



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

Notice of Decision

Decision Date: April 27, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014537

[REDACTED]

Dear [REDACTED]

On March 30, 2017, you appeared by telephone, along with [REDACTED] an attorney, at a hearing on your appeal of NY State of Health's denial of your request for full Medicaid coverage for your spouse for the months of May through September 2016.

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
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: April 27, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014537

[REDACTED]

Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health (NYSOH) properly determine that your spouse was not eligible for full Medicaid coverage for the months of May 2016 through September 2016?

Procedural History

On May 29, 2016, you completed an application for health insurance.

On May 30, 2016 NYSOH issued an eligibility determination notice stating that your spouse was conditionally eligible for Medicaid, effective May 1, 2016. The notice further directed you to provide income documentation for your spouse before June 13, 2016.

On July 5, 2016, NYSOH issued a notice stating that your spouse was newly eligible to purchase a qualified health plan at full cost, effective August 1, 2016. The notice stated that she was not eligible to receive Medicaid, Child Health Plus, the Essential Plan, or tax credits toward the cost of insurance because NYSOH did not receive the income documentation needed to verify the information in your application.

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Also on July 5, 2016, NYSOH issued a disenrollment notice stating that your spouse's enrollment in her Medicaid fee-for-service coverage was ending as of July 31, 2016 because she was no longer eligible to remain enrolled in her current health insurance.

On July 6, 2016, you updated your NYSOH account; you requested assistance in paying for medical bills for the previous three months for your spouse.

On July 7, 2016, NYSOH issued a notice of eligibility determination stating that your spouse was conditionally eligible for Medicaid, effective August 1, 2016. The notice further directed you to provide income documentation for your spouse before July 21, 2016.

On September 12, 2016, you updated your NYSOH application and added your newborn child to your NYSOH account. You also uploaded documentation to your NYSOH account, and requested assistance with the prior three months of medical expenses for your spouse.

On September 13, 2016, NYSOH issued a notice stating that your September 12, 2016 application had been reviewed, but that more information was needed to confirm the information in your application. The notice directed you to submit proof of income by September 4, 2016 for your spouse, and by September 27, 2016 for yourself.

Also on September 13, 2016, NYSOH issued a disenrollment notice stating that your spouse's enrollment in her Medicaid fee-for-service coverage was discontinued as of September 30, 2016.

On September 16, 2016, NYSOH issued a notice stating that your spouse was eligible to purchase a qualified health plan at full cost, effective October 1, 2016. The notice stated that she was not eligible to receive Medicaid, Child Health Plus, the Essential Plan, or tax credits toward the cost of insurance because NYSOH did not receive the income documentation needed to verify the information in your application.

On September 20, 2016, NYSOH issued a notice stating that the documentation you had submitted did not confirm the information in your application. The notice instructed you to provide proof of your income by October 12, 2016.

On September 29, 2016, NYSOH issued a notice of enrollment confirmation confirming your spouse's enrollment in a qualified health plan as of November 1, 2016.

On September 30, 2016, you uploaded documentation to your NYSOH account.

On October 13, 2016, NYSOH issued a notice stating that your spouse was eligible for Medicaid, effective October 1, 2016.

Also on October 13, 2016, NYSOH issued a notice stating that your spouse was eligible for retroactive Medicaid for the period of February 1, 2016 through April 30, 2016.

That same day, NYSOH issued a notice of cancellation stating that your spouse's enrollment in her qualified health plan was cancelled as of November 1, 2016.

On October 18, 2016, NYSOH issued a notice of enrollment confirmation, confirming your spouse's enrollment in a Medicaid Managed Care plan, beginning December 1, 2016.

Also on October 18, 2016 you spoke to NYSOH's Account Review Unit and appealed insofar as your spouse was not found eligible for full Medicaid benefits for the period of May 1, 2016 through September 30, 2016.

On March 30, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, your [REDACTED], [REDACTED], an attorney, appeared as your authorized representative. The record was developed during the hearing and closed at the end of the hearing.

Findings of Fact

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

- 1) According to your NYSOH account, your spouse was found conditionally eligible for Medicaid as of May 1, 2016, and again as of August 1, 2016, pending submission of household income documentation.
- 2) You testified that you recall getting notices stating that your spouse was eligible for Medicaid, but you do not recall the part of the notice that stated that further income documentation was required.
- 3) You testified that you recall first submitting income documentation, consisting of screen captures of pay you had received for the three-month period prior to your application, shortly after you applied for coverage.
- 4) According to your NYSOH account, you first provided income documentation on September 12, 2016 when you uploaded a spreadsheet to your NYSOH account showing hours worked and gross

pay for the weeks ending 7/29/16 through 9/9/16 (Document [REDACTED]).

