



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

Notice of Decision

Decision Date: June 09, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016036

[REDACTED]

Dear [REDACTED]

On May 31, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 4, 2016 eligibility determination, September 5, 2016 disenrollment, November 1, 2016 eligibility determination, December 26, 2016 enrollment, and January 12, 2017 eligibility determination notices.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the Account ID at the top of this notice.

Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

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DEPARTMENT OF HEALTH
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Decision

Decision Date: June 09, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016036

[REDACTED]

Issues

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

Was your appeal of NY State of Health's November 1, 2016 eligibility determination notice timely?

Did NY State of Health properly determine that your oldest child's eligibility for and enrollment in her Child Health Plus plan terminated effective September 30, 2016?

Did NY State of Health properly determine that your oldest child's eligibility for and reenrollment in her Child Health Plus plan was effective December 1, 2016?

Did NY State of Health properly determine that your oldest child was not eligible for Medicaid for October 1, 2016 through October 31, 2016?

Procedural History

On June 23, 2016, you updated your household's application for financial assistance with health insurance.

On June 24, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination stating that your oldest child was eligible for Child Health Plus for a limited time, effective August 1, 2016. The notice requested that you provide documentation confirming your household income before August 21, 2016 as well as your oldest child's social security number before September 20, 2016.

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Also on June 24, 2016, NYSOH issued a notice confirming your oldest child's enrollment in a Child Health Plus plan, effective August 1, 2016.

No income documentation was received by August 21, 2016.

On September 3, 2016, NYSOH redetermined your oldest child's eligibility for financial assistance with health insurance.

On September 4, 2016, NYSOH issued an eligibility determination notice stating that your oldest child was eligible to enroll in a qualified health plan at full cost, effective October 1, 2016. This was because NYSOH could not verify the income listed in your application.

On September 5, 2016, NYSOH issued a disenrollment notice stating that your oldest child's coverage in her Child Health Plus plan would end effective September 30, 2016.

On October 20, 2016, a copy of your oldest child's social security card was uploaded to your NYSOH account.

Also on October 20, 2016 a signed letter indicating that your spouse has no income and that you are the sole provider for your household was uploaded to your NYSOH account as well as one paystub dated September 23, 2016.

On October 31, 2016, NYSOH reviewed the income documents you submitted and found that these were insufficient proof of your income.

Also on October 31, 2016, NYSOH redetermined your oldest child's eligibility for financial assistance.

On November 1, 2016, NYSOH issued a notice advising you that the income documentation you submitted was insufficient to resolve the inconsistency on your account and that additional proof of income was required by December 30, 2016.

Also on November 1, 2016, NYSOH issued a notice of eligibility determination stating that your oldest child was eligible for Child Health Plus for a limited time, effective December 1, 2016. The notice requested that you provide documentation confirming your household income before December 30, 2016.

On November 9, 2016, you updated your household's application for financial assistance with health insurance. In that application, you indicated that you were requesting help paying for medical bills for the months of August 2016, September 2016, and October 2016 for your oldest child.

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On November 10, 2016, NYSOH issued a notice of eligibility determination stating that your oldest child was eligible for Child Health Plus for a limited time, effective December 1, 2016. The notice requested that you provide documentation confirming your household income before December 30, 2016.

On December 7, 2016, NYSOH issued a notice of enrollment confirming your oldest child's enrollment in her Child Health Plus plan effective January 1, 2017.

On December 12, 2016, a complaint ([REDACTED]) was created regarding the issue of the start date of your oldest child's Child Health Plus plan. This complaint shows that on December 15, 2016 your oldest child's Child Health Plus plan was backdated to start on December 1, 2016. A note within this complaint from January 3, 2017 indicates that you contacted NYSOH requesting an earlier start date for your oldest child's Child Health Plus plan.

On December 26, 2016, NYSOH issued a notice of enrollment confirming your oldest child's enrollment in her Child Health Plus plan effective December 1, 2016.

On January 12, 2017, NYSOH issued a notice of eligibility determination stating that your oldest child was not eligible for Medicaid for August 1, 2016 through October 31, 2016 because you failed to provide the necessary income documentation.

On February 21, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as your oldest child was without coverage for the month of October 2016.

