



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: AP000000015034

[REDACTED]

[REDACTED],

On April 26, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 11, 2016, November 17, 2016, November 24, 2016, November 26, 2016, November 29, 2016, and January 8, 2017 eligibility redetermination 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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STATE OF NEW YORK  
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P.O. Box 11729  
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## Decision

Decision Date: June 26, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000015034



## Issues

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

Did NY State of Health (NYSOH) properly determine that your spouse was not eligible for the Essential Plan, effective December 1, 2016?

Did NYSOH properly determine that your spouse was eligible for an advance premium tax credit (APTC) in the amount of \$108.00 per month for a limited time, effective December 1, 2016?

Did NYSOH properly determine that your spouse was eligible for an APTC in the amount of \$197.00 per month for a limited time, effective January 1, 2017?

Did NYSOH properly determine that your spouse was eligible for an APTC in the amount of \$0.00, effective February 1, 2017?

## Procedural History

On November 10, 2016, you updated your NYSOH application.

On November 11, 2016, NYSOH issued an eligibility redetermination notice stating that your spouse was conditionally eligible for APTC in the amount of \$108.00 per month, effective December 1, 2016. The notice stated that your spouse was not eligible for the Essential Plan because your household income of \$44,033.00 was over the allowable income limit. The notice directed your spouse

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to submit proof of immigration status by January 28, 2017 and proof of income by February 8, 2017.

On November 16, 2016, you updated your NYSOH application.

On November 17, 2016, NYSOH issued an eligibility redetermination notice stating that your spouse was eligible for an APTC in the amount of \$197.00 per month, for a limited time, effective January 1, 2017. The notice directed your spouse to submit proof of immigration status by January 28, 2017 and proof of income by February 8, 2017.

Also, on November 17, 2016, NYSOH issued an enrollment confirmation stating that your spouse's coverage with a qualified health plan will not begin until a plan is chosen.

On November 23, 2016, NYSOH redetermined your eligibility.

On November 25, 2016, NYSOH records reflect that your spouse's immigration documentation was verified.

On November 26, 2016, NYSOH issued an eligibility redetermination notice stating that your spouse was eligible for an APTC in the amount of \$197.00 per month, for a limited time, effective January 1, 2017. The notice directed your spouse to submit proof of income by February 8, 2017.

On November 28, 2016, you selected a qualified health plan for your spouse.

On November 29, 2016, NYSOH issued a notice of enrollment confirmation stating that your spouse was enrolled in a qualified health plan with APTC in the amount of \$197.00 per month effective, January 1, 2017.

On January 7, 2017, NYSOH records reflect that your income documentation was verified and your household income was determined to be \$67,653.00.

Also, on January 7, 2017, NYSOH redetermined your eligibility.

On January 8, 2017, NYSOH issued an eligibility redetermination notice stating that your spouse was eligible for \$0.00 per month in APTC, effective February 1, 2017.

On January 23, 2017, you updated your NYSOH account to reflect a household income of \$37,033.00.

Also on January 23, 2017, you spoke to NYSOH's Account Review Unit and appealed your spouse's eligibility for the Essential Plan for December 2016 and in the alternative for APTC for the month of December 2016, as well as APTC for January 2017 and February 2017.

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On January 24, 2017, NYSOH issued a notice of eligibility redetermination stating that your spouse was eligible for the Essential Plan, effective March 1, 2017.

Also on January 24, 2017, NYSOH issued an enrollment confirmation notice stating that your spouse was enrolled in an Essential Plan, effective March 1, 2017.

On April 26, 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.

## **Findings of Fact**

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

- 1) NYSOH records reflect that you expect to file your taxes with a tax filing status of married filing jointly and you will claim one dependent on your tax return.
- 2) According to NYSOH records, your November 10, 2016 application listed you and your spouse's income from employment as \$44,033.00; deductions in the amount of \$2,567.00; and additional income in the amount of \$3,000.00.
- 3) On November 17, 2016 NYSOH determined your spouse was eligible for an APTC in the amount of \$197.00 per month, for a limited time, effective January 1, 2017.
- 4) NYSOH records reflect that you selected a qualified health plan for your spouse on November 28, 2016.
- 5) On November 29, 2016, NYSOH issued a notice of enrollment confirmation stating that your spouse was enrolled in a qualified health plan with APTC in the amount of \$197.00 per month effective, January 1, 2017.
- 6) NYSOH records dated November 30, 2016 state "Backdating QHP effective 12/1/16 for [REDACTED]. Request sent to PM to request APTC to be manually adjusted until 834 is updated." You testified that your spouse's first name is Stefano.
- 7) According to your 2016 Health Insurance Marketplace Statement – Form 1095-A, your household received \$0.00 in APTC during December 2016.

