



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

Notice of Decision

Decision Date: June 07, 2017

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000015222

[REDACTED]

Dear [REDACTED],

On April 20, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 24, 2016 eligibility determination notice and January 26, 2017 enrollment confirmation notice.

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: June 07, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015222



Issues

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

Did New York State of Health (NYSOH) provide a timely determination of your Medicaid eligibility?

Did NYSOH properly determine that your enrollment in a qualified health plan and the application of advance payments of the premium tax credit were effective no earlier than March 1, 2017?

Procedural History

On January 22, 2016, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible for up to \$495.00 per month in advance premium tax credits, and eligible to receive cost-sharing reductions if you enrolled into a silver-level qualified health plan, effective March 1, 2016.

Also on January 22, 2016, NYSOH issued an enrollment confirmation notice confirming your and your spouse's enrollment in a silver level qualified health plan.

On October 21, 2016, NYSOH issued a renewal notice stating that there was not enough information from federal and state data sources to make a decision about whether or not you and your spouse qualified for financial assistance for the 2017 coverage year. You were asked to update the information in your NYSOH

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account between November 16, 2016 and December 15, 2016 for coverage effective January 1, 2017.

On November 23, 2016, you submitted an application for financial assistance, in which you indicated that you were pregnant. That day, you also submitted income documentation.

On November 24, 2016, NYSOH issued an eligibility determination notice stating that you remained conditionally eligible for Medicaid, effective January 1, 2017. You were asked to submit income documentation for your household by December 8, 2016.

On November 27, 2016, NYSOH issued a disenrollment notice, stating that your and your spouse's coverage through a qualified health plan would end effective December 31, 2016.

On December 11, 2016, NYSOH issued a notice stating that the income documentation you submitted was insufficient. You were directed to produce further proof of income by January 7, 2017. You were also directed to produce income documentation for your child by January 22, 2017 and for your spouse by February 21, 2017.

On December 15, 2016, you submitted income documentation, including a 2015 tax return.

On January 4, 2017, NYSOH received your updated application for financial assistance, in which you added your newborn child and indicated that you were no longer pregnant.

On January 5, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible to receive up to \$585.00 in APTC and eligible to receive cost-sharing reductions if you enrolled in a silver level qualified health plan for a limited time, effective February 1, 2017 and that you were no longer eligible for Medicaid as of January 31, 2017. Your eligibility was contingent on you submitting income documentation.

Also on January 5, 2017, NYSOH issued a notice stating more information was needed to confirm the information in your application. The notice explained the income documentation you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for yourself by April 4, 2017, your spouse by March 8, 2017, your oldest child by February 6, 2017, and your youngest child by January 19, 2017.

On January 11, 2017, NYSOH issued a notice stating that the income documentation you submitted was insufficient.

Also on January 11, 2017, you submitted your and your spouse's tax return.

On January 18, 2017, an application for financial assistance was run on your behalf.

On January 19, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible to receive up to \$585.00 in APTC and eligible to receive cost-sharing reductions for a limited time if you enrolled in a silver level qualified health plan, effective February 1, 2017. Your eligibility was contingent on you submitting income documentation.

On January 25, 2017, NYSOH received your application for health insurance.

On January 26, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to receive up to \$585.00 in APTC and eligible to receive cost-sharing reductions if you enrolled in a silver level qualified health plan, effective March 1, 2017. That notice also stated that you were not eligible for the Essential Plan or Medicaid because your income was over the allowable income limits for those programs.

Also on January 26, 2017, NYSOH issued a letter confirming your enrollment in a couple's qualified health plan with a monthly premium responsibility of \$383.45, after your APTC of \$585.00 was applied, effective January 1, 2017.

Also on January 26, 2017 you spoke to NYSOH's Account Review Unit and appealed the eligibility determination and enrollment confirmation notices insofar as they began your financial assistance eligibility and enrollment in a qualified health plan on March 1, 2017, and not January 1, 2017.

On April 20, 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. The Hearing Officer reviewed sixteen phone calls following the hearing.

