



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

Notice of Decision

Decision Date: May 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015310

[REDACTED]
[REDACTED],

On April 7, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 6, 2017 eligibility determination 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: May 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015310

[REDACTED]

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 adult child's eligibility for financial assistance and enrollment in a qualified health plan ended effective October 31, 2016?

Did NYSOH properly determine that your adult child was not eligible to enroll in coverage through NYSOH as of December 1, 2016, because he is not lawfully present?

Procedural History

On June 8, 2016, NYSOH received your updated application for health insurance for your two children.

On June 9, 2016, NYSOH issued an eligibility determination notice stating in part that your adult child was conditionally eligible to receive advance premium tax credits to help pay for the cost of health coverage, effective July 1, 2016, and qualified to select a health plan outside of the open enrollment period for 2016. The notice further stated that you needed to submit documentation of your adult child's immigration status by September 4, 2016 so that his eligibility could be confirmed.

Also on June 9, 2016, NYSOH issued a plan enrollment notice confirming in part your adult child's enrollment in a bronze-level qualified health plan (QHP), effective July 1, 2016.

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No updates were made to your NYSOH account b September 4, 2016.

On October 11, 2016, NYSOH issued a disenrollment notice stating that your adult child's bronze-level QHP would end effective October 31, 2016, because he was no longer eligible to enroll in health insurance through NYSOH.

On October 25, 2016, NYSOH issued an eligibility determination notice stating in part that, effective November 1, 2016, your adult child was not eligible for Medicaid, Child Health Plus, the Essential Plan or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance, and could not enroll in a QHP at full cost. This was because you had not provided proof of his immigration status within the required timeframe.

On November 11, 2016, you submitted to NYSOH a copy of your adult child's I-776 Employment Authorization Card reflecting a category code of "C33." (see Document [REDACTED]). This document was reviewed and verified on November 29, 2016 as valid proof of your adult child's immigration status.

On December 1, 2016 and January 6, 2017, NYSOH issued eligibility redetermination notices based on system updates. The notices stated that your adult child was not eligible for Medicaid, Child Health Plus, Essential Plan, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance effective December 1, 2016 and February 1, 2017 respectively. The notices also stated that he was not eligible to enroll in a QHP at full cost. The notices further stated that your adult child was not eligible for Medicaid because the household income stated in the updated November 29, 2016 application of \$72,000.00 was over the allowable income limit of \$37,665.00 for your household size.

On January 31, 2017, you contacted NYSOH's Account Review Unit and requested an appeal of those eligibility determinations insofar as your adult child was not eligible for health coverage through NYSOH.

On April 7, 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 NYSOH account and your testimony, you receive all of your notices from NYSOH by electronic mail.
- 2) You testified that you did not receive any electronic alerts notifying you of any notice in your NYSOH account stating that your adult child's eligibility

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was only conditional and that you needed to provide documentation of his immigration status by September 4, 2016 or that his health insurance would end as it did on October 31, 2016.

- 3) You are seeking insurance for your adult child.
- 4) According to your NYSOH account, your adult child's date of birth is [REDACTED] and he is presently [REDACTED] years old.
- 5) Your application states your adult child is an immigrant non-citizen.
- 6) You testified that your adult child entered the United States when he was approximately [REDACTED] in February 1998.
- 7) You testified that your adult child is a full-time college student and maintains his residence with your family.
- 8) According to your NYSOH account and your testimony, you expect to file your 2016 taxes with a status of married filing jointly and will claim two dependents on that tax return, including your adult child.
- 9) The updated applications that was submitted on November 30, 2016 and January 5, 2017, in which you requested financial assistance, listed annual household income of \$72,000.00, consisting of \$36,000.00 in income your spouse earns, \$24,000.00 in income you earn and \$12,000.00 in income your adult child earns from employment. You testified that these amounts were correct at the time.
- 10) According to your NYSOH account, your household gross monthly income is regular at approximately \$6,000.00.
- 11) You testified that your adult child went to the doctor's in November 2016 and was informed at that time that he did not have any health insurance.
- 12) You testified that on November 11, 2016, you learned you needed to provide proof of your adult child's immigration status and immediately uploaded to your NYSOH account a copy of his I-766 Employment Authorization Card reflecting a category code of "C33."
- 13) According to your NYSOH account, your adult child's I-766 Employment Authorization Card was reviewed and verified on November 29, 2016.
- 14) The status of C-33, according to the United States Customs and Immigration Services (USCIS) and Social Security Administration (SSA) is in reference to a status classified as Deferred Action on Childhood Arrivals.