- 8) You testified that your spouse did not receive APTC during the months of December 2016 or January 2017.
- 9) On January 4, 2017, you uploaded your 2016 income tax return to your NYSOH account.
- 10) NYSOH records reflect that your income documentation was verified on January 7, 2017.
- 11) On January 7, 2017, your household income was determined by NYSOH to be \$67,653.00.
- 12) Based on the information verified on January 7, 2017, your spouse qualified for \$0.00 in per month in APTC, effective February 1, 2017.
- 13) On January 23, 2017, you updated your NYSOH account to reflect a household income of \$37,033.00.
- 14) On January 24, 2017, your spouse was redetermined eligible for the Essential Plan, effective March 1, 2017.
- 15) You testified that you are seeking to have your spouse's eligibility redetermined for the Essential Plan for December 2016, or, in the alternative, regarding his ineligibility to receive APTC during the months of December 2016, January 2017, and February 2017.

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

## **Applicable Law and Regulations**

### Essential Plan

NYSOH must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable federal poverty level (FPL) or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated (see 42 CFR § 600.305, 42 CFR § 435.603(d)(4), 45 CFR § 155.305(e), NY Social Services Law § 369-gg(3), 42 USC § 18051).

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In an analysis of Essential Plan eligibility, the determination is based on the FPL in effect on the first day of the benefit year for which coverage is requested (45 CFR § 155.300(a)). On the date of your application, that was the 2016 FPL, which is \$20,160.00 for a three-person household (81 Federal Register 4036).

A person who has a household income that is at or below 150% of the FPL has a \$0.00 premium contribution (New York's Basic Health Plan Blueprint, p. 21, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

A person who has a household income greater than 150% of the FPL or below 200% of the FPL has a \$20.00 per month premium contribution (New York's Basic Health Plan Blueprint, as approved January 2016).

The Essential Plan is considered minimum essential coverage therefore, a person who is eligible for the Essential Plan is not eligible for any premium tax credit because they are eligible for minimum essential coverage through the individual market (see 26 CFR § 1.36B-2(c)(1), 26 USC § 5000A(f)(1)(C)).

#### Advance Payments of Premium Tax Credit

Advance payments of the premium tax credit (APTC) are generally available to a person who is eligible to enroll in a qualified health plan (QHP) and (1) expects to have a household income between 138% and 400% of the applicable federal poverty level (FPL), (2) expects to file a tax return and claim a personal exemption deduction for a person who meets the eligibility requirements to enroll in a QHP, and (3) is not otherwise eligible for minimum essential coverage except through the individual market (see 45 CFR § 155.305(f), 42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)).

The maximum amount of APTC that can be authorized equals:

- 1) the cost of the health insurance premium for the taxpayer's coverage family in the second lowest cost silver plan offered through NY State of Health in the county where the taxpayer resides

*minus*

- 2) the taxpayer's expected contribution amount

(see 26 USC § 36B, 26 CFR § 1.36B-3).

The taxpayer's expected contribution amount is the amount that the taxpayer is expected to spend on health insurance premiums. The expected contribution for 2017 is set by federal law at 2.04% to 9.69% of household income (26 USC § 36B(b)(3)(A), 26 CFR § 1.36B-3T(g)(1), IRS Rev. Proc.2016-24).

In an analysis of APTC eligibility, the determination is based on the FPL for the first day of the open enrollment period of the benefit year for which coverage is requested (45 CFR §§ 155.300(a), 155.305(f)(1)(i)). On the date of your application, that was the 2016 FPL, which is \$20,160.00 for a three-person household (81 Fed. Reg. 4036.).

For annual household income in the range of at least 200% but less than 250% of the 2016 FPL, the expected contribution is between 6.41% and 8.18% of the household income (26 CFR § 1.36B-3T(g)(1), 45 CFR § 155.300(a), IRS Rev. Proc. 2016-24).

For annual household income in the range of at least 300% but less than 400% of the 2016 FPL, the expected contribution is 9.66% of the household income (26 CFR § 1.36B-3T(g)(1), 45 CFR § 155.300(a), IRS Rev. Proc. 2016-24).

People who use the APTC to help pay health insurance premiums must file a federal tax return and reconcile their expected income (stated on NYSOH application) with their actual income (stated on their federal income tax return). Those who take less tax credit in advance than they claim on the tax return may get the rest of it as an income tax refund or have their tax bill reduced. Those who take more tax credit in advance than they can claim on their tax return will owe the difference as additional income taxes (26 CFR § 1.36B-4).

#### Verification of Eligibility for Advance Payments of the Premium Tax Credit

APTC are generally available to a person who is eligible to enroll in a qualified health plan and (1) expects to have a household income between 138% and 400% of the applicable federal poverty level (FPL), (2) expects to file a tax return and claim a personal exemption deduction for a person who meets the eligibility requirements to enroll in a qualified health plan, and (3) is not otherwise eligible for minimum essential coverage except through the individual market (see 45 CFR § 155.305(f), 42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)).

