



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

## Notice of Decision

Decision Date: June 26, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000014602



Dear [REDACTED],

On April 12, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's alleged failure to issue a timely eligibility determination.

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  
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## Decision

Decision Date: June 26, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000014602



## Issue

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

Did NY State of Health (NYSOH) fail to issue a timely eligibility determination of Medicaid eligibility to you, your spouse, and your youngest child based on your November 2, 2016 application?

## Procedural History

Under account numbered [REDACTED]:

On October 17, 2016, NYSOH issued a cancellation notice confirming that your oldest child's Child Health Plus (CHP) coverage was cancelled effective October 1, 2016 due to non-payment of premiums.

On November 2, 2016, NYSOH received an application for health insurance.

Also on November 2, 2016, NYSOH received (1) four earning statements issued to you by [REDACTED] between October 6, 2016 and October 27, 2016, and (2) four earning statements issue to you by [REDACTED] between September 23, 2016 and October 28, 2016.

On November 3, 2016, NYSOH issued a notice stating that the information contained in the November 2, 2016 did not match what NYSOH received from state and federal data sources. You were requested to provide income documentation for your family by November 17, 2016. The notice

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cautioned that if you missed the due date, NYSOH would not be able to determine your eligibility for health insurance.

On November 5, 2016, NYSOH issued a disenrollment notice confirming that you and your spouse's Essential Plan coverage would end effective November 30, 2016.

On November 17, 2016, NYSOH issued a notice stating that the income documentation you provided did not confirm the information in your application. You were requested to provide additional income documentation for your household by December 2, 2016.

On November 24, 2016, NYSOH received (1) an undated letter issued by your spouse's employer, [REDACTED], stating that your spouse began his employment on October 17, 2016, and that he is paid \$650.00 per week, (2) duplicate copies of the earnings statements issued to you by [REDACTED] between October 6, 2016 and October 27, 2016, and duplicate copies of the earnings statements issued to you by [REDACTED] between September 23, 2016 and October 28, 2016, and (3) two earnings statements issued to your spouse by his employer, [REDACTED], on October 23, 2016 and October 30, 2016.

On December 13, 2016, NYSOH issued a notice stating that the income documentation you provided did not confirm the information in your application. You were requested to provide additional income documentation for your household by December 17, 2016.

On January 4, 2017, you spoke to NYSOH's Account Review Unit and appealed the failure of NYSOH to issue a timely eligibility determination to you, your spouse and your youngest child.

On January 5, 2017, NYSOH received a facsimile containing (1) received four earning statements issued to you by [REDACTED] between October 13, 2016 and November 3, 2016, (2) earnings statements issued to you by [REDACTED] between October 14, 2016 and November 4, 2016, (3) duplicate copies of earnings statements issued to your spouse by [REDACTED], Inc. on October 23, 2016 and October 30, 2016, and (4) a letter dated December 12, 2016, stating that your spouse was no longer employed by [REDACTED] as of September 10, 2016.

On January 5, 2017, NYSOH redetermined your household's eligibility.

On January 6, 2017, NYSOH issued a notice stating that the information contained in the November 2, 2016 did not match what NYSOH received from state and federal data sources. You were requested to provide

income documentation for your family by January 16, 2017. The notice cautioned that if you missed the due date, NYSOH would not be able to determine your eligibility for health insurance.

On January 10, 2017, NYSOH issued a notice stating that the income documentation you provided did not confirm the information in your application. You were requested to provide additional income documentation for your household by January 31, 2017.

On January 17, 2017, NYSOH received an updated application for health insurance. This application reflected that you had removed your youngest child from your application.

On January 18, 2017, NYSOH issued a notice stating that the information contained in the January 17, 2017 application did not match what NYSOH received from state and federal data sources. You were requested to provide income documentation for your family by January 31, 2017. The notice cautioned that if you missed the due date, NYSOH would not be able to determine your eligibility for health insurance.

On February 6, 2017, NYSOH received two earning statements issued to you by [REDACTED] November 3, 2016 and November 10, 2016, and (2) two earnings statements issued to you by [REDACTED] on November 4, 2016 and November 11, 2016.

On March 2, 2017, NYSOH redetermined your household's eligibility for health insurance.

On March 3, 2017, NYSOH issued a notice stating that the income documentation you provided was not sufficient to resolve the inconsistency in your account. You were requested to provide additional income documentation for you and your spouse, though were not provided with a revised due date by which such documentation needed to be sent to NYSOH.

Also on March 3, 2017, NYSOH issued a notice stating that the information contained in the March 2, 2017 application did not match what NYSOH received from state and federal data sources. You were requested to provide income documentation for your family by March 17, 2017. The notice cautioned that if you missed the due date, NYSOH would not be able to determine your eligibility for health insurance.