Findings of Fact

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

- 1) You testified that you expect to file your 2017 taxes with a tax filing status of married filing jointly. You will claim two dependents on that tax return.
- 2) The application that was submitted on November 23, 2016 listed annual household income of \$51,600.00 consisting of \$23,300.00 you earn from your employment and \$28,300.00 your spouse earns from employment.

The application also stated that you were pregnant with one child. You testified that this information was correct.

- 3) On November 23, 2016, you submitted copies of checks received as documentation of your income to NYSOH for verification of the income stated in your November 23, 2016 application. NYSOH invalidated this documentation as insufficient on December 10, 2016.
- 4) Also on November 23, 2016, you placed a call to NYSOH. During that call, you spoke with both a representative and a supervisor. You advised NYSOH that you were pregnant and a new application was run. The representative informed you that you were temporarily eligible for Medicaid because you were pregnant, and told you that NYSOH was requesting income documentation. You advised the representative that you wanted to remain enrolled in the same Fidelis plan that you had in 2016, and the representative advised you that you could still pick Fidelis through Medicaid. You were informed that you could pay for a plan through Fidelis directly, but could not have a qualified health plan through the Marketplace because you were eligible for Medicaid. The representative also advised you that you did not need to submit further documentation if you had already submitted something.
- 5) On November 28, 2016, you placed a call to NYSOH. During that call, the representative advised you that your documentation had been received and that it would be another few days before it was verified. The representative also advised you that you could not keep the same plan you had in 2016 through NYSOH due to your Medicaid status.
- 6) On December 8, 2016, you placed a call to NYSOH. During that call, you were advised that your documentation had not yet been verified. The representative extended the deadline to December 23, 2016.
- 7) On December 14, 2016, you placed two calls to NYSOH. The first call was disconnected after the representative advised you that NYSOH needed more documentation. During the second call, the representative advised you that your documentation had been invalidated and the deadline was extended to January 7, 2017.
- 8) On December 15, 2016, you submitted your and your spouse's 2015 tax return. As submitted, page one of your document appeared blank due to a display error. However, upon further review, it contained all necessary information, stating that your and your spouse's annual income for 2015 was \$25,247.00.
- 9) On January 3, 2017, you placed a call to NYSOH to confirm the status of the documentation you submitted. The representative advised you that it

had not yet been reviewed and extended the deadline to January 21, 2017. The representative also advised you that the documentation was more than enough to verify and confirm your income.

- 10) On January 4, 2017, you submitted an updated application for financial assistance. Specifically, you added your newborn child to your account and indicated that you were no longer pregnant.
- 11) On January 6, 2017, you placed a call to NYSOH. The representative advised you that you did not need to submit more documentation, and that NYSOH had not yet reviewed the documentation previously submitted. You were advised that your newborn child was covered under you for sixty days.
- 12) On January 10, 2017, you placed a call to NYSOH. You advised the representative that your doctor stated that your newborn child was not covered under your Medicaid. The representative and a supervisor advised you that your claim would be escalated for faster review.
- 13) Also on January 10, 2017, NYSOH invalidated your and your spouse's 2015 tax return as insufficient due to the first page appearing blank.
- 14) On January 11, 2017, you resubmitted your and your spouse's 2015 tax return.
- 15) On January 12, 2017, you placed a call to NYSOH. During that call, you inquired regarding selecting a plan based on the newest eligibility determination finding you eligible for APTC. The representative directed you to not pick a plan until your documentation was "sorted out." The representative also advised you that you have until January 31, 2017 to pick a plan for a February 1, 2017 start date.
- 16) On January 18, 2017, your and your spouse's 2015 tax return was verified as acceptable proof of income.
- 17) Your application states that you will not be taking any deductions on your 2017 tax return.
- 18) You testified, and the record reflects, that you selected a couples qualified health plan on January 25, 2017.
- 19) According to your online account, you were eligible for Medicaid from November 1, 2016 to January 31, 2017, and your enrollment in a couple's qualified health plan ended on December 31, 2016.

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

Applicable Law and Regulations

Medicaid-Pregnant Women

Medicaid can be provided through NYSOH to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), NY Social Services Law § 366(1)(b)).

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)).

