



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

## Notice of Decision

Decision Date: June 7, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000014723

[REDACTED]

Dear [REDACTED],

On April 6, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 27, 2017 enrollment confirmation and disenrollment 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.

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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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: June 7, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000014723

[REDACTED]

## Issues

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

Did NYSOH properly determine your family's enrollment in a Medicaid Managed Care plan with YourCare ended no earlier than January 31, 2017?

Did NYSOH properly determined your family's enrollment in a Medicaid Managed Care plan with Independent Health became effective no earlier than February 1, 2017?

## Procedural History

On November 7, 2016, NYSOH received your family's application for financial assistance with health insurance.

On November 8, 2016, NYSOH issued a notice indicating the income information listed in your application did not match the information received from state and federal data sources. The notice directed you to submit proof of your household's income by November 22, 2016 and proof of you and your spouse's citizenship status by February 5, 2017, or NYSOH would not be able to determine your family's eligibility for health insurance.

On December 1, 2016, your income documentation was verified by NYSOH and your family's eligibility was systematically redetermined.

On December 2, 2016, NYSOH issued an eligibility determination notice stating you and your spouse were conditionally eligible for Medicaid, effective November 1, 2016. The notice indicated more information was needed to confirm the eligibility of you and your spouse. The notice directed you and your spouse to submit proof of your citizenship status by February 5, 2017, or you might lose your insurance or receive less help paying for your coverage. The

notice indicated your children were fully Medicaid eligible, effective November 1, 2016. Finally, the notice directed you to “pick a health plan” for your family. The notice indicated that if you did not choose a health plan, one would be chosen for you.

On December 12, 2016, NYSOH issued a notice of enrollment confirming your family’s enrollment in a Medicaid Managed Care plan with YourCare health plan, effective January 1, 2017. The notice indicated your family had been enrolled in the health plan because you did not select a plan.

On January 9, 2017, you spoke to NYSOH’s Account Review Unit and appealed your family’s enrollment in the YourCare plan insofar as your family was not enrolled in a Medicaid Managed Care plan with Independent Health, effective January 1, 2017.

On January 27, 2017, NYSOH issued an enrollment notice, based on your January 26, 2017 plan selection, confirming your family was enrolled in a Medicaid Managed Care plan with Independent Health, effective February 1, 2017.

Also on January 27, 2017, NYSOH issued a disenrollment notice stating your family’s enrollment in your YourCare Medicaid Managed Care plan was terminated, effective January 31, 2017, because you requested to end your coverage on January 26, 2017.

On April 6, 2017, you had a telephone hearing with a Hearing Officer from NYSOH’s Appeals Unit. The record was developed during the hearing and held open until April 20, 2017 for you to submit supporting documentation. No such documentation was received and the record thereafter closed at the end of business on April 20, 2017.

## **Findings of Fact**

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

- 1) Your family’s initial application for financial assistance with health insurance was submitted on November 7, 2016.
- 2) Proof of your household’s income and proof of citizenship status for you and your spouse was requested to confirm your family’s eligibility.
- 3) On November 16, 2016, a copy of your Certificate of Naturalization ( [REDACTED] ) was uploaded to your NYSOH account as well as a copy of an Official Record of Benefit Payment History from the Department of Labor indicating you had an active claim for unemployment insurance benefits in the gross weekly amount of \$430.00, with the first payment issued November 13, 2016 ( [REDACTED] ). The same day, your spouse’s Certificate of Naturalization ( [REDACTED] ) was also uploaded to your NYSOH account as well as a copy of a letter from your spouse’s employer dated November 14, 2016 indicating your spouse has not worked since [REDACTED] due to injury ( [REDACTED] ).

