



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

## Notice of Decision

Decision Date: June 20, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000015275

[REDACTED]

Dear [REDACTED],

On April 20, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 14, 2016 enrollment confirmation notice and the December 1, 2016 eligibility determination 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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STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
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Albany, NY 12211

## Decision

Decision Date: June 20, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000015275

[REDACTED]

## Issues

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

Was your appeal of the effective date of coverage through your Essential Plan timely?

Did NY State of Health (NYSOH) properly determine your enrollment in an Essential Plan became effective no earlier than November 1, 2016?

Did NYSOH properly determine you were no longer eligible for the Essential Plan, effective January 1, 2017?

## Procedural History

On August 26, 2016, NYSOH received your updated application for financial assistance with health insurance.

On August 27, 2016, NYSOH issued a notice of eligibility determination stating you were eligible to enroll in the Essential Plan for a limited time, effective October 1, 2016. The notice directed you to provide documentation confirming your income by November 24, 2016 or you might lose your insurance or receive less help paying for your coverage.

Also on August 27, 2016, NYSOH issued a notice stating your health coverage with the Essential Plan would not begin until you picked a plan.

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On October 14, 2016, NYSOH issued an enrollment notice, based on your October 13, 2016 plan selection, confirming you were enrolled in an Essential Plan, effective November 1, 2016.

On October 28, 2016, NYSOH issued an enrollment notice, based on your October 27, 2016 plan selection, confirming your enrollment in a dental plan, effective November 1, 2016.

On December 1, 2016, NYSOH issued an eligibility determination notice, based on a November 30, 2016 systematic eligibility determination, stating you were newly eligible to purchase a qualified health plan at full cost, effective January 1, 2017. The notice indicated you were not eligible for financial assistance because NYSOH had not received the income documentation needed to verify the income amount listed in your application.

Also on December 1, 2016, NYSOH issued a disenrollment notice stating your coverage through your Essential Plan and your dental plan would end, effective December 31, 2016, because you were no longer eligible to enroll in the plan.

On January 27, 2017, you spoke to NYSOH's Account Review Unit and appealed the effective of your Essential Plan insofar as your coverage was not effective in October 2016.

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.

## **Findings of Fact**

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

- 1) According to your account, your Medicaid coverage was terminated, effective August 31, 2016, because you failed to respond to the renewal notice and failed to renew your health coverage prior to the August 15, 2016 deadline.
- 2) According to your account, you contacted NYSOH on August 26, 2016 and updated your account, listing an annual income amount of \$23,400.00 consisting of \$450.00 you earned weekly from your employment.
- 3) Because NYSOH was unable to confirm the income information listed in your application, you were determined conditionally eligible for the Essential Plan, effective October 1, 2016, pending receipt of income

documentation to verify the information in your application by November 24, 2016.

- 4) Your account confirms you receive your communication from NYSOH electronically. You testified you must have elected to receive electronic notices when you first set up your account, but that you have since asked to get your notices by mail. You testified you do not have access to email alerts, because you are not sure of the email account you signed up with.
- 5) You testified you did not receive an email alert regarding the August 27, 2016 eligibility determination notice indicating your eligibility was only conditional and directing you to submit proof of your income by November 24, 2016. You testified the representative did not advise you that you needed to submit documentation to confirm your eligibility during the August 27, 2016 phone call. You testified you did not receive this notice by mail either.
- 6) You testified you selected a health plan during the telephone call on August 26, 2016. Your account confirms no plan selection was submitted on your behalf that day.
- 7) NYSOH Appeals Unit reviewed the recorded telephone calls associated with your account on August 26, 2017 and confirmed the following:
  - a. After updating your account, you were advised that you were eligible for the Essential Plan beginning October 1, 2016.
  - b. You were not advised that your eligibility was conditional and you were not directed to submit proof of your income to confirm your eligibility.
  - c. You were advised that only one plan was available to you in your area.
  - d. You inquired about dental plans and you were advised that the system was unable to pull up information regarding dental plans at that time. The representative advised you to call back later to select a dental plan.
  - e. The representative confirmed that “everything else with your health insurance is fine” and “you made your selection with the plan that you have.”

