



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

Notice of Decision

Decision Date: July 3, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016201

[REDACTED]

Dear [REDACTED],

On June 2, 2017, your spouse, acting as your authorized representative, appeared by telephone at a hearing on your appeal of NY State of Health's February 24, 2017 eligibility determination and plan enrollment 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
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: July 3, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016201



Issues

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

Did NY State of Health properly determine that your eligibility for and enrollment in the Essential Plan and your children's eligibility for and enrollment in their Child Health Plus plan terminated effective February 28, 2017?

Did NY State of Health properly determine that your eligibility for and enrollment in the Essential Plan and your children's eligibility for and enrollment in their Child Health Plus plan next terminated effective April 1, 2017?

Procedural History

On February 10, 2016, NY State of Health (NYSOH) issued an eligibility determination notice stating that you were eligible for the Essential Plan and your children were eligible for Child Health Plus (CHP) effective March 1, 2016. You were subsequently enrolled in Essential Plan 1 Plus Vision and Dental and your children were enrolled in a CHP plan with plan enrollment start dates of March 1, 2016.

On January 5, 2017, NYSOH issued a notice that it was time to renew your family's health insurance for the upcoming coverage year. That notice stated that based on information from federal and state sources, NYSOH could not decide whether your family would qualify for financial help paying for their health

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coverage, and that you needed to update your account by February 15, 2017 or your family might lose the financial assistance they were currently receiving.

No updates were received by February 15, 2017, and NYSOH redetermined your and your children's eligibility for financial assistance with health insurance.

On February 17, 2017, NYSOH issued two eligibility determination notices. The first notice stated that you were newly eligible to purchase a qualified health plan (QHP) at full cost through NYSOH, effective March 1, 2017. The notice stated that you were not eligible for financial assistance because you did not respond to the renewal notice within the required timeframe. The second eligibility determination notice issued on February 17, 2017, stated that your children did not qualify for Medicaid, CHP, the Essential Plan, to receive tax credits or cost sharing reductions and could not purchase a QHP. This was because you did not respond to the renewal notice and did not complete the renewal within the required timeframe.

Also on February 17, 2017, NYSOH issued a disenrollment notice stating that your enrollment in your Essential Plan would end on February 28, 2017. This was because you were no longer eligible to enroll in the Essential Plan. The notice further stated that your children's coverage in their CHP plan would end on February 28, 2017. This was because they were no longer eligible to enroll in health insurance through NYSOH.

On February 23, 2017, you updated your family's application for financial assistance with health insurance through NYSOH.

On February 24, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan with a \$20.00 premium per month, effective April 1, 2017. The same notice stated that your children were eligible for CHP with a \$9.00 monthly premium each, effective April 1, 2017.

Also on February 24, 2017, NYSOH issued a plan enrollment notice confirming your selection of Essential Plan 1 Plus Vision and Dental with a \$47.60 monthly premium with a plan enrollment start date of April 1, 2017. That same enrollment notice stated that your children were enrolled in a CHP plan with a \$9.00 monthly premium each, with a plan enrollment start date of April 1, 2017.

On February 25, 2017, NYSOH issued a notice confirming that on February 24, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in the Essential Plan and your children's enrollment in their CHP plan insofar as the plans did not begin on March 1, 2017.

On March 28, 2017, NYSOH issued an eligibility determination notice stating that you and your children were no longer eligible to receive health insurance through NYSOH, effective April 2, 2017, because notices regarding your and your

children's eligibility and coverage sent to you by NYSOH to the mailing address in your account were returned as undeliverable. This notice also stated that you needed to update your mailing address so that your family could remain eligible for health coverage through NYSOH.

Also on March 28, 2017, NYSOH issued a disenrollment notice confirming that your coverage with Essential Plan 1 Plus Vision and Dental and your children's coverage in their CHP plan would end on April 1, 2017. This was because you and your children were no longer eligible to enroll in health insurance through NYSOH.

On April 3, 2017, NYSOH received your updated application for financial assistance with health insurance and this included an updated mailing address.

On April 4, 2017, April 7, 2017 and April 13, 2017, NYSOH issued eligibility determination notices stating that you were eligible for the Essential Plan with a \$20.00 premium per month, effective May 1, 2017, and that your children were eligible for CHP with a \$9.00 per month premium each, effective May 1, 2017.

Also on April 4, 2017, April 7, 2017 and April 13, 2017, NYSOH issued plan enrollment notices confirming your plan selections of April 3, 2017, April 6, 2017 and April 12, 2017 of your Essential Plan 1 Plus Vision and Dental and your children's CHP plan, both with plan enrollment start dates of May 1, 2017.