- 4) According to your account, your income documentation was verified by NYSOH on December 1, 2016, and your family's eligibility was systematically redetermined the same day.
- 5) Your children were determined fully eligible for Medicaid, effective November 1, 2016, but you and your spouse were determined conditionally eligible for Medicaid, pending receipt of documentation confirming the citizenship status of you and your spouse.
- 6) There is no evidence in your account that NYSOH considered the proof of citizenship status documentation submitted for you and your spouse on November 16, 2016.
- 7) The eligibility determination notice issued by NYSOH on December 2, 2016 directed you to "pick a health plan" for your family. The notice indicated that if you did not choose a health plan, one would be chosen for you.
- 8) You testified your Navigator called you a day or two after you received the December 2, 2016 eligibility determination notice and asked you which Medicaid Managed Care plan you wanted to pick. You testified you picked Independent Health. You testified your Navigator called back and advised you that she was unable to select a plan for you online.
- 9) You testified that you logged onto your NYSOH account and tried to select a health plan yourself. You testified you received an error message and you were unable to select a plan.
- 10) You testified you had a screen shot of the error message you received when trying to select a health plan online. You were directed to submit a copy of that screenshot. NYSOH Appeals Unit did not receive any documentation from you by the deadline.
- 11) Your account indicates that on December 2<sup>nd</sup>, 4<sup>th</sup>, and 5<sup>th</sup> your account was accessed by username "██████████" and on December 12<sup>th</sup>, 13<sup>th</sup>, 14<sup>th</sup>, and 15<sup>th</sup> your account was accessed by username "██████████".
- 12) According to your account, on December 11, 2016, NYSOH automatically assigned your family a Medicaid Managed Care plan because you had not submitted a plan selection. Your family was enrolled in a YourCare plan.
- 13) On December 21, 2016, NYSOH created incident # ██████████ relating to your request to backdate your family's Medicaid Managed Care plan coverage to January 1, 2016. Notes in your account related the incident include:
  - a. "Systems errors pushed dates back to February 2017. Needs backdate to January 2017."
  - b. "DOH: As of 12/11/16, this request appears to have already been approved."

- 14) Your account indicates your family's coverage with your Medicaid Managed Care plan through YourCare became effective January 1, 2017.
- 15) On January 9, 2017, you contacted NYSOH to appeal your family's enrollment in the YourCare Medicaid Managed Care plan, insofar as you were not enrolled in a Medicaid Managed Care plan with Independent Health, effective January 1, 2017.
- 16) Notes in your account on January 9, 2017 from your request to retroactively terminate your family's enrollment with the YourCare plan so your family could enroll in a Medicaid Managed Care plan with Independent Health (incident # [REDACTED]), include:
  - a. "Consumer states that there was a system error that did not allow for the plan to be confirmed ([REDACTED] was submitted). While waiting for resolution for [REDACTED], the system enrolled the household into YourCare in error."
  - b. "Advised consumer that the MarketPlace does not retro terminate MMC plans and then backdate a new MMC."
- 17) On January 27, 2017, NYSOH received your plan selection and your family was enrolled in a Medicaid Managed Care plan with Independent Health. Your account confirms the coverage through this plan became effective on February 1, 2017.
- 18) Your family's enrollment in the Medicaid Managed Care plan with YourCare ended January 31, 2017.
- 19) According to your account, on February 12, 2017, NYSOH systematically deleted the enrollment of you and your spouse on the grounds you were no longer eligible for health insurance through NYSOH because you did not provide proof of your citizenship status to confirm your eligibility. The coverage through the Medicaid Managed Care plan with Independent Health was set to expire for you and your spouse on February 28, 2017.
- 20) On February 16, 2017, a copy of your Official Record of Benefit Payment History from the Department of Labor was uploaded to your NYSOH account indicating gross weekly payments in the amount of \$430.00 since November 13, 2016 ([REDACTED]). A copy of your Certificate of Naturalization and your spouse's employment letter were re-uploaded to your NYSOH account the same day ([REDACTED]).
- 21) You and your spouse were placed in a pending status while NYSOH tried to verify the information in your application.
- 22) On February 27, 2017, the income documentation and proof of citizenship documentation uploaded on February 16, 2017 was verified by NYSOH.
- 23) Based on the verified documentation, you and your spouse were determined fully eligible for Medicaid and you were both reenrolled in the Medicaid Managed Care plan

with Independent Health. Your account confirms this enrollment became effective March 1, 2017.

- 24) You testified you are seeking to have your family's coverage through your Medicaid Managed Care plan with Independent Health backdated to January 1, 2017, because you were enrolled in a health plan with YourCare without your knowledge, despite trying to enroll in Independent Health throughout the month of December.
- 25) You testified the errors of NYSOH caused your family great distress because you could not see a doctor in January 2017, despite medical needs, due to your provider not accepting YourCare. You testified you experienced additional stress when you and your spouse were disenrolled from your health plan in February 2017. You testified you never received an explanation as to what caused all the issues with your enrollments and you are seeking an explanation.