On May 31, 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) You testified that you are seeking to have your oldest child enrolled in coverage for the month of October 2016 as she has outstanding medical bills for that month.
- 2) You testified, and the record reflects, that you receive all of your notices from NYSOH by regular mail.

- 3) You testified that you received the June 24, 2016 eligibility determination notice requesting that you submit income documentation.
- 4) You testified that you mailed your income documents sometime in September 2016.
- 5) On September 3, 2016, NYSOH redetermined your household's eligibility for financial assistance with health insurance.
- 6) On October 11, 2016 NYSOH received a letter signed by yourself indicating that your spouse was not employed and that you were the sole provider for your household as well as one paystub for pay date September 23, 2016 for a gross pay amount of \$1,200.00.
- 7) On October 31, 2016, NYSOH redetermined your household's eligibility for financial assistance with health insurance.
- 8) On November 9, 2016, you contacted NYSOH to update your household's application for financial assistance with health insurance and to reenroll your oldest child into a Child Health Plus Plan.
- 9) On December 12, 2016, a complaint ([REDACTED]) was created with regard to the gap in your oldest child's coverage. On December 15, 2016, NYSOH determined that your oldest child's enrollment in her Child Health Plus plan should have resumed on December 1, 2016.
- 10) On January 3, 2017, you contacted NYSOH and requested that your oldest child's coverage begin earlier than December 1, 2016.
- 11) On February 21, 2017, you contacted NYSOH and filed a formal appeal insofar as your oldest child had no coverage for the month of October 2016.
- 12) You testified that your spouse does not work.
- 13) You testified that you filed your 2016 tax return as married filing jointly and claimed your spouse and four children as dependents and that you expect to file your 2017 tax return with the same status.
- 14) You testified that you had one employer in October 2016. You are paid a gross of \$1,200.00 weekly. You are paid each Friday.
- 15) The application that you submitted on November 9, 2016 lists monthly income for October 2016 of \$4,694.33.

- 16) The application that you submitted on November 9, 2016 indicates that you do not plan on taking any deductions on your tax return.
- 17) You submitted eight paystubs for pay dates September 23, 2016, November 18, 2016, November 25, 2016, December 2, 2016, December 9, 2016, January 6, 2017, January 13, 2017, and January 20, 2017, each showing a gross salary amount of \$1,200.00.
- 18) You submitted images of paychecks dated October 7, 2016, October 14, 2016, and October 21, 2016 showing a net pay amount of \$906.86.

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

Applicable Law and Regulations

Valid Appeal Requests

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by the Exchange to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

Individual applicants and enrollees must request a hearing within sixty (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)).

However, where an appeal request is untimely, the appeal request may be considered valid if the applicant or enrollee sufficiently demonstrates within a reasonable timeframe as determined by NYSOH that failure to timely submit the appeal was due to exceptional circumstances and should not preclude the appeal (45 CFR §155.520(d)(2)(i)(D)).

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).

Child Health Plus

The “period of eligibility” for Child Health Plus is “that period commencing on the first day of the month during which a child is an eligible child and enrolled or recertified for enrollment on an annual basis based on all required information and documentation and ending on the last day of the twelfth month following such date,” unless the CHP premiums are not timely paid or the child no longer resides in New York State, gains access to or obtains other health insurance coverage, or becomes eligible for Medicaid (NY Public Health Law § 2510(6)).

“A State must specify a method for determining the effective date of eligibility for [Child Health Plus], which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between [Child Health Plus] and other insurance affordability programs as family circumstances change and avoids gaps or overlaps in coverage” (42 CFR § 457.340(f)).

The State of New York has provided that a child’s period of eligibility for Child Health Plus begins on the first day of the month during which a child is eligible. A child will become eligible on the first day of the next month, if the application is received by the 15th of the month; applications received after the 15th day of the month will be processed for the first day of the second following month (see e.g. State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

NYSOH is required to provide proper written notice to an applicant of any decision effecting an enrollee’s Child Health Plus eligibility (42 CFR § 457.340(e)). When Child Health Plus coverage is denied, suspended or terminated NYSOH must provide sufficient notice to enable the child's parent or caretaker relative to take appropriate actions in order to allow Child Health Plus coverage to continue without interruption (42 CFR § 457.340(e)(2); 42 CFR § 457.1130(a)(3)).