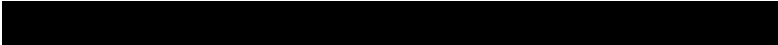

On June 2, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. At that hearing, you designated your spouse as your authorized representative through sworn testimony to act on your behalf during the hearing. Also during the hearing, your spouse requested to amend the appeal to include the March 28, 2017 eligibility determination notice that terminated your and your children's health plans effective April 1, 2017.

The Hearing Officer reviewed the Evidence Packet that was uploaded to your account on May 5, 2017. This Evidence Packet did include all notices and material relative to both issues. Therefore, the Hearing Officer agreed to amend your appeal to include the separate terminations of your and your children's health insurance in the interests of administrative efficiency. 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 spouse's testimony, you were eligible for and enrolled in an Essential Plan and your children were

- eligible for and enrolled in a CHP plan with plan start dates of March 1, 2016.
- 2) Your spouse testified that for all relevant periods you received your notices from NYSOH by regular mail.
 - 3) Your spouse testified that you did not receive any notices in the mail telling you that you needed to update your application in order to renew your Essential Plan or the children's CHP plan eligibility.
 - 4) According to your NYSOH account, the January 5, 2017 renewal notice was returned as undeliverable to NYSOH on February 21, 2017 and uploaded to your NYSOH account on March 27, 2017.
 - 5) Your spouse testified that you did receive the February 17, 2017 eligibility determination and disenrollment notices. Your spouse testified that upon receiving these notices on February 23, 2017, you contacted NYSOH to update your application and were redetermined eligible for the Essential Plan and the children were redetermined eligible for CHP. Both and the children were enrolled in plans at that time.
 - 6) According to your NYSOH account, no other NYSOH notices were returned as undeliverable except for the January 5, 2017 renewal notice.
 - 7) The renewal notice sent to you on January 5, 2017 was addressed to:
.
 - 8) Your spouse testified that this address was correct and that you have not moved. Your spouse testified that you have been receiving notices from NYSOH on a regular basis at that address prior to and after January 5, 2017.
 - 9) The record reflects that on April 3, 2017 you updated your address to:
.
 - 10) According to your NYSOH account, the January 5, 2017 renewal notice was returned by the post office marked a "NOT DELIVERABLE AS ADDRESSED. UNABLE TO FORWARD". This returned mail was received by NYSOH on February 21, 2017 and uploaded to your account on March 27, 2017.
 - 11) According to your NYSOH account, on March 27, 2017, your account was noted "Mailing address marked invalid" and your and your children's eligibility was re-run based on that information.

- 12) According to your NYSOH account and your spouse's testimony, you updated your account on April 3, 2017 and re-enrolled yourself into an Essential Plan and the children into their CHP plan at that time.
- 13) Your spouse testified that you incurred medical bills during the months of March 2017 and April 2017 that are uncovered by health insurance.
- 14) Your spouse testified that you are seeking to have your coverage in the Essential Plan and your children's coverage in their CHP plan begin March 1, 2017.

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

Applicable Law and Regulations

Essential Plan Renewal

In general, NYSOH will review Essential Plan eligibility no more frequently than once every 12 months from the effective date of eligibility as long as enrollees are under age 65, not enrolled in minimum essential coverage, remain state residents, and do not have any changes in circumstances. An individual enrolled in the Essential Plan shall have his or her coverage continued until the end of the 12 month period, provided he or she does not lose eligibility by reason of citizenship status, lack of state residence, failure to provide a valid social security number, providing inaccurate information that would affect eligibility when requesting or renewing health coverage, failure to make the applicable premium payment, or changes in circumstances (42 CFR § 600.340(a); 42 CFR § 600.320(d); NY Social Services Law § 369-gg(3) and (4)(d)); New York's Basic Health Plan Blueprint, pp. 8 and 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (42 CFR § 600.340(e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates that may have been provided by the individual (42 CFR § 600.345; (NY Social Services Law § 369-gg(4)(c); 45 CFR § 155.335(g); New York's Basic Health Plan Blueprint, p. 17, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

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

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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)).

Child Health Plus

Child Health Plus (CHP) is a sliding-scale-premium program for children who are in a household that is over income for regular Medicaid (see New York Public Health Law (NY PHL) § 2510 et seq. and 42 USC § 1397aa). Eligibility rules are set out in NY PHL § 2511(2), as well as in the NYS Department of Health 2008-2012 Contract and Plan Manual.