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

## **Applicable Law and Regulations**

### Medicaid Coverage 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)).

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)).

## **Legal Analysis**

The first issue under review is whether NYSOH properly determined your family's enrollment in a Medicaid Managed Care plan with Your Care ended no earlier than January 31, 2017.

Your family's initial application for financial assistance with health insurance was submitted on November 7, 2016, and you were required to submit proof of your household's income and proof of you and your spouse's citizenship status to confirm your family's eligibility for health insurance. On November 16, 2016, copies of Certificates of Naturalization for you and your spouse were uploaded to your NYSOH account. Also uploaded was income documentation, including a copy of an Official Record of Benefit Payment History from the Department of

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Labor indicating you were receiving Unemployment Insurance Benefits, and a letter from your spouse's employer indicating she had not worked since March 8, 2016.

The income documentation submitted was verified by NYSOH on December 1, 2016; however, there is no evidence in your account that NYSOH considered the proof of citizenship status documentation submitted for you and your spouse on November 16, 2016. As a result, your children were determined fully eligible for Medicaid, effective November 1, 2016, but you and your spouse were determined conditionally eligible pending verification of your citizenship status. The eligibility determination notice issued by NYSOH on December 2, 2016 directed you to "pick a health plan" for your family.

You testified your Navigator called you a day or two after you received the December 2, 2016 eligibility determination notice and asked you which Medicaid Managed Care plan you wanted to pick. You testified you picked Independent Health. You testified your Navigator called back and advised you that she was unable to select a plan for you online. You testified that you logged onto your NYSOH account and tried to select a health plan. You testified you received an error message and you were unable to select a plan. This testimony is credible, given corroborating evidence in your account that on several dates between December 2, 2016 and December 15, 2016, two different usernames logged on and accessed your account.

According to your account, on December 11, 2016, NYSOH automatically assigned your family a Medicaid Managed Care plan because you had not submitted a plan selection. Your family was enrolled in a YourCare plan. You testified you did not select or want YourCare as your family's health plan because your medical provider did not accept this plan.

Notes in your account indicate NYSOH identified multiple defects in your account affecting your selection of a health plan and the effective dates of coverage. Incident # [REDACTED] from December 21, 2016 identified a defect that "pushed back" the effective date of your family's Medicaid Managed Care plan to February 1, 2017. However, the notes indicate this was corrected on December 11, 2016. Your account confirms the effective date of coverage of the YourCare plan was January 1, 2017.

Notes in your account from January 9, 2017 relating to your request to retroactively terminate your family's enrollment with the YourCare plan indicate that there was a "system error that did not allow for the plan to be confirmed." The notes identified this defect as [REDACTED] and indicated that "while waiting for resolution for [REDACTED] the system enrolled the household into YourCare in error." However, the same notes stated that "the MarketPlace does not retro terminate MMC plans and then backdate a new MMC."

Given the evidence that: multiple defects in your account existed and were known to NYSOH, that those defects affected the start date of your family's coverage and your ability to select a health plan, and that you attempted to select a different Medicaid Managed Care plan prior to the December 11, 2016 auto assignment of the YourCare plan, it is concluded you should have been permitted to retroactively terminate your family's coverage through the YourCare plan.



Accordingly, the January 27, 2017 disenrollment notice stating your family's enrollment in the YourCare Medicaid Managed Care plan was terminated, effective January 31, 2017, is MODIFIED to reflect this enrollment ended December 31, 2016.

The second issue under review is whether NYSOH properly determined your family's enrollment in a Medicaid Managed Care plan with Independent Health became effective no earlier than February 1, 2017.

As discussed above, the evidence establishes your family's enrollment in the YourCare plan was involuntary and caused by problems with NYSOH's system, and, thus, you should have been permitted to retroactively disenroll from that plan. You also credibly testified that you and your Navigator tried to enroll your family in a Medicaid Managed Care plan with Independent Health on several occasions in December 2016, but you were unable to do so due to the defect in your account. As discussed above, this testimony is corroborated by notes in your account evidencing defects that were acknowledged by NYSOH, and by evidence multiple usernames accessed your account several times from December 2, 2016 to December 15, 2016.

