



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

Notice of Decision

Decision Date: August 18, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016526

[REDACTED]

Dear [REDACTED],

On June 8, 2017, you and your spouse appeared by telephone, with the aid of a Spanish language interpreter, at a hearing on your appeal of NY State of Health's February 18, 2017 eligibility determination and disenrollment notices and the March 2, 2017 verbal denial of a special enrollment period for your spouse.

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: August 18, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016526



Issue

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

Did NY State of Health (NYSOH) properly determine your spouse was not eligible to remain enrolled in coverage through NYSOH, or to later reenroll into a qualified health plan outside the open enrollment period for 2017?

Procedural History

On November 18, 2015, NYSOH received your family's updated non-financial application for health insurance.

On November 24, 2015, NYSOH issued an eligibility determination notice stating your family, including your spouse, were fully eligible to purchase a qualified health plan (QHP) at full cost, effective January 1, 2016. Your family, including your spouse, subsequently enrolled in a QHP.

On November 18, 2016, NYSOH received your family's updated non-financial application for health insurance.

On November 19, 2016, NYSOH issued an eligibility determination notice stating your spouse was conditionally eligible to purchase a QHP at full cost, effective January 1, 2017. The notice indicated that NYSOH was checking federal data sources to confirm your spouse's immigration status and would contact you if you needed to send proof of your spouse's eligible immigration status.

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Also on November 19, 2016, NYSOH issued an enrollment notice confirming the enrollment of your family, including your spouse, in a QHP, effective January 1, 2017.

On December 3, 2016, NYSOH issued an eligibility determination notice stating your spouse was conditionally eligible to purchase a QHP at full cost, effective January 1, 2017. The notice directed you to submit proof of your spouse's immigration status by March 2, 2017 to confirm his eligibility or he might lose his insurance or receive less help paying for his coverage. The notice included a "Document List," which provided a description of acceptable documentation of various types of immigration statuses. The list indicated that proof of current visa status was acceptable proof of an immigrant non-citizen or non-immigrant visa holder status.

On December 28, 2016, NYSOH systematically redetermined your spouse's eligibility.

On December 30, 2016, NYSOH issued an eligibility determination notice stating your spouse was conditionally eligible to purchase a QHP at full cost, effective February 1, 2017. The notice indicated that NYSOH was checking federal data sources to confirm your spouse's immigration status and would contact you if you needed to send proof of your spouse's eligible immigration status.

On January 7, 2017, NYSOH issued an eligibility determination notice, based on a January 6, 2017 systematic eligibility redetermination, stating your spouse was conditionally eligible to purchase a QHP at full cost, effective February 1, 2017. The notice directed you to submit proof of your spouse's immigration status by April 6, 2017 to confirm his eligibility or he might lose his insurance or receive less help paying for his coverage. The notice included a "Document List" which provided a description of acceptable documentation to prove various types of immigration statuses. According to this document, supplying "one of the following documents" on a list that included "[p]roof of current visa status (for example, a stamp in your passport, or an approval letter from United States Citizenship and Immigration Services (USCIS))," would be sufficient proof of immigrant status.

On February 17, 2017, NYSOH systematically redetermined your spouse's eligibility for health insurance.

On February 18, 2017, NYSOH issued an eligibility determination notice stating your spouse was no longer eligible for health insurance through NYSOH, effective March 1, 2017, because NYSOH could not verify his immigration status.

Also on February 18, 2017, NYSOH issued a disenrollment notice stating your spouse's coverage through your family's QHP was terminated, effective February 28, 2017, because he was no longer eligible to enroll in health insurance through NYSOH.

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On March 2, 2017, you contacted NYSOH to attempt to reenroll your spouse into a QHP, but you were unable to do so and an appeal was filed on behalf of your spouse insofar as he was not able to reenroll into a QHP outside the open enrollment period for 2017.

On March 3, 2017, NYSOH issued an eligibility determination stating your spouse was conditionally eligible to purchase a QHP at full cost, effective April 1, 2017, but he needed to qualify for a special enrollment period to enroll into a plan.

On April 5, 2017, NYSOH issued an eligibility determination notice stating you were eligible to enroll in coverage through NYSOH because you were either a United States Citizen or were lawfully present.