- 5) You testified that you do not have proof that you submitted income documentation to NYSOH prior to this date.
- 6) On September 13, 2016, you uploaded a letter dated August 1, 2016, signed by your spouse, stating that she is pregnant, due [REDACTED], and that she was not working at that time (Document [REDACTED]).
- 7) According to your NYSOH account, NYSOH found that this documentation was not valid on September 19, 2016, and issued a notice on September 20, 2016 stating that more income documentation was needed.
- 8) On September 30, 2016, you uploaded a letter to your NYSOH account from the [REDACTED], dated September 28, 2016, stating that you are a part-time employee there, and that earn an average gross weekly income of \$557.22 (Document [REDACTED]).
- 9) According to your NYSOH account, your child was born on [REDACTED] and you added her to your application on September 12, 2016. Your spouse was no longer pregnant at the time of this updated application.
- 10) According to your NYSOH account, on September 12, 2016 you requested help paying medical bills for the months of February, March, and April 2016 on behalf of your spouse.
- 11) Information entered into the notes for Incident # [REDACTED] by a NYSOH Account Review Unit representative on October 26, 2016 indicate that you informed NYSOH that you were requesting full Medicaid eligibility for your spouse for the period of May 1, 2016 through September 30, 2016, as opposed to the presumptive eligibility she had been given.
- 12) The request for full Medicaid benefits for your spouse for the period of May 1, 2016 through September 30, 2016 was not granted, and an appeal request was processed by NYSOH on this issue.
- 13) According to your NYSOH account, you expect to file your 2016 taxes with a tax filing status of married filing jointly and will claim one dependent on that tax return.

- 14) The application that was submitted on September 12, 2016 listed an annual household income of \$28,975.44, consisting of income that you earn. Your account reflects that your spouse had no income.
- 15) The application submitted on September 12, 2016 listed a deduction for student loan interest of \$4,000.00 for you, and \$2,000.00 for your spouse.
- 16) According to your NYSOH account, your spouse had presumptive Medicaid from May 1, 2016 through September 30, 2016.
- 17) You testified that the Medicaid coverage your spouse had did not cover certain hospital charges related to the birth of your child in [REDACTED], and you want to appeal those charges not being covered.
- 18) You testified that, while you may not have read the notices you received completely enough, you submitted the income documentation that was requested of you to show that your spouse was eligible for Medicaid in the month of [REDACTED], when she gave birth.

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

Applicable Law and Regulations

De Novo Review

The Marketplace Appeals Unit must review each appeal de novo and “consider all relevant facts and evidence adduced during the appeals process” (45 CFR § 155.535(f)). “De novo review means a review of an appeal without deference to prior decisions in the case” (45 CFR § 155.500).

Household Composition

For purposes of Medicaid eligibility, the household size of either a pregnant woman or a per child who is in the family of a pregnant woman includes not only the pregnant woman, but also the number of children she expects to deliver (42 CFR § 435.603(b); State Plan Amendment (SPA) 13-0055-MM3, as approved by the US Department of Health and Human Services, March 19, 2014).

Medicaid for Pregnant Women

Medicaid can be provided through the Marketplace 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

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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 federal poverty level (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 New York, a pregnant woman is eligible for Medicaid at a household income of 223% of the federal poverty level (FPL) for the applicable family size (42 CFR §435.116 (c)(2); NY Department of Social Services Administrative Directive 13ADM-03).

“Family size” means the number of persons counted as members of an individual’s household. The household of a taxpayer who expects to file a tax return, and does not expect to be claimed as a tax dependent by anyone else, consists of the taxpayer plus all people the taxpayer expects to claim as tax dependents (42 CFR § 435.603(f)(1)).

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 May 29, 2016 application, that was the 2016 FPL, which is \$20,160.00 for a three-person household (81 Federal Register 4036).

Generally, Medicaid coverage begins on the first day of the month in which the applicant was found eligible (42 CFR § 435.915(b)).

Adjusted Gross Income and Student Loan Interest

“Adjusted gross income” is the gross income of the taxpayer minus the deductions permitted (26 USC § 62). Subject to some limitations, interest on a qualified educational loan can be deducted from adjusted gross income in an amount up to \$2,500 in interest paid by taxpayers during the taxable year, whose yearly income does not exceed \$160,000 (26 USC § 221; see *also* 26 USC § 62 (17)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your spouse was not eligible for full Medicaid coverage for the period of May 1, 2016 through September 30, 2016.