15) You testified that you believe NYSOH is incorrect in its statement that your adult child is not entitled to health insurance as he has previously had insurance through NYSOH.

16) Your application states that your adult child live with your family in Nassau County, NY.

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

Applicable Law and Regulations

Citizenship and Immigration Status

To enroll in a qualified health plan through NYSOH, an applicant must be a citizen or national of the United States, or a non-citizen who is lawfully present in the United States and reasonably expects to become a citizen or remain a lawfully present noncitizen for the entire period for which enrollment is being sought (45 CFR § 155.305(a)(1)).

NYSOH must verify or obtain information in order to determine that an applicant is eligible for enrollment in a qualified health plan, including the certification of citizenship, status as a national, or lawful presence (45 CFR § 155.315(a), (c)).

If an applicant attests to citizenship, status as a national, or lawful presence, and NYSOH is unable to verify such attestation, NYSOH must provide the applicant with notice of the inconsistency. NYSOH must then provide the applicant with 90 days to provide satisfactory documentary evidence, from the date the notice of inconsistency is received by the applicant. Notice is considered received 5 days after the date on the notice, unless the applicant demonstrates that he or she did not receive the notice within the five-day period. (45 CFR § 155.315(c)(3), (f)(2)(i)).

If NYSOH remains unable to verify the citizenship attestation after the 90-day period ends, it must determine the applicant's eligibility based on the information available (45 CFR § 155.315(f)(5)).

Immigration Status

Generally, no person except a United States citizen, a naturalized citizen, a qualified alien, and persons permanently residing in the United States under color of law (PRUCOL), is eligible for medical assistance from the state (NY Soc. Serv. Law § 122(1); 18 NYCRR § 360-3.2(j)).

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A PRUCOL alien is a person who is residing in the United States with the knowledge and permission or acquiescence of the federal immigration agency and whose departure from the United States such agency does not contemplate enforcing (18 NYCRR §360-3.2(j)). The New York Department of Health regards aliens who have been issued an Employment Authorization Document (I-688B or I-766), and have the requisite category code, to be PRUCOL (08 OHIP/INF-4, dated August 4, 2008)).

The guide, “Key to I-766/I-688B, Employment Authorization Documents (EADs)”, defines certain codes on the USCIS Employment Authorization Documents” (08 MA/033, dated December 1, 2008, and as amended). It confirms that a person who has category code of “(c)(33)” has PRUCOL status for Medicaid and Child Health Plus only (*id.*).

Electronic Notices

Applicants may choose to receive notices and information from NYSOH by either electronic or 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 (45 CFR §155.230(d); 42 CFR §435.918(b)(4)).

Medicaid

A person who meets certain nonfinancial criteria and has a household income that is at or below the applicable Medicaid income standard is eligible for Medicaid benefits (45 CFR § 155.305(c)). One of the non-financial criteria for Medicaid eligibility is the immigration status of the person applying for health insurance. A person is eligible for Medicaid when his or her immigration status is satisfactory and he or she meets all other requirements for Medicaid.

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)).

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 applications, 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).

Qualified Health Plan

To enroll in a qualified health plan (QHP) through NYSOH, an applicant must be a citizen or national of the United States or a non-citizen who is lawfully present in the United States and reasonably expects to become a citizen or remain a lawfully present noncitizen for the entire period for which enrollment is being sought (45 CFR § 155.305(a)(1)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that your adult child was no longer eligible to enroll in a QHP through NYSOH, effective November 1, 2016.

NYSOH is required to determine whether individuals are eligible to enroll in coverage through NYSOH, and must confirm, among other things, that their citizenship status is satisfactory.