A child who meets the eligibility requirements for CHP may be eligible to receive a subsidy payment if the child resides in a household with a household income at or below 400% of the federal poverty level (FPL) (NY PHL § 2511(2)(a)(iii)). To be eligible to enroll in CHP with subsidy payments, a child must not be "eligible for medical assistance"; that is, must not be eligible for Medicaid (NY PHL § 2511(2)(b)).

To be eligible for enrollment in a Child Health Plus plan through the New York State of Health, one of the non-financial requirements is that the applicant must be a resident of New York State (NY Public Health Law § 2511(e)).

The amount of the premium payment, if any, that must be made on behalf of a child who enrolls in a CHP plan depends upon the child's family household income (NY PHL § 2510(9)(d)). No payments are required for eligible children whose family household income is less than 160% of the FPL (NY PHL § 2510(9)(d)(1)). If the family household income is 160% or higher, premiums range from \$9.00 per month to \$60.00 per month (NY PHL § 2510(9)(d)).

State Residence

Individuals are ineligible for medical assistance unless he or she is a resident of NY State (NY SSL § 366(d)(1)).

Legal Analysis

The issues under review are whether NYSOH properly determined that your eligibility for and enrollment in the Essential Plan and your children's eligibility for and enrollment in their Child Health Plus plan terminated effective February 28, 2017 and next terminated effective April 1, 2017.

You were originally eligible for and enrolled in your Essential Plan and your children were eligible for and enrolled in their CHP plan with plan start dates of March 1, 2016.

Generally, NYSOH will redetermine a qualified individual's eligibility for the Essential Plan and CHP plans once every 12 months without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency. NYSOH's January 5, 2017 renewal notice stated that there was not enough information to determine whether you and your children were eligible to continue your financial assistance for health insurance, and that you needed to supply additional information by February 15, 2017, or the financial assistance you and your children were receiving might end.

Because there was no timely response to this notice, your coverage with your Essential Plan and the children's coverage with their CHP plan ended effective February 28, 2017.

Your spouse testified that you did not receive any notice from NYSOH telling you that you needed to update the information in your NYSOH account. He testified that for the relevant period of time, you elected to receive notifications by regular mail.

According to your NYSOH account, the January 5, 2017 renewal notice was returned by the post office due to an undeliverable address. However, the credible evidence of record indicates that this is the only piece of mail that has been return using the address listed at the time in your NYSOH account.

As a result of not renewing your family's application for health insurance by February 15, 2017, NYSOH issued eligibility redetermination and disenrollment notices stating that your Essential Plan and your children's CHP plan coverage would end February 28, 2017.

Therefore, it is reasonable to conclude that, through no fault of your own, you were not notified of the need to renew by February 15, 2017. This was because the January 5, 2017 renewal notice was returned by the post office. The record shows that this is the only piece of mail returned by the post office using the same address before and after January 5, 2017.

The record reflects that the January 5, 2017 notice was returned by the post office and received by NYSOH on February 21, 2017. That returned notice was not uploaded to your account until March 27, 2017. Based on the returned piece of mail, NYSOH noted on your account that the address was undeliverable and the system assumed that you and your children no longer met the state residency requirement for enrollment in health insurance. The system then terminated your enrollment in the Essential Plan and your children's enrollment in their CHP plan which were due to start April 1, 2017.

However, as noted above, this was due to a single piece of returned mail which was returned by the post office due to no fault of your own. Your spouse credibly testified that you have resided at the same location for many years and have not moved. Your spouse further testified and the record reflects that notices sent by NYSOH before January 5, 2017 and afterwards have been delivered to the address as then listed on your account. The modification to your address made on April 3, 2017 was minor. Therefore, it is reasonable to conclude that your and your children's disenrollment from your Essential and CHP plans effective April 1, 2017 was in error.

Therefore, the first February 17, 2017 eligibility determination notice stating that you were newly eligible to purchase a QHP at full cost effective March 1, 2017, and the second February 17, 2017 eligibility determination notice stating your children were no longer eligible for health insurance through NYSOH effective March 1, 2017, are RESCINDED.

The February 24, 2017 eligibility determination and plan enrollment notices are MODIFIED to state your eligibility for and enrollment in the Essential Plan and your children's eligibility for and enrollment in a CHP plan are both effective March 1, 2017.

The March 28, 2017 eligibility determination and disenrollment notices stating that you and your children are no longer eligible for health insurance through NYSOH are RESCINDED.