- 8) You testified you did not receive an email alert regarding the August 27, 2016 enrollment notice indicating that your Essential plan coverage would not start until you selected a plan. You also testified you did not receive this notice by mail.
- 9) You testified you first learned you had not been enrolled in a plan when you received a bill relating to a [REDACTED] in October 2016. You testified you contacted NYSOH immediately to enroll in a plan.
- 10) Your account confirms a plan selection was submitted on your behalf on October 13, 2016. Coverage through this plan began November 1, 2016.
- 11) According to your account, incident [REDACTED] was created on October 13, 2016 relating to your request to backdate your coverage through your Essential Plan to October 1, 2016. Notes from this incident indicate the recording of the August 26, 2016 phone call was reviewed and it was confirmed “the consumer was told by a NYSOH agent her enrollment was submitted and she would be enrolled for October.” Additional notes related to this incident indicate this incident was not resolved until January 26, 2017 when NYSOH denied your request to backdate your coverage, because you were not currently enrolled.
- 12) On November 30, 2016, NYSOH systematically redetermined your eligibility and found you ineligible for financial assistance, because you did not submit proof of your income to confirm the information listed in your application. You were disenrolled from your Essential Plan and your dental plan, effective December 31, 2016.
- 13) On December 1, 2016, you updated your application and NYSOH required proof of your income to determine your eligibility.
- 14) According to your account, NYSOH first received documentation of your income on December 17, 2016. This documentation consisted of four weekly paystubs ([REDACTED]).
- 15) According to your account, the income documentation received on December 17, 2016 was invalidated by NYSOH on January 30, 2017, because the paystubs were not current or consecutive.
- 16) NYSOH has systematically determined you eligible to purchase a full cost qualified health plan, and ineligible for financial assistance, on the grounds you have not submitted sufficient documentation to verify the income information listed in your application.

- 17) Your account confirms you have not been enrolled in health coverage since December 31, 2016.
- 18) According to your account, a formal appeal was filed on your behalf on January 27, 2017.
- 19) You testified you are seeking to have your enrollment in your Essential Plan backdated to October 1, 2016, because you selected a plan in August 2016. You also testified you are seeking review of the December 1, 2016 eligibility determination finding you ineligible for financial assistance because you never received notice income documentation was required.

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

## **Applicable Law and Regulations**

### Timely Appeal

Individual applicants and enrollees must request a hearing within 60 days of the date of their notice of eligibility determination by NYSOH (45 CFR § 155.520(b)(2); 18 NYCRR § 358-3.5(b)(1)).

### Essential Plan Effective Date

For individuals seeking enrollment in an Essential Plan, New York State has elected to follow the same rules that NYSOH uses in determining effective dates for individuals seeking enrollment in qualified health plans (NY Social Services Law § 369-gg(4)(c); New York's Basic Health Plan Blueprint, p. 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

The effective date of coverage by an Essential 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); see also 42 CFR § 600.320). 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)).

## Verification of Eligibility for the 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).

NYSOH must verify the eligibility of an applicant for the Essential Plan consistent with the standards set in 45 CFR § 155.315 and § 155.320 (New York's Basic Health Plan Blueprint, pgs. 16-17, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>; 42 CFR § 600.345(a)(2)).

An applicant is required to attest to their household's projected annual income. (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 in order to resolve the inconsistency (45 CFR § 155.320 (c)(3)(iii), (iv)).

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 updates in eligibility to the Essential Plan effective the first day of the following month for changes received by NYSOH from the first to the fifteenth of any month (45 CFR § 155.420(b)(1)(i); see also 42 CFR § 600.320(c)). For updates 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 § 155.420(b)(1)(ii); see *also* 42 CFR § 600.320(c)).

### Electronic Notices

Applicants may choose to receive notices and information from NYSOH either by electronic alerts or by regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant's account (42 CFR § 600.330(e); 42 CFR § 435.918(b)(4)).

Additionally, if an electronic alert regarding a notice in an individual's NYSOH account fails, NYSOH must send out the notice by regular mail within three days of the failed alert (42 CFR § 435.918(b)(5)).