Finally, on March 3, 2017, NYSOH issued a notice stating that the income documentation you provided did not confirm the information in your application. You were requested to provide additional income documentation for your household by March 17, 2017.

On March 8, 2017, NYSOH received (1) received four earning statements issued to you by [REDACTED] between December 29, 2016 and January 19, 2017, (2) four earnings statements issued to you by [REDACTED] [REDACTED] between December 23, 2016 and January 13, 2016, (3) four earnings statements issued to your spouse by [REDACTED] [REDACTED] between December 23, 2016 and January 13, 2017.

On March 17, 2017, this NYSOH account was closed in favor of a new NYSOH account established under [REDACTED].

Under account numbered [REDACTED]:

On March 7, 2017, NYSOH received an application for health insurance.

On March 8, 2016, NYSOH issued an eligibility determination finding you and your spouse eligible to enroll in a QHP at full cost, effective April 1, 2017. However, you and your spouse were not eligible to enroll in a health plan since you had not qualified for a special enrollment period. The notice also stated that your oldest child was eligible for coverage through CHP at \$30.00 per month, effective April 1, 2017.

Also on March 8, 2017, NYSOH issued an enrollment notice confirming your selection of a CHP plan for your oldest daughter's coverage as of March 7, 2017. The notice stated that her CHP coverage would begin effective April 1, 2017.

On May 19, 2017, NYSOH received a revised application for health insurance.

On May 20, 2017, NYSOH issued an eligibility determination notice based on the information contained in the May 19, 2017 application. The notice stated that you and your spouse were eligible for an advance premium tax credit (APTC) of up to \$661.00 per month and, if your selected a silver-level plan, eligible for cost-sharing reductions (CSR), effective July 1, 2017. The notice also stated that your oldest child was eligible for CHP at a premium of \$15.00 per month, effective July 1, 2017.

On June 20, 2017, NYSOH received a revised application for health insurance. This application removed you as seeking a coverage through NYSOH.

On June 21, 2017, NYSOH issued an eligibility determination notice based on the information contained in the June 20, 2017 application. The notice stated that your spouse was eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective August 1, 2017. The notice also stated that your oldest child was eligible for CHP at a premium of \$9.00 per month, effective August 1, 2017.

On April 12, 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 hearing.

## Findings of Fact

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

- 1) Your first application after your oldest child was disenrolled from her CHP plan coverage was received on November 2, 2016.
- 2) Your November 2, 2016 application reflected that you expected to file your 2016 taxes with a tax filing status of married filing jointly, and that you would claim your two children as dependents on that tax return.
- 3) You testified that you were seeking insurance for you, your spouse, and your oldest child.
- 4) You live in Orange County, New York.
- 5) The application that was submitted on November 2, 2016 listed annual household income of \$15,809.64 consisting of (1) \$11.21 per hour you receive from the [REDACTED] during a 17-hour work week, (2) \$75.00 per week you receive you received from [REDACTED], and (3) and \$2,000.00 your spouse received from his former employer, [REDACTED], between October 1, 2016 and November 11, 2016. You testified that at the time you submitted this application, these figures were correct.
- 6) On November 2, 2016, you provided to NYSOH four earning statements issued to you by [REDACTED], reflecting that you received (1) \$227.60 on October 6, 2016, (2) \$204.84 on October 13, 2016, (3) \$159.32 on October 20, 2016 and (4) \$227.60 on October 27, 2017. You also provided to NYSOH four earnings statements issue to you by [REDACTED]. reflecting that you had received (1) \$43.18 on September 23, 2016, (2) \$199.05 on October 14, 2016, (3) \$274.20 on October 21, 2016 and (4) \$194.93 on October 28, 2016.
- 7) On November 16, 2016, NYSOH reviewed the income documentation you provided on November 2, 2016. It was determined insufficient since you did not provide earning statements issued to your spouse by his employer.
- 8) On November 24, 2016, you provided to NYSOH two earning statements issued to your spouse by [REDACTED] reflecting that he received (1) \$650.00 on October 23, 2016 and (2) \$650.00 on October 30,

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2016. You also provided a letter from [REDACTED] stating that your spouse began working for [REDACTED] on October 13, 2016 and receives \$650.00 gross salary per week.
- 9) Your application update provided on January 17, 2017 did not reflect your spouse's new source of income as being [REDACTED], but rather only referenced earnings he received from his former employer, [REDACTED], between October 1, 2016 and November 11, 2016.
- 10) On January 5, 2017, you provided to NYSOH a letter issued by [REDACTED] stating that your spouse's employment with them ended September 10, 2016.
- 11) You testified that you were seeking for your eligibility to have been determined as of your November 2, 2016 application, based on the income and other documentation you provided to NYSOH. You further testified that you and your spouse were seeking reinstatement of your coverage as of December 1, 2016, and your oldest daughter's coverage as of November 1, 2016.
- 12) Under a different account, [REDACTED], your spouse was subsequently enrolled in an Essential Plan with coverage beginning effective August 1, 2017, and your oldest child was enrolled in a CHP plan with such coverage beginning April 1, 2017. However, you have not since been enrolled in coverage through NYSOH, and were removed from the application on June 20, 2017.