If NYSOH cannot verify an individual's citizenship status, it must provide the individual with notice of the inconsistency. NYSOH must then provide the individual with a period of 90 days from the date notice is received to resolve the inconsistency. For purposes of verifying citizenship, notice is considered received 5 days after the date on the notice.

In the eligibility determination issued on June 9, 2016, you were advised that your adult child's eligibility was only conditional, and that you needed to confirm his immigration status before September 4, 2016.

The record reflects that NYSOH did not receive the requested proof of your adult child's immigration status before the deadline.

However, you testified and the record reflects that you elected to receive alerts regarding notices from NYSOH electronically. You credibly testified that you did not receive an electronic alert regarding the eligibility determination notice, which stated your adult child's eligibility was only conditional and that you needed to submit documentation to confirm his immigration status. There is also no evidence in your account documenting that any email alert was sent to you regarding the need to submit documentation.

Therefore, it is concluded that NYSOH did not give you the proper notice that you needed to submit documentation of your adult child's immigration status.

Since you were not made aware of and did not receive proper notice that there was an inconsistency in your NYSOH account, that portion of the October 25, 2016 eligibility determination stating that your adult child was no longer eligible for health insurance because you did not provide documentation regarding his immigration status is RESCINDED. Similarly, the October 11, 2016, disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to assist you in reenrolling your adult child into a health plan for coverage in the month of November 2016, if you so choose. You will be responsible for any unpaid premiums for coverage to resume for your adult child for the month of November 2016.

The second issue under review is whether NYSOH properly determined that your adult child was not eligible to enroll in coverage through NYSOH as of December 1, 2016, because he was not lawfully present.

On November 11, 2016, you provided to NYSOH a copy of your adult child's I-766 Employment Authorization Card. On November 29, 2016, this information was verified and an application was submitted to NYSOH on your behalf. That application listed an annual household income of \$72,000.00 and reflected that your adult child was an immigrant non-citizen.

As a result, on December 1, 2016, and January 6, 2017, NYSOH issued eligibility determination notices stating that your adult child was not eligible for Medicaid, Child Health Plus, Essential Plan, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance effective December 1, 2016 and February 1, 2017 respectively. The notices also stated that he was not eligible to enroll in a QHP at full cost. The notices further stated that he was not eligible for Medicaid because the household income stated in the updated November 30, 2016 application of \$72,000.00 was over the allowable income limit of \$37,665.00.

Your adult child's employment authorization documentation states he is an immigrant non-citizen with a C-33 status. The status of C-33, according to the USCIS and SSA is in reference to a status classified as Deferred Action on Childhood Arrivals. Individuals who have obtained an Employment Authorization card with the status of C-33 category are persons considered not "lawfully present" for purposes of the federal definition and are, therefore, not recognized as eligible to receive federal funding under those programs.

However, NY State has consistently recognized persons with Deferred Action status within the accepted meaning of "*PRUCOL alien*"; even though the federal government has not. The New York Court of Appeals ruled, in *Aliessa, et al. v.*

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Novello (96 NY 2d 418 [2001]), that New York must provide state-funded Medicaid to the lawfully residing immigrants who had been excluded from access to the federal Medicaid program.

Since your adult child's current Deferred Action status does confer PRUCOL status for individuals seeking Medicaid eligibility in New York, review of whether he met the financial criteria for Medicaid is permissible.

Your adult child is in a four-person household for purposes of this analysis. This is because you expect to file your 2016 income taxes as married filing jointly and will claim two dependents on that tax return, including your 19-year-old child.

Medicaid can be provided through NYSOH to adults between the ages of 19 and 65 who meet the non-financial requirements and have a household modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size. On the date of your applications, the relevant FPL was \$24,300.00 for a four-person household. Since \$72,000.00 is 296% of the 2016 FPL, NYSOH properly found your adult child to be ineligible for Medicaid on an expected annual income basis, using the information provided in your application.

Finally, federal regulations require that a person seeking enrollment in a QHP through the NYSOH have United States citizenship or satisfactory immigration status. Under the federal regulations, individuals with Deferred Action for Childhood Arrivals status are not considered to be lawfully present for the purposes of obtaining coverage in a QHP through NYSOH.