Medicaid for Children

A child who is under one year of age is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 223% of the federal poverty level (FPL) for the applicable family size (42 CFR § 435.118(c); New York State Department of Social Services Administrative Directive 13 OHIP/ADM-03).

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A child who is at least one year of age but younger than nineteen is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 154% of the federal poverty level (FPL) for the applicable family size (42 CFR § 435.118(c); New York State Department of Social Services Administrative Directive 13 OHIP/ADM-03).

In the case of an individual who expects to file a tax return and does not expect to be claimed by another taxpayer, the household consists of the taxpayer and all persons whom such individual expects to claim as a tax dependent (42 CFR § 435.603(f)(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 \$32,580.00 for a six-person household (81 Fed. Reg. 4036).

Retroactive Medicaid

The Department of Health must make Medicaid coverage start retroactively for up to three months prior to the month of an initial application if the individual received medical services that would have been covered under Medicaid and the individual would have been eligible for Medicaid at the time he received the services if he had applied (42 USCA § 1396A(34); 42 CFR § 435.915(a)). The Department of Health may make eligibility effective for fee-for-service Medicaid on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b)).

Legal Analysis

The first issue under review is whether your appeal of NYSOH's November 1, 2016 eligibility determination notice was timely.

The record reflects that you first contacted NYSOH to file a formal appeal on February 22, 2017.

Individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notice of eligibility determination by NYSOH.

For an appeal to have been valid on the issue of your oldest child's enrollment start date in her Child Health Plus plan, an appeal should have been filed by December 31, 2016. The record reflects that you filed your appeal on February 22, 2017, which is beyond the 60-day deadline.

Although your appeal was untimely on its face, however, the record reflects that you contacted NYSOH on December 12, 2016 and January 3, 2017 to address

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the issue of your oldest child's coverage for October 2016. Additionally, the complaint filed on December 12, 2016 was not resolved until December 15, 2016. Thereafter, you contacted NYSOH on January 3, 2017 regarding the status of your request to backdate your oldest child's coverage.

As you filed a formal appeal on February 22, 2017, which was within 60 days of your January 3, 2017 follow-up, which itself was within 60 days of the December 15, 2016 resolution of your December 12, 2016 complaint, which was within 60 days of the November 1, 2016 eligibility determination, your appeal was timely and will be addressed.

The second issue under review is whether NYSOH properly determined that your oldest child's eligibility for and enrollment in her Child Health Plus plan terminated effective September 30, 2016.

NYSOH's June 24, 2016 eligibility determination notice stated that additional income documentation was needed in order to confirm your oldest child's eligibility for financial assistance, and that you need to supply additional income documentation by August 21, 2016, or her financial assistance might end.

Because no additional income documentation was submitted in response to this notice, your oldest child's eligibility was redetermined after the two-month period of conditional eligibility had expired.

On September 4, 2016, your child was determined eligible to enroll in a full cost qualified health plan. Because your oldest child was found no longer eligible to enroll in Child Health Plus, she was terminated from her Child Health Plus plan, effective September 30, 2016.

You testified that you did receive the June 24, 2016 notice from NYSOH telling you that you needed to submit income documentation to your NYSOH account on your child's behalf. You testified, and your NYSOH account confirms, that you elected to receive notifications via regular mail. There is no evidence in the record that any notices that were sent to your mailing address were returned as undeliverable.

Therefore, the record reflects that NYSOH properly notified you of the need to submit additional income documentation in order to ensure that your oldest child's eligibility for and enrollment in her Child Health Plus plan would continue.

As the record reflects that NYSOH properly notified you of the need to submit additional income documentation and you failed to submit such documentation by the August 21, 2016 deadline, NYSOH properly determined that your oldest child was no longer eligible for financial assistance, effective September 30, 2016, and properly terminated your oldest child from her Child Health Plus plan, effective September 30, 2016.

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Therefore, the September 4, 2016 eligibility determination notice and September 5, 2016 enrollment confirmation notice are correct and must be AFFIRMED.