The record reflects that you updated your account and applied for financial assistance for yourself and your spouse on May 29, 2016. On May 30, 2016, NYSOH issued a notice of eligibility determination stating that your spouse was conditionally eligible for Medicaid, pending proof of household income, effective

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May 1, 2016. Though you testified that you submitted income documentation shortly after you applied, your NYSOH account does not reflect that income documentation was submitted at any point prior to September 12, 2016.

Since NYSOH did not receive income documentation within the required timeframe, your spouse's eligibility remained conditional, and was scheduled to terminate as of July 31, 2016 because the required documentation had not been received.

However, you updated your NYSOH application again on July 6, 2016, and requested retroactive Medicaid for your spouse for the month of April 2016. On July 7, 2016, NYSOH issued a notice again finding your spouse conditionally eligible for Medicaid, pending proof of household income, effective August 1, 2016. Once again, the record contains no indication that income documentation was submitted at that time.

On September 12, 2016, you updated your NYSOH account again, and added your newborn child to your account. In this application, you requested retroactive Medicaid for your spouse for the months of February, March, and April 2016. This time, your spouse's eligibility could not be determined until income information was provided. Since your spouse's Medicaid eligibility was still in a conditional status, NYSOH's inability to determine her eligibility on September 12, 2016 caused her Medicaid coverage to be terminated effective September 30, 2016.

You subsequently supplied additional income documentation and, on October 13, 2016, NYSOH issued a notice finding your spouse fully eligible for Medicaid, effective October 1, 2016. Additionally, your spouse was found eligible for retroactive Medicaid coverage for the months of February, March, and April 2016, based on the income information that you provided to NYSOH.

However, the record contains no indication that NYSOH issued any notice that addresses your request to have your spouse found eligible for full Medicaid coverage for the period from May 1, 2016 through September 30, 2016. The record does contain evidence of an October 24, 2016 telephone call that NYSOH made to you to clarify the reason for your October 18, 2016 appeal request. Notes were entered by a NYSOH representative on October 26, 2016 stating "On 10/24/2016 outbound call was placed to appellant to clarify appeal reason. Spoke with [REDACTED] he reports wife's presumptive eligibility of 05/01/2016 through 9/31/2016 is the issue, requesting full MA FFS benefits."

Here, the lack of a notice of eligibility determination on the issue of full Medicaid for your spouse for the months of May through September 2016 does not prevent the Appeals Unit from reaching the merits of the case. Under 45 CFR § 155.505(b), you are as entitled to appeal NYSOH's failure to timely issue a notice of eligibility determination as you are to appeal an adverse notice of eligibility

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determination. The record of the telephone call made to you by NYSOH on October 24, 2016, in which you stated you wanted your spouse to be eligible for full Medicaid as opposed to presumptive, permits an inference that NYSOH did deny your request for full Medicaid for your spouse in the months of May 2016 through September 2016.

Since the Appeals Unit review of NYSOH determinations is performed on a de novo basis, no deference would have been granted to an eligibility determination had it been issued. Therefore, the issue under review is refined to whether your spouse was properly denied full Medicaid benefits for the months of May through September 2016.

According to your NYSOH account and your testimony, you expect to file your 2016 taxes with a tax filing status of married filing jointly and to claim one dependent on that tax return. In May 2016, your spouse was pregnant with one child. Generally, the household of a pregnant woman includes not only the pregnant woman, but also the number of children she is expected to deliver. Since your spouse was pregnant in May 2016 with one child, and resided with her spouse, her household size, for purposes of this analysis, was a three-person household.

Your NYSOH account reflects that your spouse had presumptive Medicaid from May 2016 through September 2016, which does not cover labor and delivery charges. You testified that you are seeking to have your spouse's Medicaid coverage changed to "full" Medicaid coverage for that period, particularly for [REDACTED] when she gave birth, so that the labor and delivery charges related to your child's birth can be covered.

Your spouse was found conditionally eligible for Medicaid in notices dated May 30, 2016 and July 7, 2016. Since income documentation was not received by NYSOH following those eligibility determinations, her coverage remained presumptive. However, in September 2016, you uploaded income documentation showing that you earn a gross weekly income of approximately \$557.22. NYSOH validated this income documentation, and used it to grant your spouse retroactive Medicaid eligibility for the months of February through April 2016.