On June 8, 2017, you and your spouse 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 and your spouse testified, this review involves your spouse's coverage only.
- 2) On March 15, 2015, a copy of your spouse's passport was submitted to NYSOH. It indicated that the passport would expire on January 2, 2017.
- 3) On October 18, 2015, a copy of your spouse's United States visa with issue date of September 23, 2015 and expiration date of September 21, 2020 was uploaded to your NYSOH account. The visa indicated your spouse's visa class was "[REDACTED]" ([REDACTED]). However, a later copy of the visa, which included the stamp when he was admitted into the country on [REDACTED], included a note, "[REDACTED]."
- 4) On November 18, 2015, NYSOH received an updated non-financial application for health insurance on behalf of your family. That application listed your spouse's immigration status as "Non-Immigrant visa Holder" and indicated his immigration status document type was a "Machine Readable visa ([REDACTED])."
- 5) Based on the November 18, 2015 application, your spouse was determined fully eligible to purchase a full cost QHP and enrolled in a family plan, effective January 1, 2016.

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- 6) On November 18, 2016, several updated applications for health insurance were submitted on behalf of your family. Each application indicated your spouse's immigration status was "Non-Immigrant visa Holder." The applications changed your spouse's immigration status document type to "I-94 Arrival/Departure Record."
- 7) According to your account, the only I-94 Arrival/Departure Record for your spouse posted to your account was on June 25, 2015 ([REDACTED]). That record indicated that your spouse had an "admit until" date of [REDACTED].
- 8) Your account confirms that your spouse had previously submitted a copy of his former United States visa with an expiration date of December 31, 2016 [REDACTED].
- 9) Based on the November 18, 2016 application, NYSOH determined your spouse was conditionally eligible to purchase a full cost QHP, effective January 1, 2017 and indicated it was checking federal data sources to confirm your spouse's immigration status.
- 10) According to your account, NYSOH was unable to verify your spouse's immigration status and systematically redetermined his eligibility for health insurance on December 2, 2016, finding him conditionally eligible to purchase a QHP at full cost, effective January 1, 2017.
- 11) Also on December 2, 2016, NYSOH received a copy of a Form G-845 Document Verification Request for your spouse from the Department of Homeland Security dated December 2, 2016.
- 12) The eligibility determination notice issued on December 3, 2016 directed you to submit proof of your spouse's immigration status by March 2, 2017. The notice included a "Document List" which provided a description of acceptable documentation to prove various types of immigration statuses. The list indicated that proof of current visa status was acceptable proof of a non-immigrant visa holder status.
- 13) According to your account, on December 29, 2016, NYSOH updated your application by changing your spouse's immigration status documentation type to "Machine Readable visa [REDACTED]." Again, your spouse was determined conditionally eligible to purchase a full cost QHP. NYSOH, again, indicated it was checking federal data sources to confirm your spouse's immigration status.
- 14) NYSOH systematically redetermined your spouse's eligibility and issued a notice dated January 7, 2017, directing you to submit proof of your spouse's immigration status by April 6, 2017 to confirm his eligibility. The

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- notice indicated that your spouse could lose his insurance if you did not submit the requested documentation by the deadline. This notice also included the same "Document List" as the December 3, 2016 notice.
- 15) According to your account, on January 7, 2016, NYSOH received another copy of the same Form G-845 previously submitted.
 - 16) Notes in your account on January 31, 2017 include "Valid proof of immigration for [REDACTED], submitted an unexpired VISA; G845 processed."
 - 17) On February 17, 2017, NYSOH systematically redetermined your spouse's eligibility and found him ineligible for health insurance through NYSOH, effective March 1, 2017, because NYSOH allegedly could not verify his immigration status.
 - 18) Your spouse was disenrolled from your family's QHP, effective February 28, 2017.
 - 19) On February 22, 2017, NYSOH received another copy of a Form G-845 from the Department of Homeland Security for your spouse. This document also included a copy of your spouse's current United States visa ([REDACTED]).
 - 20) Notes in your account dated February 23, 2017 state "Unable to link [REDACTED] and [REDACTED] documents for [REDACTED]."
 - 21) Your spouse testified he first learned his coverage had been terminated when he tried to pick up medication from the pharmacy in March 2017.
 - 22) Your spouse testified he contacted NYSOH immediately to try to reenroll into a plan, but he was told he could not, because it was outside the open enrollment period.
 - 23) According to your account, a formal appeal was filed on behalf of your spouse on March 2, 2017 regarding his disenrollment from the family's QHP and his inability to reenroll into coverage.
 - 24) The notice issued by NYSOH on March 3, 2017 confirmed an appeal had been filed on behalf of your spouse and listed "Denial of Special Enrollment Period" as the reason for the appeal.
 - 25) According to your account, your spouse reapplied to NYSOH for health coverage several times in March and April 2017 and has been unable to successfully obtain coverage.