For purposes of Medicaid eligibility, the household size of either a pregnant woman or a person 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 is currently available to pregnant women who have a modified adjusted gross income at or below 223% of the FPL for the applicable family size (see 42 CFR § 435.116(c); New York State Department of Health 13 OHIP/ADM-03). Once eligible, a pregnant woman will remain eligible until the end of the month in which the sixtieth day following the end of the pregnancy occurs, regardless of any change in household income, even if such change would render her ineligible for financial assistance (NY Social Services Law § 366(4)(b)(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 application, that was the 2016 FPL, which is \$24,300.00 for a four-person household (81 Fed. Reg. 4036).

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

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Medicaid Managed Care plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H-6(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; see 42 USC § 1315; § 364-j(1)(c); 18 NYCRR § 360-10.3(h), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010, 13ADM-03(III)(F)).

Verification Process

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income (45 CFR §155.320(c)(1)(i), 42 CFR § 435.945).

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f) 42 CFR § 435.952).

Timely Notice of Medicaid Eligibility

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

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

NYSOH must provide Medicaid applicants who are a pregnant woman notice of their eligibility determination within 30 days from the date of the application (18 NYCRR §360-2.4(a)(3)(i)).

Redetermination During a Benefit Year

When a redetermination is issued as a result of a change in an applicant's information, NYSOH must generally make that redetermination effective on the first day of the month following the date NYSOH is notified of the change (45 CFR § 155.330 (f)(1)(ii)). However, NYSOH may determine that its policy will be that any change made after the 15th of any month will not be effective until the first of the second following month (45 CFR § 155.330(f)(2)).

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When an eligibility redetermination results in a change in the amount of advance payments of the premium tax credit (APTC) for the benefit year, NYSOH must recalculate the amount of APTC in such a manner as to account for any advance payments already made on behalf of the tax filer, such that the recalculated advance payment amount is projected to result in total advance payments for the benefit year that correspond to the tax filer's total projected premium tax credit for that benefit year (45 CFR § 155.330(g)).

Enrollment in a Qualified Health Plan

The effective date of coverage by a qualified health plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i)). For selections received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

Legal Analysis

The first issue is whether NYSOH provided you with timely determination of your 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 23, 2016, specifically attesting to an annual household expected income of \$51,600.00 and that you were pregnant with one child. The income amount that was entered into this application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your income.

On December 15, 2016, you uploaded a copy of your and your spouse's 2015 tax return. NYSOH invalidated your and your spouse's 2015 tax return as insufficient due to the first page appearing blank. However, upon further review, it contained all necessary information to ascertain the adjusted gross income listed on the tax return. Therefore, your application was considered complete as of December 15, 2016 for purposes of issuing an eligibility determination.

NYSOH must provide pregnant Medicaid applicants notice of their eligibility determination within 30 days from the date of the completed application. To

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assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of the completed application to the date NYSOH notifies the applicant of its decision.

Since your application was complete on December 15, 2016, a full eligibility determination should have been issued within 30 days, or by January 14, 2017. Since NYSOH did not issue a full eligibility determination by January 14, 2017, there has not been a timely eligibility determination of your Medicaid eligibility as stated in your November 23, 2016 application.

When calculating family size for Medicaid purposes, the household size of either a pregnant woman or a person 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. On the date of your November 23, 2016 application, you were pregnant with one child. Consequently, NYSOH determined your eligibility for Medicaid using a four-person household.

You expect to file your 2017 income taxes as married filing jointly and will claim two dependents on that tax return. You attested to an annual expected household income of \$51,600.00.

Medicaid is currently available to pregnant women who have a modified adjusted gross income at or below 223% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$24,300.00 for a four-person household. Since \$51,600.00 is 212.35% of the 2016 FPL, you should have been found eligible for Medicaid based on an expected annual income basis, using the information provided in your application.

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.

Since you should have been eligible for Medicaid based on the November 23, 2016 application once the income documentation you provided on December 15, 2016 was verified, the November 24, 2016 eligibility determination notice is MODIFIED to state that you are eligible for Medicaid effective November 1, 2016.

Had NYSOH issued a timely determination notice stating that you were fully eligible for Medicaid as of December 15, 2016, you would have been able to select an MMC plan for enrollment that day.

The date on which enrollment in a MMC plan can take effect depends on the day a person selects a plan for enrollment.