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

## **Applicable Law and Regulations**

### Medicaid

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);

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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).

## **Legal Analysis**

The issue under review is whether NYSOH provided you, your spouse and your oldest child with a timely determination of Medicaid eligibility.

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 2, 2016. The total household income you attested to in this application of \$15,809.64, consisting of (1)

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\$9,909.64 (\$11.21 per hour x 17 hours x 52 weeks) you receive from the [REDACTED], (2) \$3,900.00 (\$75.00 x 52 weeks) you receive from [REDACTED], and (3) and \$2,000.00 your spouse received from his former employer, [REDACTED], between October 1, 2016 and November 11, 2016, did not match information from federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your income.

On November 2, 2016, you provided to NYSOH four earning statements issued to you by [REDACTED], reflecting that you received (1) \$227.60 on October 6, 2016, (2) \$204.84 on October 13, 2016, (3) \$159.32 on October 20, 2016 and (4) \$227.60 on October 27, 2017. You also provided to NYSOH four earnings statements issue to you by [REDACTED], reflecting that you had received (1) \$43.18 on September 23, 2016, (2) \$199.05 on October 14, 2016, (3) \$274.20 on October 21, 2016 and (4) \$194.93 on October 28, 2016. While these documents were deemed by NYSOH to be acceptable with respect to your income, you did not provide any documentation relating to your spouse's income at that time. You were again directed to provide additional income documentation to NYSOH to confirm your income.

On November 24, 2016, you provided to NYSOH two earning statements issued to your spouse by [REDACTED], [REDACTED], reflecting that your spouse received (1) \$650.00 on October 23, 2016 and (2) \$650.00 on October 30, 2016. You also provided a letter from [REDACTED] stating that your spouse began working for [REDACTED] on October 13, 2016 and receives \$650.00 gross salary per week. However, since these documents were also inconsistent insofar as your attested employer differed from that referenced in the earning statements you provided, NYSOH was still unable to issue an eligibility determination.

It was not until January 5, 2017 that you provided to NYSOH a letter issued by [REDACTED] stating that your spouse's employment with them ended September 10, 2016, which could have reasonably inferred that the documentation that you had been providing reflected a new employment, and that your attested income with [REDACTED] had ceased. However, there does not appear to be an attempt made by NYSOH to redetermine your eligibility based on the totality of documents present in your file, but rather notices were continually sent stating that the income information in your application did not match state and federal data sources, or that NYSOH "had not received the requested information in to verify your income by the due date."

There is no indication in your account that the totality of the income documentation you provided from November 2, 2016 through January 5, 2017 was ever fully verified or invalidated within the 45-day time frame.

Therefore, NYSOH failed to make a timely determination of your eligibility based on the documentation you provided.

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The credible evidence of record indicates that while your ( [REDACTED] ) anticipated earnings for 2017 of \$15,809.64 remained consistent, your spouse's projected 2017 earnings with his employer can reasonably be estimated to be \$33,800.00 (\$650 x 52 weeks).

Therefore, your case is RETURNED to NYSOH to redetermine your household's eligibility for financial assistance as of January 5, 2017, based on a four-person household with an annual expected income of \$49,609.64 in Orange County, New York.

## **Decision**

NYSOH failed to make a timely determination of your eligibility based on the documentation you provided.

Your case is RETURNED to NYSOH to redetermine your household's eligibility for financial assistance as of January 5, 2017, based on a four-person household with an annual expected income of \$49,609.64 in Orange County, New York.

**Effective Date of this Decision:** June 26, 2017

## **How this Decision Affects Your Eligibility**

This is not a final determination of your eligibility.

You will receive a new determination of your household's eligibility for financial assistance in paying for health insurance as of January 5, 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

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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**

NYSOH failed to make a timely determination of your eligibility based on the documentation you provided.

your case is RETURNED to NYSOH to redetermine your household's eligibility for financial assistance as of January 5, 2017, based on a four-person household with an annual expected income of \$49,609.64 in Orange County, New York.

This is not a final determination of your eligibility.

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You will receive a new determination of your household's eligibility for financial assistance in paying for health insurance as of January 5, 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।

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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&btumi 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.

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