### **Legal Analysis**

The first issue under review is whether your appeal of the effective date of coverage through your Essential Plan was timely.

On October 14, 2016, NYSOH issued an enrollment confirmation notice stating you were enrolled in an Essential Plan with coverage effective November 1, 2016. On January 27, 2017, a formal appeal was filed on your behalf as to the effective date of coverage of your Essential Plan.

Pursuant to the above cited regulations, individual applicants and enrollees must request a hearing within 60 days of the date of their notice of eligibility determination by NYSOH.

For an appeal to have been valid on the issue of the effective date of your Essential Plan coverage, as stated in the October 14, 2016 enrollment confirmation notice, an appeal should have been filed by December 13, 2016. According to your account, a formal appeal was not filed in this matter until January 27, 2017, long after the 60-day period in which to appeal. However, according to your account, you contacted NYSOH on October 13, 2016 to request your coverage through your Essential Plan be backdated to October 1, 2016 and incident [REDACTED] was created on that day. Notes related to this incident indicate that you contacted NYSOH several times to inquire about the status of this incident which was not resolved until January 26, 2017 when NYSOH denied your request to backdate your coverage because you were not currently enrolled in coverage.

Based on this evidence it is concluded that your October 13, 2016 request to backdate your Essential Plan coverage was a valid appeal of the October 14,

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2016 enrollment confirmation notice. It is noted that any delay in filing a formal appeal in this matter appears a direct result of NYSOH's failure to issue a timely resolution to incident [REDACTED]

Accordingly, it is concluded your appeal as to the effective date of your Essential Plan coverage was timely.

The second issue under review is whether NYSOH properly determined your enrollment in an Essential Plan became effective no earlier than November 1, 2016.

You testified, and your account confirms, you contacted NYSOH on August 26, 2016 and updated your account. An updated application for financial assistance with health insurance was submitted on your behalf that day. You testified you selected a health plan for enrollment over the phone that day; however, according to your account, a plan selection was not submitted on your behalf until October 13, 2016 and your coverage through your Essential Plan did not become effective until November 1, 2016. You have appealed the effective date of this coverage, insofar as your coverage was not effective October 1, 2016.

The date an Essential Plan becomes effective depends on the date on which it is selected.

Although your account indicates a plan selection was not submitted on your behalf until October 13, 2016, you testified you selected a plan on August 26, 2016. NYSOH reviewed the recordings of the telephone calls from August 26, 2016 and confirmed you were advised that you had to call back to select a dental plan, but that "everything else with your health insurance [was] fine" and "you made your selection with the plan that you have." Accordingly, based on this evidence, it is concluded you selected a health plan on August 26, 2016.

Pursuant to the above cited regulations, for plan selections received by NYSOH from the sixteenth day of the month to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month. In the present case, the evidence establishes you selected your Essential Plan on August 26, 2016. Since this was after the sixteenth day of the month, your coverage should have become effective on the first day of the next following month; that is, on October 1, 2016.

Therefore, the October 14, 2016 enrollment confirmation notice stating you were enrolled in an Essential Plan, effective November 1, 2016 is MODIFIED to reflect your enrollment in that plan became effective October 1, 2016.

It is noted that there is no evidence you selected a dental plan prior to October 13, 2016. Therefore, this decision does not alter the effective date of coverage through your dental plan.

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 third issue under review is whether NYSOH properly determined you were no longer eligible for the Essential Plan, effective January 1, 2017.

An individual requesting financial assistance to help pay for the cost of coverage provided through NYSOH is required to attest to his or her household's projected annual income. For individuals seeking enrollment in the Essential Plan, NYSOH must request income data from federal data sources to verify an individual's income attestation.

If NYSOH cannot verify an individual's attestation, it must provide the individual with notice of the inconsistency and provide a period of 90 days from the date notice is received to resolve the inconsistency.

In the eligibility determination issued on August 27, 2016, you were advised you were eligible for the Essential Plan for a limited time, and that you needed to confirm your household's income before November 24, 2016 or you might lose your insurance or receive less help paying for your coverage.

