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

Notice of Decision

Decision Date: April 12, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000014522

Dear [redacted]

On April 4, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 25, 2016 eligibility determination, August 26, 2016 eligibility determination, January 11, 2017 eligibility determination, and January 12, 2017 enrollment confirmation notices.

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.

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

Decision

Decision Date: April 12, 2017

NY State of Health Account ID:
Appeal Identification Number: AP000000014522

Issues

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

Was your appeal of NY State of Health's August 25, 2016 and August 26, 2016 eligibility determination notices timely?

Did NY State of Health provide a timely determination of your Medicaid eligibility as of January 1, 2017?

Did NY State of Health properly determine that you were eligible for Medicaid as of January 1, 2017?

Did NY State of Health properly determine that your Medicaid Managed Care plan began February 1, 2017?

Procedural History

On August 24, 2016, NY State of Health (NYSOH) received your application for financial assistance with your health insurance.

On August 25, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to receive up to $44.00 per month in advanced payments of the premium tax credit, effective October 1, 2016.

Also on August 25, 2016, you updated your application for financial assistance with health insurance.

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On August 26, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to receive up to $44.00 per month in advanced payments of the premium tax credit, effective October 1, 2016.

On August 26, 2016, NYSOH also issued a notice of enrollment confirming your selection of a qualified health plan on August 25, 2016, with a plan enrollment start date of September 1, 2016, and that your advanced payments of the premium tax credit would be applied to your monthly premium as of September 1, 2016.

On November 28, 2016, you updated your application for financial assistance with health insurance.

On November 29, 2016, NYSOH issued a notice stating more information was needed to make a determination. The notice explained the income information you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by December 13, 2016.

Also on November 29, 2016, you updated your application for financial assistance with health insurance. Also on this date you uploaded an unemployment benefit statement to your account.

On November 30, 2016, NYSOH issued a notice stating more information was needed to make a determination. The notice explained the income information you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by December 13, 2016.

On December 14, 2016, you updated your application for financial assistance with health insurance.

On December 15, 2016, NYSOH issued an eligibility determination stating that you were eligible to enroll in the Essential Plan for a limited time, effective January 1, 2017. This notice further directed you to submit income documentation to confirm your eligibility by March 14, 2017.

Also on December 15, 2016, you updated your application for financial assistance. Also on this date you uploaded an unemployment benefit statement to your account.

On December 16, 2016, NYSOH issued a notice stating more information was needed to make a determination. The notice explained the income information you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by December 30, 2016.

On January 2, 2017, you updated your application for health insurance. That day a preliminary eligibility determination was prepared with regard to that application stating that the information you provided did not match what NYSOH had obtained from state and federal data sources and NYSOH would not be able to make an eligibility determination until you provided or NYSOH was able to confirm additional information.

Also on January 2, 2017, you contacted the NYSOH Account Review Unit and requested an appeal insofar as you were not found eligible for Medicaid and permitted to enroll in a Medicaid Managed Care plan.

On January 3, 2017, NYSOH issued a notice stating more information was needed to make a determination. The notice explained the income information you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by January 17, 2017.

On January 6, 2017, you uploaded income documentation to your account.

On January 10, 2017, NYSOH verified the income documentation you uploaded and a new application was submitted on your behalf.

On January 11, 2017, NYSOH issued an eligibility determination notice finding you eligible for Medicaid effective January 1, 2017.

On January 11, 2017, you selected a Medicaid Managed Care plan.

On January 12, 2017, an enrollment confirmation notice was issued confirming your selection of a Medicaid Managed Care plan on January 11, 2017. The notice confirmed your enrollment in a plan starting February 1, 2017.

On April 4, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing. During the hearing, you clarified that you are requesting that your Medicaid and Medicaid Managed Care plan begin as of September 1, 2016.

Findings of Fact

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

1) You testified, and the record reflects, that you are appealing the start date of your Medicaid eligibility and your enrollment start date of your Medicaid

Managed Care plan, and that you are seeking a September 1, 2016 start date for your Medicaid eligibility and Medicaid Managed Care plan.

2) According to your NYSOH account, NYSOH received your applications for financial assistance on August 24, 2016, August 25, 2016, November 28, 2016, November 29, 2016, December 14, 2016, December 15, 2016, and January 2, 2017.

3) On August 15, 2016, you submitted a letter of separation from your employer indicating that your last day of employment was August 1, 2016.

4) You testified that you received your last paycheck in August 2016.

5) You testified, and submitted documentation to support, that you had employer sponsored health insurance through August 31, 2016.

6) On November 29, 2016, you submitted a notice to claimant of benefit determination from the [redacted] Department of Labor indicating that you were to begin receiving $545.00 per week in unemployment benefits, effective as of August 25, 2016, for a maximum benefit of $14,170.00.

7) On December 15, 2016, NYSOH reviewed the submission from November 29, 2016 and determined this was valid proof of your income.