The April 4, 2017, April 7, 2017 eligibility determination and plan enrollment notices are superseded by the April 13, 2017 eligibility determination and plan enrollment notices, which notices are MODIFIED to state your eligibility for and enrollment in the Essential Plan and your children's eligibility for and enrollment in a CHP plan are all effective March 1, 2017.

Your case is RETURNED to NYSOH to reinstate you into your Essential Plan effective March 1, 2017, and to reinstate your children into their CHP plan effective March 1, 2017, and to notify you accordingly.

You are responsible for any premium payments due to your Essential Plan and to the children's CHP plan for the months of March 2017 and April 2017.

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).

Decision

The first February 17, 2017 eligibility determination notice stating that you were newly eligible to purchase a QHP at full cost effective March 1, 2017, and the second February 17, 2017 eligibility redetermination notice stating that your children were no longer eligible for health insurance through NYSOH effective March 1, 2017, are RESCINDED.

The February 24, 2017 eligibility determination and plan enrollment notices are MODIFIED to state your eligibility for and enrollment in the Essential Plan and your children's eligibility for and enrollment in a CHP plan are both effective March 1, 2017.

The March 28, 2017 eligibility determination and disenrollment notices stating that you and your children are no longer eligible for health insurance through NYSOH are RESCINDED.

The April 4, 2017, April 7, 2017 eligibility determination and plan enrollment notices are superseded by the April 13, 2017 eligibility determination and plan enrollment notices, which notices are MODIFIED to state your eligibility for and enrollment in the Essential Plan and your children's eligibility for and enrollment in a CHP plan are all effective March 1, 2017.

Your case is RETURNED to NYSOH to reinstate you into your Essential Plan effective March 1, 2017, and to reinstate your children into their CHP plan effective March 1, 2017, and to notify you accordingly.

You are responsible for any premium payments due to your Essential Plan and to the children's CHP plan for the months of March 2017 and April 2017.

Effective Date of this Decision: July 3, 2017

How this Decision Affects Your Eligibility

This decision does not change your or your children's current eligibility.

The effective date of your Essential Plan is being changed to March 1, 2017.

The effective date of your children's CHP plan is being changed to March 1, 2017.

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).

Your case is being sent back to NYSOH to reinstate you into your Essential Plan 1 Plus Vision and Dental at a premium of \$47.60 per month with a plan start date of March 1, 2017.

Your case is also being sent back to NYSOH to reinstate your children into their CHP plan at a premium of \$9.00 per month each with a plan start date of March 1, 2017.

NYSOH will notify you once these changes have been completed.

You will be responsible to pay the March 2017 and April 2017 monthly premiums due to your Essential Plan and to the children's CHP plan.

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

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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

The first February 17, 2017 eligibility determination notice stating that you were newly eligible to purchase a QHP at full cost effective March 1, 2017, and the second February 17, 2017 eligibility redetermination notice stating that your children were no longer eligible for health insurance through NYSOH effective March 1, 2017, are **RESCINDED**.

The February 24, 2017 eligibility determination and plan enrollment notices are **MODIFIED** to state your eligibility for and enrollment in the Essential Plan and your children's eligibility for and enrollment in a CHP plan are both effective March 1, 2017.

The March 28, 2017 eligibility determination and disenrollment notices stating that you and your children are no longer eligible for health insurance through NYSOH are **RESCINDED**.

The April 4, 2017, April 7, 2017 eligibility determination and plan enrollment notices are superseded by the April 13, 2017 eligibility determination and plan enrollment notices, which notices are **MODIFIED** to state your eligibility for and enrollment in the Essential Plan and your children's eligibility for and enrollment in a CHP plan are all effective March 1, 2017.

Your case is **RETURNED** to NYSOH to reinstate you into your Essential Plan effective March 1, 2017, and to reinstate your children into their CHP plan effective March 1, 2017, and to notify you accordingly.

You are responsible for any premium payments due to your Essential Plan and to the children's CHP plan for the months of March 2017 and April 2017.

The effective date of your Essential Plan is being changed to March 1, 2017.

The effective date of your children's CHP plan is being changed to March 1, 2017.

Your case is being sent back to NYSOH to reinstate you into your Essential Plan 1 Plus Vision and Dental at a premium of \$47.60 per month with a plan start date of March 1, 2017.

Your case is also being sent back to NYSOH to reinstate your children into their CHP plan at a premium of \$9.00 per month each with a plan start date of March 1, 2017.

NYSOH will notify you once these changes have been completed.

You will be responsible to pay the March 2017 and April 2017 monthly premiums due to your Essential Plan and to the children's CHP plan.

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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এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye bɛtumi ama wo obi a okyerɛ 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 איר געבן א דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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