Your account confirms that NYSOH did not receive the requested income documentation before the deadline. However, your account indicates that you elected to receive alerts regarding notices from NYSOH electronically. You testified you must have elected to receive electronic notices when you first set up your account, but that you have since asked to get your notices by mail. You testified you do not have access to email alerts, because you are not sure of the email account you signed up with. You credibly testified that you did not receive an email alert regarding the August 27, 2016 eligibility determination notice indicating your eligibility was only conditional and directing you to submit proof of your income by November 24, 2016. Additionally, you testified the representative did not advise you that you needed to submit documentation to confirm your eligibility during the August 27, 2016 phone call. This testimony is corroborated by telephone call recordings. Further, you testified you did not receive this notice by mail either.

It is noted, there is no evidence in your account documenting that any email alert was sent to you by NYSOH regarding the need to submit documentation, nor is there any evidence that the notice was sent to you by regular mail.

Therefore, it is concluded that NYSOH did not provide you with proper notice that you needed to submit documentation of your income to confirm your eligibility for the Essential Plan.

Since you were not made aware of and did not receive proper notice that there was an inconsistency in your NYSOH account, the December 1, 2016 eligibility determination disenrollment notices, stating that you were no longer eligible for the Essential Plan because you failed to submit documentation are **RESCINDED**.

Your case is RETURNED to NYSOH to reinstate your coverage in your Essential Plan and your dental plan as of January 1, 2017.

## **Decision**

Your appeal of the effective date of your Essential Plan was timely.

The October 14, 2016 enrollment confirmation notice is MODIFIED to reflect you were enrolled in an Essential Plan, effective October 1, 2016.

The December 1, 2016 notice of eligibility determination is RESCINDED.

The December 1, 2016 notice of disenrollment is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your coverage in your Essential Plan and your dental plan as of January 1, 2017.

NYSOH is directed to update your account to indicate you have elected to receive communication from NYSOH by regular mail. If NYSOH is unable to verify the income information listed in your application, NYSOH is directed to issue, by regular mail, an updated notice requesting additional information in accordance with the above cited regulations.

**Effective Date of this Decision:** June 20, 2017

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

The coverage through your Essential Plan became effective October 1, 2016.

NYSOH erred in terminating your Essential Plan and dental plan, effective December 31, 2016, without the proper notice.

Your case is being sent back to NYSOH to reinstate your coverage in your Essential Plan and your dental plan as of January 1, 2017.

NYSOH will update your communication preference and begin sending you notices through the mail. If NYSOH requires additional information from you to confirm your eligibility, NYSOH will send you an updated notice through the mail.

## **If You Disagree with this Decision (Appeal Rights)**

This Decision is final unless you submit an appeal request to the Federal Marketplace or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the Federal Marketplace. This must be done within 30 days of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- 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

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Albany, NY 12211

- By fax: 1-855-900-5557

## **Summary**

Your appeal of the effective date of your Essential Plan was timely.

The October 14, 2016 enrollment confirmation notice is MODIFIED to reflect you were enrolled in an Essential Plan, effective October 1, 2016.

The December 1, 2016 notice of eligibility determination is RESCINDED.

The December 1, 2016 notice of disenrollment is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your coverage in your Essential Plan and your dental plan as of January 1, 2017.

NYSOH is directed to update your account to indicate you have elected to receive communication from NYSOH by regular mail. If NYSOH is unable to verify the income information listed in your application, NYSOH is directed to issue, by regular mail, an updated notice requesting additional information in accordance with the above cited regulations.

The coverage through your Essential Plan became effective October 1, 2016.

NYSOH erred in terminating your Essential Plan and dental plan, effective December 31, 2016, without the proper notice.

Your case is being sent back to NYSOH to reinstate your coverage in your Essential Plan and your dental plan as of January 1, 2017.

NYSOH will update your communication preference and begin sending you notices through the mail. If NYSOH requires additional information from you to confirm your eligibility, NYSOH will send you an updated notice through the mail.

## **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&etumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

## **(Urdu) اردو**

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

## **Tiếng Việt (Vietnamese)**

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

## **אידיש (Yiddish)**

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).