To be eligible for full Medicaid in the months of May through September 2016, your spouse would have needed to meet the non-financial criteria and have an income no greater than 223% of the 2016 FPL, which is \$3,747.00 per month for a three-person household size. There is no indication in the record that your spouse would have been ineligible for Medicaid based on non-financial criteria during the months of May through September 2016. Therefore, the analysis turns to the financial requirements of Medicaid.

The record reflects that, on September 30, 2016, you submitted a letter from your employer stating that you earn gross income of \$557.22 per week. NYSOH

accepted this documentation as valid proof of your income, and used it to determine your spouse's eligibility for retroactive Medicaid. Therefore, this analysis is based on this income documentation.

You testified, and the record reflects, that your spouse had no income during the period in question. Your application of September 12, 2016 indicates that both you and your spouse plan to take deductions on your 2016 tax return for student loan interest paid. However, though your application lists a total of \$2,000.00 in student loan interest deductions for your spouse, and \$4,000.00 for you, the IRS allows a maximum of \$2,500.00 in student loan interest deductions per taxpayer per year. Therefore, the total amount of your student loan interest deduction is reduced from \$4,000.00 to \$2,500.00, giving you a combined deduction of \$4,500.00 for you and your spouse.

The weekly income figure you provided translates into an annual gross income of \$28,975.44. If an amount of \$4,500.00 is deducted from that figure for student loan interest, then your annual gross household income is \$24,475.44. This equals a monthly income of \$2,039.62, and this figure can be used to determine your spouse's eligibility for full Medicaid as of May 1, 2016, since NYSOH has already used your income documentation as the basis for its finding that your spouse was eligible for retroactive Medicaid in February, March, and April 2016.

According to your NYSOH account, your spouse was still conditionally eligible for Medicaid in September 2016, therefore, her medical expenses for certain labor and delivery charges were not covered by Medicaid. However, the Department of Health will change the presumptive Medicaid eligibility to full Medicaid eligibility, provided documentary evidence supports such a determination. In cases of presumptive eligibility, full Medicaid benefits can be made effective from the first day of the month that an individual is found fully eligible for Medicaid. Since NYSOH found you eligible for retroactive Medicaid for the months of February, March, and April 2016, this inquiry regarding your eligibility for full Medicaid begins May 1, 2016.

Since the record now contains a more accurate representation of what your household income was, and since NYSOH has accepted your income documentation, your case is RETURNED to NYSOH to consider your request to change your spouse's Medicaid eligibility from presumptive eligibility to full coverage, beginning May 1, 2016, and through September 30, 2016. This determination should be based on a three-person household, utilizing 223% of the 2016 FPL for a pregnant woman, and a monthly household income of \$2,039.62, and to notify you accordingly.

Decision

Your case is RETURNED to NYSOH to consider changing your spouse's Medicaid eligibility from presumptive eligibility to "full" coverage Medicaid, beginning May 1, 2016, and through September 30, 2016, based on a three-person household, utilizing 223% of the 2016 monthly FPL for a pregnant woman, and a monthly household income of \$2,039.62.

Effective Date of this Decision: April 27, 2017

How this Decision Affects Your Eligibility

This is not a final determination of your spouse's eligibility for financial assistance.

Your case is being sent back to NYSOH to redetermine your spouse's eligibility for "full" Medicaid coverage to cover the cost of medical expenses incurred from the hospitalization during your spouse's labor and newborn child's delivery. This redetermination will be based on a three-person household, utilizing 223% of the 2016 monthly FPL for a pregnant woman, and a household income of \$2,039.62 for the period of May 1, 2016 through September 30, 2016.

NYSOH will notify you promptly of its redetermination.

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:

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- 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

Your case is RETURNED to NYSOH to consider changing your spouse's Medicaid eligibility from presumptive eligibility to "full" coverage Medicaid, beginning May 1, 2016, and through September 30, 2016, based on a three-person household, utilizing 223% of the 2016 monthly FPL for a pregnant woman, and a monthly household income of \$2,039.62.

This is not a final determination of your spouse's eligibility for financial assistance.

Your case is being sent back to NYSOH to redetermine your spouse's eligibility for "full" Medicaid coverage to cover the cost of medical expenses incurred from the hospitalization during your spouse's labor and newborn child's delivery. This

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redetermination will be based on a three-person household, utilizing 223% of the 2016 monthly FPL for a pregnant woman, and a household income of \$2,039.62 for the period of May 1, 2016 through September 30, 2016.

NYSOH will notify you promptly of its redetermination.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

[REDACTED]

[REDACTED]

Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

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

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Français (French)

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

हिंदी (Hindi)

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

日本語 (Japanese)

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

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&etumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

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