- 26) Your account confirms that no written notice denying your spouse's request for a special enrollment period was ever issued by NYSOH.
- 27) Your spouse testified, and your account confirms, he was without health coverage in March and April 2017. Your spouse testified that he had obtained an international health plan with coverage effective May 1, 2017, but he was seeking a special enrollment period to reenroll in your family's QHP, effective August 1, 2017.
- 28) Your spouse testified his current immigration status is a non-immigrant visa holder and that his class [REDACTED] visa does not expire until 2020.
- 29) Your spouse testified that he changed the immigration document type listed in the November 16, 2016 application, because he thought he was listing his most current immigration document as NYSOH already had a copy of his current visa.

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 five 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)).

Enrollment in a Qualified Health Plan

NYSOH must provide annual open enrollment periods during which time qualified individuals may enroll in a qualified health plan and enrollees may change qualified health plans (45 CFR § 155.410(a)(1)).

For the benefit year beginning on January 1, 2017, the annual open enrollment period began on November 1, 2016, and extended through January 31, 2017 (45 CFR § 155.410(e)(2)).

Special Enrollment Periods

After each open enrollment period ends, NYSOH provides special enrollment periods to qualified individuals. During a special enrollment period, a qualified individual may enroll in a qualified health plan, and an enrollee may change their enrollment to another plan. This is generally permitted when one of the following triggering events occur:

- (1) The qualified individual or his or her dependent either:
 - (i) Loses minimum essential coverage.
 - (ii) Is enrolled in any non-calendar year group health plan or individual health insurance coverage, even if the qualified individual or his or her dependent has the option to renew such coverage.
 - (iii) Loses pregnancy-related coverage.
 - (iv) Loses medically needy coverage as described under section 1902(a)(10)(C) of the Social Security Act only once per calendar year.
- (2)(i) The qualified individual gains a dependent or becomes a dependent through marriage, birth, adoption, placement for adoption, or placement in foster care, or through a child support order or other court order.
 - (ii) the enrollee loses a dependent or is no longer considered a dependent through divorce or legal separation as defined by State law in the State in which the divorce or legal separation occurs, or if the enrollee, or his or her dependent, dies.

(3) The qualified individual, or his or her dependent, becomes newly eligible for enrollment in a qualified health plan because he or she gains citizenship, status as a national, or lawful present or is no longer incarcerated.

(4) The qualified individual's or his or her dependent's, enrollment or non-enrollment in a qualified health plan is unintentional, inadvertent, or erroneous and is the result of the error, misrepresentation, misconduct, or inaction of an officer, employee, or agent of NYSOH, its instrumentalities, or a non-NYSOH entity providing enrollment assistance or conducting enrollment activities.

(5) The enrollee or, his or her dependent adequately demonstrates to NYSOH that the qualified health plan in which he or she is enrolled substantially violated a material provision of its contract in relation to the enrollee;

(6) The enrollee or enrollee's dependent is newly eligible or ineligible for advance payments of the premium tax credit, or change in eligibility for cost-sharing reductions.

(7) The qualified individual or enrollee, or his or her dependent, gains access to new qualified health plan as a result of a permanent move and either—

(i) Had minimum essential coverage for one or more days during the 60 days preceding the date of the permanent move, or

(ii) Was living outside of the United States or in a United States territory at the time of the permanent move;

(8) The qualified individual or dependent who gains or maintains status as an Indian may enroll in a qualified health plan or change from one plan to another, once per month.

(9) The qualified individual or enrollee, or his or her dependent, demonstrates to the Exchange, in accordance with guidelines issued by HHS, that the individual meets other exceptional circumstances as the Exchange may provide;

(10) A qualified individual or enrollee—

(i) Is a victim of domestic abuse or spousal abandonment, including a dependent or unmarried victim within a household, is enrolled in minimum essential coverage and seeks to enroll in coverage separate from the perpetrator of the abuse or abandonment; or

(ii) Is a dependent of a victim of domestic abuse or spousal abandonment, on the same application as the victim, may enroll in coverage at the same time as the victim;

(11) A qualified individual or dependent—

(i) Applies for coverage through NYSOH during the annual open enrollment period or due to a qualifying event, is assessed as potentially eligible for Medicaid or Child Health Plus and is determined ineligible for Medicaid or Child Health Plus either after open enrollment has ended or more than 60 days after the qualifying event; or

(ii) Applies for coverage at their Local Department of Social Services or Human Resources Administration during the annual open enrollment period, and is determined ineligible for Medicaid or Child Health Plus after open enrollment has ended;

(12) The qualified individual or enrollee, or his or her dependent, adequately demonstrates to NYSOH that a material error related to plan benefits, service area, or premium influenced the qualified individual's or enrollee's decision to purchase a qualified health plan; or

(13) At the option of NYSOH, the qualified individual provides satisfactory documentary evidence to verify his or her eligibility for an insurance affordability program or enrollment following termination of enrollment due to a failure to verify such status within 90 days.