An applicant is required to attest to their household's projected annual income for purposes of determining their eligibility for APTC (45 CFR § 155.320(c)(3)(ii)(B)). For all individuals whose household income is needed, NYSOH must request tax return data from the Secretary of the Treasury and data regarding Social Security benefits from the Commissioner of Social Security in order to confirm that the information the applicant is attesting to is accurate (45 CFR § 155.320(c)(1)(i); 45 CFR § 155.320(c)(3)(ii)(A)).

If income data is unavailable, or if an applicant's attestation is not reasonably compatible with the income data NYSOH obtains, NYSOH must request additional information from the applicant to resolve the inconsistency (45 CFR § 155.320 (c)(3)(iii), (iv)).

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NYSOH must provide the applicant with notice of the inconsistency in their account and 90 days to provide satisfactory documentary evidence to resolve the inconsistency (45 CFR § 155.315 (f)(2)). If NYSOH remains unable to verify the attestation of the applicant, NYSOH must redetermine the applicant's eligibility based on the information available from the data sources unless the applicant demonstrates that they are unable to provide the required documentation (45 CFR § 155.315(f)(2), (g)).

Upon making an eligibility redetermination, NYSOH must notify the applicant and implement any changes in eligibility to APTC effective as of the first day of the month following the date of the notice (45 § 155.310(f), 45 CFR § 155.330(e), (f)(1)(i)).

## **Legal Analysis**

The first issue under review is whether NYSOH properly determined that your spouse was not eligible for the Essential Plan, effective December 1, 2016.

On November 11, 2016, NYSOH issued an eligibility redetermination notice stating that your spouse was eligible for a conditional APTC in the amount of \$108.00 per month for a limited time, effective December 1, 2016. The notice stated that your spouse was not eligible for the Essential Plan because your household income of \$44,033.00 was over the allowable income limit.

A review of your NYSOH account reflects that the household income used for the above referenced eligibility determination (\$44,033.00), did not consider your deductions of \$2,567.00, which would reduce your household income to \$41,466.00. The determination also did not reflect the additional income listed in the amount of \$3,000.00, which would increase your household income to \$44,466.00.

The Essential Plan is provided through NYSOH to individuals who meet the non-financial requirements and have a household modified adjusted gross income that is between 138% and 200% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$20,160.00 for a three-person household. Since an annual household income of \$44,466.00 is 220.56% of the 2016 FPL, NYSOH properly found your spouse to be ineligible for the Essential Plan, effective December 1, 2016.

The second issue under review is whether NYSOH properly determined that your spouse was eligible for an APTC in the amount of \$108.00 per month for a limited time, effective December 1, 2016.

NYSOH's November 11, 2016 notice stated that your spouse was eligible for APTC in the amount of \$108.00 per month for a limited time, effective December 1, 2016.

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NYSOH records dated November 30, 2016 state “Backdating QHP effective 12/1/16 for [REDACTED]. Request sent to PM to request APTC to be manually adjusted until 834 is updated.” You testified that your spouse’s first name is Stefano. This directive by a NYSOH representative indicates that NYSOH determined that your spouse was eligible for and enrolled in a qualified health plan, effective December 1, 2016. In addition, the notation implies that the APTC should be applied to your spouse’s December 2016 premium.

However, according to your testimony and your 2016 Health Insurance Marketplace Statement – Form 1095-A, your spouse received \$0.00 APTC in December 2016. The record reflects that NYSOH enrolled your spouse in a qualified health plan and requested APTC to be applied for the month of December 2016. Accordingly, your spouse was eligible for and should have received APTC for the month of December 2016 in the amount of \$108.00.

Ordinarily, the November 11, 2016 eligibility redetermination notice would therefore be modified to reflect that your spouse was eligible for a qualified health plan for December 2016 and your case would be returned to NYSOH to confirm his enrollment and reinstate APTC in the amount of \$108.00 to your spouse for December 2016.

However, if you have already filed your tax return for 2016, you may have already reconciled with the IRS any outstanding tax credit to which you may have been entitled, and no further credit would be owed to you. Therefore, your case must be RETURNED to NYSOH, to assist you in determining whether any further credit is owed.

The third issue under review is whether NYSOH properly determined that your spouse was eligible for an APTC of \$197.00 per month, effective January 1, 2017.

On November 29, 2016, NYSOH issued eligibility redetermination and enrollment confirmation notices stating that your spouse was eligible for and enrolled in a qualified health plan with APTC in the amount of \$197.00 to be applied effective, January 1, 2017.

The application that was submitted on November 28, 2016 listed an annual household income of \$44,033.00 and the eligibility determination relied upon that information.

