U.S. Department of Health and Human Services. 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 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 November 15, 2016 eligibility redetermination notice finding in part that you were eligible for Medicaid effective November 1, 2016 is MODIFIED to state that you were eligible for Medicaid effective September 1, 2016.

The November 23, 2016, eligibility redetermination notice that stated you were not eligible for Medicaid for August 1 through September 30, 2016 because your monthly household income was over the allowable limit is MODIFIED to state that you are not eligible for Medicaid for August 1, 2016 through August 31, 2016 because you were already enrolled in minimum essential coverage. The notice is further MODIFIED to state that you are eligible for MA FFS for the period of September 1, 2016 through September 30, 2016 because your monthly income for that period of \$0.00 is below the allowable monthly limit of \$1,843.00.

Your case is RETURNED to NYSOH to effectuate the changes in your MA FFS coverage as referenced above and/or at your election and to notify you accordingly.

If you choose, you may request that NYSOH facilitate the termination of your Essential Plan coverage with Fidelis Care for the month of October 2016 and Healthfirst for the month of November 2016 and your MA FFS for each of those months be your primary health insurance coverage. Any refunds for coverage must be handled with the health plans directly. Your MA FFS was secondary to your bronze-level QHP for the month of September 2016.

For the month of October 2016, you were enrolled in the Essential Plan 1 with Fidelis Care. MA FFS is secondary to the Essential Plan 1 for the month of October 2016. If no claims for medical services with Essential Plan 1 with Fidelis Care were processed **or** if claims were processed and your medical provider participated in MA FFS, you may elect to have MA FFS as primary coverage and request a refund of your \$20.00 monthly premium.

For the month of November 2016, you were enrolled in the Essential Plan 1 with Healthfirst. MA FFS is secondary to the Essential Plan for the month of November 2016. If no claims for medical services with Essential Plan 1 with Healthfirst were processed **or** if claims were processed and your medical provider participated in MA FFS, you may elect to have MA FFS as primary coverage and request a refund of your \$20.00 monthly premium.

Your Medicaid Managed Care plan was effective as of December 1, 2016.

Your case is RETURNED to NYSOH to effectuate the changes in your MA FFA coverage as referenced above and to notify you accordingly.

You were ineligible for retroactive Medicaid for the month of August 2016.

Your eligibility for MA FFS is being made effective as of September 1, 2016.

Your MA FFS was secondary to your bronze-level QHP for the month of September 2016.

For the month of October 2016, you were enrolled in the Essential Plan 1 with Fidelis Care. MA FFS is secondary to the Essential Plan 1 for the month of October 2016. You may elect to have your MA FFS coverage be your primary health insurance for October 2016, and the Essential Plan coverage with Fidelis Care dropped. Notably, you should consider whether any claims for medical services with Essential Plan 1 with Fidelis Care were processed **or** if claims were processed and your medical provider participated in MA FFS, before making

such an election to request a refund of your \$20.00 monthly premium from the health plan directly.

For the month of November 2016, you were enrolled in the Essential Plan 1 with Healthfirst. MA FFS is secondary to the Essential Plan for the month of November 2016. You may elect to have your MA FFS coverage be your primary health insurance for November 2016, and the Essential Plan coverage with Healthfirst dropped. Notably, you should consider whether any claims for medical services with Essential Plan 1 with Fidelis Care were processed **or** if claims were processed and your medical provider participated in MA FFS, before making such an election to request a refund of your \$20.00 monthly premium from the health plan directly.

Your Medicaid Managed Care plan was effective as of December 1, 2016.

Your case is RETURNED to NYSOH to effectuate the changes in your MA FFA coverage as referenced above and/or at your election to notify you accordingly.

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).