8) The application that was submitted on December 13, 2016 listed annual household income of $23,435.00.

9) On December 15, 2016, you updated your expected annual income for 2017 to $2,180.00.

10) On December 15, 2016, you submitted a statement from the [redacted] Department of Labor dated December 15, 2016 which indicates that your weekly benefit rate is $545.00, your maximum benefit amount was $14,170.00, and your remaining benefit amount was $3,886.00.

11) On January 10, 2017, NYSOH reviewed the submission from December 15, 2016 and determined this was valid proof of your income.

12) The record reflects that you selected a Medicaid Managed Care plan on January 11, 2017.

13) You testified that you have filed your 2016 tax return and that your tax filing status on this return was single and you claimed no dependents. You further testified that your gross income was $50,529.00 which consisted of $31,532.00 in wages from your employer, $11,374.00 in unemployment

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benefits, $3,098.00 in dividends, $384.00 in taxable income, and $4,141.00 in capital gains.

14) You testified that your unemployment benefits ended at the end of January 2017.

15) You testified that on September 15, 2016 you received $1,564.00 and $286.00 in unemployment benefits and on September 29, 2016 you received $1,090.00 in unemployment benefits.

16) You testified that in October 2016 you received unemployment benefits on October 4, 2016 in the amount of $545.00; on October 11, 2016 in the amount of $545.00; on October 18, 2016 in the amount of $545.00; and on October 25, 2016 in the amount of $545.00.

17) You testified that in November 2016 you received unemployment benefits on November 1, 2016 in the amount of $545.00; on November 8, 2016 in the amount of $545.00; on November 15, 2016 in the amount of $545.00; on November 22, 2016 in the amount of $545.00; and on November 29, 2016 on $545.00.

18) You testified that in December 2016 you received unemployment benefits on December 6, 2016 in the amount of $545.00; on December 13, 2016 in the amount of $545.00; on December 20, 2016 in the amount of $545.00; and on December 27, 2016 in the amount of $545.00.

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

Applicable Law and Regulations

<u>Valid Appeal Requests</u>

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by the Exchange to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

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Individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notice of eligibility determination by NYSOH (45 CFR §155.520(b)(2); 18 NYCRR 358-3.5(b)(1)).

Medicaid

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).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

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)).

Medicaid Managed Care 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)).

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), 42 CFR § 435.945).

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) 42 CFR § 435.952).

Timely Notice of Medicaid Eligibility

When an individual applies for insurance through NYSOH, NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of application to the date NYSOH notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for NYSOH to make an eligibility determination, then NYSOH must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

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)).

Legal Analysis

The first issue under review is whether your appeal of NYSOH's August 25, 2016 and August 26, 2016 eligibility determination notices was timely

On August 25, 2016 and August 26, 2016 NYSOH issued notices of eligibility determination stating that you were eligible for up to $44.00 per month in advanced payments of the premium tax credit, effective October 1, 2016.

The record reflects that the first time you contacted NYSOH to file a complaint in regard to NYSOH not finding you eligible for Medicaid was December 14, 2016.

Individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notice of eligibility determination by NYSOH.

For an appeal to have been valid on the issue of NYSOH not determining you eligible for Medicaid at the time of the August 25, 2016 and August 26, 2016 eligibility determinations, an appeal should have been filed by October 17, 2016 or October 18, 2016, respectively. According to the credible evidence in the record, you did not contact NYSOH to file a complaint until December 14, 2016, well after the 60-day time period to file a formal appeal.

Therefore, there has been no timely appeal of the August 25, 2016 or August 26, 2016 eligibility determination notices and your appeal on the issue of NYSOH determining you eligible for APTC rather than Medicaid at the time of the August 25, 2016 and August 25, 2016 eligibility determination notices is DISMISSED.

The second issue is whether NYSOH provided you with timely determination of your Medicaid eligibility as of January 1, 2017.

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.

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.

You updated your NYSOH account on November 28, 2016 and November 29, 2016. The income amount that was entered into these applications did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your income.

On November 29, 2016, you uploaded a copy of your unemployment award letter and on December 15, 2016 NYSOH verified that letter as acceptable proof of income.

Therefore, your application was considered complete as of November 29, 2016 for purposes of issuing an eligibility determination.

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the completed application. To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of the completed application to the date NYSOH notifies the applicant of its decision.

NYSOH issued an eligibility determination notice on January 11, 2017 that stated you were eligible for Medicaid effective January 1, 2017. Since NYSOH issued an eligibility determination 43 days from the date your application was considered complete, the January 11, 2017 eligibility determination was timely.

The third issue is whether NYSOH properly determined that you were eligible for Medicaid as of January 1, 2017.

The application that was submitted on December 14, 2016 listed an annual household income of $23,435.00 and the eligibility determination relied upon that information.

You are in a one-person household. You expect to file your 2016 income taxes as single and will claim no dependents on that tax return.