A plan that is selected from the first day to and including the fifteenth day of a month goes into effect on the first day of the following month. A plan that is

selected from the sixteenth day of the month to the end of the month goes into effect on the first day of the second following month.

Based on the credible evidence of record, it is reasonable to infer that had you received an eligibility determination notice informing you of your eligibility for Medicaid, and directing you to select a MMC plan for enrollment, you would have selected a MMC plan for enrollment that day. Had you known to select a MMC plan on December 15, 2016 and been able to do so, your MMC plan would have taken effect on the first day following December 2016; that is, January 1, 2017.

Therefore, your case is RETURNED to NYSOH to assist you in enrolling into a MMC plan of your choice for the month of January 2017.

The second issue under review is whether NYSOH properly determine that your enrollment in a qualified health plan, as well as the application of APTC, was effective no earlier than March 1, 2017.

The record shows that on January 4, 2017 you updated the information in your NYSOH account and on January 12, 2017. You ultimately enrolled in a couples qualified health plan on January 25, 2017. On January 26, 2017 NYSOH issued an enrollment confirmation notice stating that your enrollment in your qualified health plan was effective March 1, 2017 and that APTC would be applied to your monthly premium effective March 1, 2017.

When an individual changes information in their application after the 15th of any month, NYSOH will make the redetermination that results from the change effective the first day of the second following month. Additionally, the date on which a qualified health plan can take effect depends on the day a person selects the plan for enrollment. A plan that is after the fifteenth day of a month goes into effect on the first day of the second following month.

Because you selected your plan on January 25, 2017, NYSOH properly determined that your start date for the couples qualified health plan was March 1, 2017. However, you attempted to select a plan on January 12, 2017, and were advised that you should not pick a plan until your appeal had been resolved. You were also advised by the NYSOH representative that you could pick a plan as late as January 31, 2017, and still have a February 1, 2017 start date. Had you been able to select a plan on January 12, 2017, you would have had a February 1, 2017 start date.

Therefore, the January 26, 2017 enrollment confirmation notice is MODIFIED to state that your and your spouse's enrollment in a couples qualified health plan has a start date of February 1, 2017.

Your case is RETURNED to NYSOH to ensure that your enrollment in Medicaid fee for service is effective November 1, 2016, allow you to select a Medicaid

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Managed Care plan for the month of January, 2017, and enroll you and your spouse in coverage through your couples qualified health plan with a February 1, 2017 start date.

Decision

NYSOH failed to issue a timely determination of your Medicaid eligibility.

The November 24, 2016 eligibility determination notice is MODIFIED to state that you are eligible for Medicaid effective November 1, 2016.

The January 26, 2017 enrollment confirmation notice is MODIFIED to state that your enrollment in a couples qualified health plan with a start date of February 1, 2017.

Your case is RETURNED to NYSOH to ensure that your enrollment in Medicaid fee for service is effective November 1, 2016, allow you to select a Medicaid Managed Care plan for the month of January, 2017, and enroll you and your spouse in coverage through your couples qualified health plan with a February 1, 2017 start date.

Effective Date of this Decision: June 07, 2017

How this Decision Affects Your Eligibility

You are eligible for Medicaid fee for service as of November 1, 2016, eligible to select a MMC plan for the month of January 2017, and eligible to enroll in a qualified health plan with a start date of February 1, 2017.

Your case is being sent back to NYSOH to effectuate the changes listed above.

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.

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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

NYSOH failed to issue a timely determination of your Medicaid eligibility.

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The November 24, 2016 eligibility determination notice is MODIFIED to state that you are eligible for Medicaid effective November 1, 2016.

The January 26, 2017 enrollment confirmation notice is MODIFIED to state that your enrollment in a couples qualified health plan with a start date of February 1, 2017.

Your case is RETURNED to NYSOH to ensure that your enrollment in Medicaid fee for service is effective November 1, 2016, allow you to select a Medicaid Managed Care plan for the month of January, 2017, and enroll you and your spouse in coverage through your couples qualified health plan with a February 1, 2017 start date.

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)

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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&tumi 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.

שׂוּדִישׁ (Yiddish)

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).

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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