(45 CFR § 155.420(d)).

Generally, if a triggering life event occurs, the qualified individual or enrollee has 60 days from the date of a triggering event to select a qualified health plan (45 CFR § 155.420(c)(1)).

Any required notice issued by NYSOH must include an explanation of the action referenced in the notice, including the effective date of the action, and the factual and legal basis for such action (45 CFR § 155.230).

Legal Analysis

The issue under review is whether NYSOH properly determined your spouse did not qualify to remain enrolled in a qualified health plan, or, after he was disenrolled from coverage, that he was ineligible to reenroll in a QHP outside of the open enrollment period for 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).

You and your spouse testified that you are appealing the denial of a special enrollment period for your spouse to reenroll into your family's QHP.

However, the record does not contain a notice issued by NYSOH denying your spouse a special enrollment period. It appears that the actual issue regarding your spouse's enrollment in coverage is his immigration status.

On January 7, 2017, NYSOH issued an eligibility determination notice that stated your spouse was eligible to enroll for a limited time, but that he would need to provide proof of his immigration status by April 6, 2017.

However, without providing your spouse the opportunity to do so, NYSOH improperly disenrolled him from coverage shortly after that notice was issued, long before the April 6, 2017 deadline. Moreover, despite your having submitted a valid visa which fully complied with the instructions provided by NYSOH, NYSOH never informed you what was wrong with that documentation, or in fact any factual basis for finding your spouse did not have an appropriate immigration status. NYSOH is required to provide an explanation of the action referenced in a required notice, including the factual and legal basis for such action.

Additionally, the copy of the visa submitted by your spouse clearly complied with the notices NYSOH repeatedly sent to you, requesting confirmation of your spouse's immigration status. If the problem with his immigration status was in fact a possibly expired passport, NYSOH should have so informed you.

The Appeals Unit finds that NYSOH improperly disenrolled your spouse from coverage prior to the April 6, 2017 deadline it had provided. Moreover, NYSOH repeatedly and improperly issued eligibility determinations without explaining the factual basis for them or telling you what you needed to do to remedy any inconsistency.

Therefore, you are given a special enrollment period in which to enroll your spouse back into coverage, which will last for 60 days from the date of this notice.

Your case is RETURNED to NYSOH to assist your spouse in enrolling into a new QHP. He may choose to enroll into a new QHP as of the date he was disenrolled from his coverage, or in the alternative, he may elect to enroll into coverage from this point forward. NYSOH is also directed to provide specific information as to what is necessary for you to submit to show adequate immigration status.

Decision

NYSOH's February 18, 2017 eligibility determination and disenrollment notices are **RESCINDED** and/or **MODIFIED** to reflect that your husband should not have been disenrolled from coverage prior to the April 6, 2017 deadline.

Your spouse has 60 days from the date of this decision to enroll in a plan, which may begin as early as the date he was improperly disenrolled from his plan, February 28, 2017.

Your case is **RETURNED** to NYSOH to assist your spouse in enrolling into a QHP and to provide you with specific instructions as to what is needed to show a satisfactory immigration status for your spouse.

Effective Date of this Decision: August 18, 2017

How this Decision Affects Your Eligibility

Your case is being sent back to NYSOH to allow your spouse to enroll into a QHP to be effective as early as February 28, 2017, if he so chooses.

Your spouse will be responsible for any premium payments for any months he is enrolled into coverage.

NYSOH will be contacting you to explain what you need to do to finalize your spouse's eligibility.

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 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).

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

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:
Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

If You Have Questions about this Decision (Customer Service Resources):

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

NYSOH's February 18, 2017 eligibility determination and disenrollment notices are **RESCINDED** and/or **MODIFIED** to reflect that your husband should not have been disenrolled from coverage prior to the April 6, 2017 deadline.

Your spouse has 60 days from the date of this decision to enroll in a plan, which may begin as early as the date he was improperly disenrolled from his plan, February 28, 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 RETURNED to NYSOH to assist your spouse in enrolling into a QHP and to provide you with specific instructions as to what is needed to show a satisfactory immigrations status for your spouse.

Your spouse will be responsible for any premium payments for any months he is enrolled into coverage.

NYSOH will be contacting you to explain what you need to do to finalize your spouse's eligibility.

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।

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).

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).