The date on which a Medicaid Managed Care plan can become effective depends on the date on which the plan is selected

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.

Although your account indicates NYSOH did not receive your family's Independent Health plan selection until January 26, 2017, as discussed above, the evidence establishes you attempted to select this plan several times between December 2, 2016 and December 15, 2016, but were prevented from doing so due to a defect in your account. Given this evidence, it is concluded you should have been permitted to select Independent Health as your family's Medicaid Managed Care plan prior to December 15, 2016.

Had you been permitted to select Independent Health as your family's Medicaid Managed Care plan in December 2016, prior to the fifteenth of the month, your plan would have become effective the first day of the next following month; that is, January 1, 2017.

Therefore, the January 27, 2017 enrollment confirmation notice stating your family's enrollment in a Medicaid Managed Care plan with Independent Health was effective February 1, 2017 is MODIFIED to reflect your family's enrollment in this plan became effective January 1, 2017.

Your case is RETURNED to NYSOH to ensure your family's enrollment in the YourCare plan is retroactively terminated, effective December 31, 2016, and your family's enrollment in the Independent Health Medicaid Managed Care plan is backdated to January 1, 2017.

It is noted that you testified you were seeking an explanation as to what caused the issues with your family's enrollments and subsequent disenrollments. It is noted that defects identified in

your account are discussed above and your family's enrollments are corrected herein accordingly. With regard to the subsequent disenrollment of you and your spouse from your Medicaid Managed Care plan on the grounds you failed to submit sufficient proof of your citizenship status and were, therefore, not eligible for health insurance through NYSOH, it is concluded this was improper given the evidence that you uploaded Certificates of Naturalization for you and your spouse on November 16, 2016 which were not verified by NYSOH until you resubmitted the same documentation in February 2017. It is further noted that, while this disenrollment is not supported by the record, your account confirms you and your spouse were reenrolled in the same Medicaid Managed Care plan with coverage made effective March 1, 2017, and as a result, you experienced no gap in insurance coverage. As such, there is no remedy available to you through the NYSOH Appeals Unit regarding the disenrollment of you and your spouse from your Medicaid Managed Care plan coverage.

## **Decision**

The January 27, 2017 disenrollment notice is MODIFIED to reflect your family's enrollment in the Medicaid Managed Care plan with YourCare ended December 31, 2016.

The January 27, 2017 enrollment confirmation notice is MODIFIED to reflect your family's enrollment in a Medicaid Managed Care plan with Independent Health became effective January 1, 2017.

Your case is RETURNED to NYSOH to ensure your family's enrollment in the YourCare plan is retroactively terminated, effective December 31, 2016, and your family's enrollment in the Independent Health Medicaid Managed Care plan is backdated to January 1, 2017.

**Effective Date of this Decision:** June 7, 2017

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

Your family's Medicaid Managed Care plan coverage with Independent Health became effective January 1, 2017.

Your case is being sent back to NYSOH to ensure your family's enrollment in the YourCare plan is retroactively terminated, effective December 31, 2016, and your family's enrollment in the Independent Health Medicaid Managed Care plan is backdated to January 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.

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).

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 January 27, 2017 disenrollment notice is MODIFIED to reflect your family's enrollment in the Medicaid Managed Care plan with YourCare ended December 31, 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).

The January 27, 2017 enrollment confirmation notice is MODIFIED to reflect your family's enrollment in a Medicaid Managed Care plan with Independent Health became effective January 1, 2017.

Your case is RETURNED to NYSOH to ensure your family's enrollment in the YourCare plan is retroactively terminated, effective December 31, 2016, and your family's enrollment in the Independent Health Medicaid Managed Care plan is backdated to January 1, 2017.

Your family's Medicaid Managed Care plan coverage with Independent Health became effective January 1, 2017.

## **Legal Authority**

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

**A Copy of this Decision Has Been Provided To:**



## **Getting Help in a Language Other than English**

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

### **Español (Spanish)**

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

### **中文 (Traditional Chinese)**

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

### **Kreyòl Ayisyen (Haitian Creole)**

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

### **中文 (Simplified Chinese)**

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您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 مجاناً.

### **বাংলা (Bengali)**

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).

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।

### **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.

### **אַײַדיש (Yiddish)**

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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).