You are in a three-person household. You expect to file your 2017 income taxes as married filing jointly and will claim one dependent on that tax return.

You reside in Kings County, where the second lowest cost silver plan available for an individual through NYSOH costs \$456.46 per month.

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An annual income of \$44,033.00 is 218.42% of the 2016 FPL for a three-person household. At 218.42% of the FPL, the expected contribution to the cost of the health insurance premium is 7.06% of income, or \$259.06 per month.

The maximum amount of APTC that can be approved equals the cost of the second lowest cost silver plan available through NYSOH for an individual in your county (\$456.46 per month) minus your expected contribution (\$259.06 per month), which equals \$197.40 per month. Therefore, rounding to the nearest dollar, NYSOH correctly determined your spouse to be eligible for up to \$197.00 per month in APTC. Accordingly, the November 29, 2016 eligibility redetermination and enrollment confirmation notices are AFFIRMED.

However, you testified that your spouse was enrolled in a qualified health plan but did not receive an APTC for the month of January 2017. According to NYSOH's November 29, 2016 enrollment confirmation notice your spouse was to receive \$197.00 in APTC for the month of January 2017. NYSOH records do not reflect that any notices were issued by NYSOH stating that your spouse was not eligible for APTC during the month of January 2017. Therefore, your case is RETURNED to NYSOH to reinstate an APTC in the amount of \$197.00 to your spouse for the month of January 2017.

The fourth issue under review is whether NYSOH properly determined that your spouse was eligible for an APTC of \$0.00 per month, effective February 1, 2017.

On January 8, 2017, NYSOH issued an eligibility redetermination notice stating that your spouse was eligible for \$0.00 per month in APTC, effective February 1, 2017.

The application that was submitted on January 7, 2017 listed an annual household income of \$67,653.00 and the eligibility determination relied upon that information.

You are in a 3-person household. You expect to file your 2017 income taxes as married filing jointly and will claim one dependent on that tax return.

You reside in Kings County, where the second lowest cost silver plan available for an individual through NYSOH costs \$456.46 per month.

An annual income of \$67,653.00 is 335.58% of the 2016 FPL for a three-person household. At 335.58% of the FPL, the expected contribution to the cost of the health insurance premium is 9.66% of income, or \$544.60 per month.

The maximum amount of APTC that can be approved equals the cost of the second lowest cost silver plan available through NYSOH for an individual in your county (\$456.46 per month) minus your expected contribution (\$544.60 per month). Here, your expected monthly contribution exceeds the cost of an individual subscriber plan in your county. Therefore, NYSOH correctly

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determined your spouse to be eligible for \$0.00 per month in APTC, effective February 1, 2017. Accordingly, the January 8, 2017 eligibility redetermination notice is AFFIRMED.

## **Decision**

The November 11, 2016 eligibility redetermination notice is MODIFIED to reflect that your spouse was eligible to enroll in a qualified health plan for December 2016 and to receive APTC in the amount of \$108.00. However, if you have already filed your tax return for 2016, you may have already reconciled with the IRS any outstanding tax credit to which you may have been entitled, and no further credit would be owed to you. Therefore, your case must be RETURNED to NYSOH, to assist you in determining whether any further credit is owed.

The November 29, 2016 enrollment confirmation notice is AFFIRMED and your case is RETURNED to NYSOH to reinstate an APTC in the amount of \$197.00 to your spouse for the month of January 2017.

The January 8, 2017 eligibility redetermination notice is AFFIRMED.

Your spouse was eligible for \$0.00 in APTC for the month of February 2017.

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

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

NYSOH correctly determined that your spouse was not eligible for the Essential Plan, effective December 1, 2016.

Your case is being RETURNED to NYSOH to confirm your spouse's enrollment and reinstate APTC in the amount of \$108.00 to him for December 2016.

Your case is being RETURNED to NYSOH to reinstate APTC in the amount of \$197.00 to your spouse for the month of January 2017.

Your spouse was eligible for \$0.00 in APTC for the month of February 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.

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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

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## **Summary**

The November 11, 2016 eligibility redetermination notice is MODIFIED to reflect that your spouse was eligible to enroll in a qualified health plan for December 2016 and to receive APTC in the amount of \$108.00. However, if you have already filed your tax return for 2016, you may have already reconciled with the IRS any outstanding tax credit to which you may have been entitled, and no further credit would be owed to you. Therefore, your case must be RETURNED to NYSOH, to assist you in determining whether any further credit is owed.

The November 29, 2016 enrollment confirmation notice is AFFIRMED and your case is RETURNED to NYSOH to reinstate an APTC in the amount of \$197.00 to your spouse for the month of January 2017.

The January 8, 2017 eligibility redetermination notice is AFFIRMED.

Your spouse was eligible for \$0.00 in APTC for the month of February 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)**

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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&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 איך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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