The third issue under review is whether NYSOH properly determined that your child's reenrollment in her Child Health Plus plan was effective December 1, 2016.

On October 11, 2016, NYSOH received your oldest child's social security number. On October 31, 2016 NYSOH redetermined your oldest child's eligibility for financial assistance with health insurance.

On November 9, 2016, you updated your household's application for financial assistance with health insurance and selected a Child Health Plus plan for your oldest child.

The date on which a Child Health Plus plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected between the first day and fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected between the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

On November 9, 2016, you selected a Child Health Plus plan, so your oldest child's reenrollment properly took effect on the first day of the month following November 2016; that is, on December 1, 2016.

Therefore, NYSOH's November 1, 2016 eligibility determination notice and December 26, 2016 enrollment confirmation notice are AFFIRMED because they properly began your oldest child's eligibility for and enrollment in her Child Health Plus plan on December 1, 2016.

The fourth issue under review is whether NYSOH properly determined that your oldest child was not eligible for Medicaid for October 1, 2016 through October 31, 2016.

You file your taxes with a tax filing status of married filing jointly and you claim your four children as dependents. Your oldest child is therefore in a six-person household.

You submitted an application for financial assistance on November 9, 2016 and requested help in paying for medical bills for your youngest child for October 2016.

When an individual files an initial application for Medicaid, his or her eligibility for retroactive Medicaid depends on the date of application. To this end, it does not matter whether or not that initial application resulted in Medicaid going forward. Instead, an individual, who has filed an initial application for Medicaid through

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NYSOH, has the right to be evaluated for Medicaid for the three months before the month of his or her application.

Medicaid coverage can be made effective retroactively for up to three months prior to an individual's initial application if the individual received medical services that would have been covered under Medicaid and if they would have been eligible for Medicaid in those three months had they applied.

You testified that you are seeking health insurance coverage for your oldest child from October 1, 2016 to October 31, 2016.

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size.

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size. To be eligible for Medicaid in October 2016, your oldest child would have needed to meet the non-financial criteria and have an income no greater than 154% of the FPL, which is \$4,182.00 per month. There is no indication in the record that your oldest child would have been ineligible for Medicaid based on non-financial criteria during October 2016.

You testified that you are paid weekly. You testified and uploaded paystubs showing that you are paid on a weekly basis and receive a gross pay amount of \$1,200.00 each week. Therefore, the record indicates that in the month of October 2016, you had a monthly household income of \$4,800.00.

Since your income of \$4,800.00 was more than the \$4,182.00 monthly Medicaid limit for October 2016, NYSOH properly determined that your oldest child was not eligible for Medicaid coverage during that month. Therefore, the January 12, 2017 eligibility determination stating that your oldest child was not eligible for Medicaid in the month of October 2016, is correct and is AFFIRMED.

Decision

The September 4, 2016 eligibility determination notice is AFFIRMED.

The September 5, 2016 disenrollment notice is AFFIRMED.

The November 1, 2016 eligibility determination notice is AFFIRMED.

The December 26, 2016 enrollment notice is AFFIRMED.

The January 12, 2017 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: June 09, 2017

How this Decision Affects Your Eligibility

This decision does not change your oldest child's eligibility.

Your oldest child was properly terminated from her Child Health Plus plan as of September 30, 2016.

The effective date of your oldest child's reenrollment in her Child Health Plus plan is December 1, 2016.

Your oldest child is not eligible for Medicaid in the month of October 2016.

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

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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):

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- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
NY State of Health Appeals
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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

This decision does not change your oldest child's eligibility.

The September 4, 2016 eligibility determination notice is AFFIRMED.

The September 5, 2016 disenrollment notice is AFFIRMED.

Your oldest child was properly terminated from her Child Health Plus plan as of September 30, 2016.

The November 1, 2016 eligibility determination notice is AFFIRMED.

The December 26, 2016 enrollment notice is AFFIRMED.

The effective date of your oldest child's reenrollment in her Child Health Plus plan is December 1, 2016.

The January 12, 2017 eligibility determination notice is AFFIRMED.

Your oldest child is not eligible for Medicaid in the month of October 2016.

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).

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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).