Medicaid can be provided through NYSOH to adults between the ages of 19 and 65 who meet the non-financial requirements and have a household modified adjusted gross income that is at or below 138% of the FPL for the applicable family size. On the date of your application, the relevant FPL was $11,880.00 for a one-person household. Since $23,435.00 is 197.26% of the 2016 FPL, NYSOH properly found you to be ineligible for Medicaid on an expected annual income basis, using the information provided in your application.

However, financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size.

You testified that in December 2016 you received $2,180.00.

To be eligible for Medicaid, you would need to meet the non-financial criteria and have an income no greater than 138% of the FPL, which is $1,367.00.00 per month. Since your testimony indicates that you received $2,180.00.00 in December 2016 you do not qualify for Medicaid on the basis of monthly income as of the date of your December 14, 2016 application.

You also applications on November 28, 2016 and November 29, 2016.

You testified that in November 2016 you received $2,725.00. Therefore, you do not qualify for Medicaid on the basis of monthly income as of the dates of your November 28, 2016 and November 29, 2016 applications, as $2,725.00 is greater than 138% of the FPL, which was $1,367.00 per month.

You did not submit any applications in September 2016 or October 2016.

However, 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.

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You submitted applications for financial assistance on November 28, 2016, November 29, 2016, December 14, 2016, and December 15, 2016, therefore, your Medicaid eligibility for September 2016 and October 2016 can be assessed.

To be eligible for Medicaid in September 2016 and October 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 or October 2016.

You testified that in September 2016 you received $2,940.00 in unemployment benefits and in October 2016 you received $2,180.00 in unemployment benefits.

Since your income of $2,940.00 in September 2016 and $2,180.00 in October 2016 was more than the $1,367.00 monthly Medicaid limit in effect during September 2016 and October 2016, you do not qualify for Medicaid for the months of September 2016 and October 2016.

On December 15, 2016, you updated the annual expected income in your application to $2,180.00, which consisted of the remaining balance of unemployment benefits you were able to collect.

Also on December 15, 2016, NYSOH verified the income documentation you submitted, which included the information that your unemployment benefits were $545.00 per week, began as of August 25, 2016, and your maximum benefit amount was $14,170.00.

On January 10, 2017, NYSOH redetermined your eligibility for financial assistance based on an expected annual income of $2,180.00 for 2017.

On the date of the January 10, 2017 application, the relevant FPL was $11,880.00 for a one-person household. Since $2,180.00 is 18.35% of the 2016 FPL, NYSOH properly found you to be eligible for Medicaid on an expected annual income basis, using the information confirmed in your income documentation.

Since the January 11, 2017 eligibility determination was timely issued, and you were determined eligible for Medicaid on January 10, 2017, your Medicaid eligibility properly began on January 1, 2017, as an applicant is eligible for fee-for service Medicaid the first day of the month, if that applicant was eligible for Medicaid at any time during that month.

Therefore, the January 11, 2017 eligibility determination finding you eligible for Medicaid as of January 1, 2017 is AFFIRMED.

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The fourth issue is whether NYSOH properly determined that your enrollment in your Medicaid Managed Care plan was effective February 1, 2017.

The record reflects that you contacted NYSOH on January 11, 2017 and enrolled into a Medicaid Managed Care plan.

The date on which a Medicaid Managed Care plan can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected from the first day to and including the fifteenth day of a month will go into effect on the first day of the following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

Since the January 11, 2017 eligibility determination notice was timely issued and properly found you eligible for Medicaid as of January 1, 2017, you were able to select a Medicaid Managed Care plan as of January 11, 2017. Your plan therefore properly took effect on the first day of the first month following after January 2017; that is, on February 1, 2017.

Therefore, the January 12, 2017 enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan would be effective February 1, 2017, was correct and must be AFFIRMED.

Decision

The appeal of the August 25, 2016 and August 25, 2016 eligibility determination notices is DISMISSED.

The January 11, 2017 eligibility determination notice is AFFIRMED.

The January 12, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: April 12, 2017

How this Decision Affects Your Eligibility

This decision does not affect your eligibility or enrollment.

Your eligibility for Medicaid began as of January 1, 2017.

Your enrollment in your Medicaid Managed Care began as of 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 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 appeal of the August 25, 2016 and August 25, 2016 eligibility determination notices is DISMISSED.

The January 11, 2017 eligibility determination notice is AFFIRMED.

The January 12, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not affect your eligibility or enrollment.

Your eligibility for Medicaid began as of January 1, 2017.

Your enrollment in your Medicaid Managed Care began as of February 1, 2017.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

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A Copy of this Decision Has Been Provided To:

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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。我们可以为您免费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 مجانًا.

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

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Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्त्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई नि:शुल्क 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 yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yƐbƐtumi ama wo obi a ɔkyerƐ kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu)اردو

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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).