Accordingly, the December 1, 2016 and January 6, 2017 eligibility determination notices are MODIFIED to state that your adult child is ineligible for the Essential Plan, advance payment of tax credits and cost sharing reductions or to purchase a full cost QHP through NYSOH based on his not being lawfully present. However, your adult child's ineligibility for Medicaid is properly based on the annual household income being over the limit for that program, not his legal presence.

Decision

That portion of the October 25, 2016 eligibility determination notice stating that your adult child was no longer eligible for health insurance because you did not provide documentation regarding his immigration status is RESCINDED.

The October 11, 2016 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to effectuate your adult child's enrollment into a health plan for coverage, effective November 1, 2016 through November

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30, 2016, if you so choose. You will be responsible for any unpaid premiums for coverage to resume for your adult child for the month of November 2016.

The December 1, 2016 and January 6, 2017 eligibility determination notices are MODIFIED to state that your adult child is ineligible for the Essential Plan, advance payment of tax credits and cost sharing reductions or to purchase a full cost QHP through NYSOH is based on him not being lawfully present. However, your adult child's ineligibility for Medicaid is properly based on the annual household income being over the limit for that program, not his legal presence.

Effective Date of this Decision: May 17, 2017

How this Decision Affects Your Eligibility

NYSOH erred in disenrolling your adult child from his bronze-level QHP effective October 31, 2016, without giving proper notice.

Your case is being sent back to NYSOH to effectuate your adult child's enrollment into a health plan for coverage from November 1, 2016 through November 30, 2016, if you so choose.

The December 1, 2016 and January 6, 2017 eligibility determination notices are MODIFIED to state that your adult child is ineligible for the Essential Plan, advance payment of tax credits and cost sharing reductions or to purchase a full cost QHP through NYSOH is based on him not being lawfully present, but otherwise AFFIRMED.

Although your adult child qualifies as a PRUCOL alien for state-based Medicaid, he is not eligible for Medicaid at this time because your household income is over the maximum allowable income limit for a four-person household.

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

That portion of the October 25, 2016 eligibility determination notice stating that your adult child was no longer eligible for health insurance because you did not provide documentation regarding his immigration status is **RESCINDED**.

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The October 11, 2016 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to effectuate your adult child's enrollment into a health plan for coverage, effective November 1, 2016 through November 30, 2016, if you so choose. You will be responsible for any unpaid premiums for coverage to resume for your adult child for the month of November 2016.

The December 1, 2016 and January 6, 2017 eligibility determination notices are MODIFIED to state that your adult child is ineligible for the Essential Plan, advance payment of tax credits and cost sharing reductions or to purchase a full cost QHP through NYSOH is based on him not being lawfully present. However, your adult child's ineligibility for Medicaid is properly based on the annual household income being over the limit for that program, not his legal presence.

The December 1, 2016 and January 6, 2017 eligibility determination notices are MODIFIED to state that your adult child is are ineligible for QHP coverage based on his not being lawfully present, but otherwise AFFIRMED.

Although your adult child qualifies as a PRUCOL alien for state-based Medicaid, he is not eligible for Medicaid at this time because your household income is over the maximum allowable income limit.

NYSOH erred in disenrolling your adult child from his bronze-level QHP effective October 31, 2016, without giving proper notice.

Your case is being sent back to NYSOH to effectuate your adult child's enrollment into a health plan for coverage from November 1, 2016 through November 30, 2016, if you so choose.

The December 1, 2016 and January 6, 2017 eligibility determination notices are MODIFIED to state that your adult child is ineligible for the Essential Plan, advance payment of tax credits and cost sharing reductions or to purchase a full cost QHP through NYSOH is based on him not being lawfully present, but otherwise AFFIRMED.

Although your adult child qualifies as a PRUCOL alien for state-based Medicaid, he is not eligible for Medicaid at this time because your household income is over the maximum allowable income limit for a four-person household.

Legal Authority

We are issuing this determination in accordance with 45 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).

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).