



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

Notice of Decision

Decision Date: July 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016904

[REDACTED]

Dear [REDACTED]

On July 5, 2017, you and your spouse, [REDACTED], appeared by telephone at a hearing on your appeal of NY State of Health's March 8, 2017 eligibility determination, and May 4, 2017 eligibility determination.

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 NY State of Health 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).

This page intentionally left blank.

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

Decision

Decision Date: July 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016904



Issues

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

Did NY State of Health properly determine that you and your spouse were eligible for a full price qualified health plan, effective April 1, 2017.

Did NY State of Health properly determine that your child was eligible for a full price Child Health Plus plan, or child-only qualified health plan, effective April 1, 2017?

Did NY State of Health properly determine that you and your spouse do not qualify to enroll in a qualified health plan outside of the open enrollment period, effective June 1, 2017?

Procedural History

On December 15, 2016, NYSOH received your application for financial assistance with health insurance.

On December 16, 2016, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible to receive up to \$284.00 per month in advanced premium tax credits (APTC), and that your child was eligible to enroll in a Child Health Plus plan with a \$60.00 monthly premium, for a limited time, effective January 1, 2017. This notice also directed you to submit income documentation to confirm your child's eligibility by February 13, 2017, and to confirm your and your spouse's eligibility by March 15, 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).

Also on December 16, 2016, NYSOH issued a plan enrollment notice confirming your and your spouse's enrollment in a qualified health plan with the application of your APTC, and your child's enrollment in a Child Health Plus plan with a \$60.00 monthly premium, effective January 1, 2017.

On February 27, 2017, you uploaded three documents to your NYSOH account.

On March 7, 2017, NYSOH validated the income documentation you uploaded, and the income information in your application was updated.

On March 8, 2017, NYSOH issued an eligibility determination stating that you and your spouse were eligible to enroll in a full price qualified health plan, and your child was eligible to enroll in a full price Child Health Plus plan, or a child-only qualified health plan, effective April 1, 2017.

Also on March 8, 2017, NYSOH issued a plan enrollment notice confirming your and your spouse's enrollment in a full price qualified health plan, effective January 1, 2017.

On March 16, 2017, NYSOH received your updated application for financial assistance with health insurance. A preliminary determination was prepared that day stating that you and your spouse were eligible to enroll into a full price qualified health plan, and your child was eligible to enroll into a full price Child Health Plus plan, or a child-only Qualified Health plan, effective May 1, 2017.

Also on March 16, 2017, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination in so far as your family was not eligible to receive any financial assistance with your health insurance.

On March 17, 2017, NYSOH issued an eligibility determination, based on the March 16, 2017 application, stating that you and your spouse were eligible to enroll in a full price qualified health plan, and your child was eligible to enroll in a full price Child Health Plus plan, or a child-only qualified health plan, effective May 1, 2017.

Also on March 17, 2017, NYSOH issued a plan disenrollment notice confirming your and your spouse's disenrollment from a qualified health plan, effective April 30, 2017.

Also on March 17, 2017, NYSOH issued a plan enrollment notice confirming your and your spouse's enrollment in a new full price qualified health plan, effective May 1, 2017, and your child's enrollment in a full price Child Health Plus plan, effective April 1, 2017.

On May 3, 2017, NYSOH received your application for financial assistance with health insurance.

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).

On May 4, 2017, NYSOH issued an eligibility determination stating that you and your spouse were eligible to enroll in a full price qualified health plan, effective June 1, 2017. This notice also stated that you and your spouse were not eligible to select a health plan outside of open enrollment for 2017.

Also on May 4, 2017, NYSOH issued a plan enrolment notice confirming your and your spouse's enrollment in your qualified health plan, effective April 1, 2017, and your child's enrollment in [REDACTED] Child Health Plus plan, effective June 1, 2017.

On July 5, 2017, you and your spouse had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The Hearing Officer amended the appeal to include your and your spouse's request for a special enrollment period in order to change qualified health plans. The record was developed during the hearing and the record was closed at the end of the hearing.

Findings of Fact

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

- 1) You are seeking insurance for yourself, your spouse, and your child.
- 2) You testified that you expect to file your 2017 taxes with a tax filing status of married filing jointly. You testified that you will claim two dependents on that tax return.
- 3) You testified, and provided documentation, that your yearly income for 2015 was \$138,046.00 before any deductions. You testified that you have not filed your 2016 tax return, but you have an extension filed with the IRS.
- 4) You testified that your income for 2017 should be about the same approximant amount as listed on your 2015 federal tax return.
- 5) You testified that you will be taking the same deductions on your 2017 tax return that were listed on your 2015 tax return.
- 6) Your application states that you live in [REDACTED]
- 7) You testified that you have always used your taxable income on the NYSOH applications, and were able to receive financial assistance in the past. You testified that you would like to continue to use your taxable income amount in order to qualify for financial assistance with health insurance.

- 8) Your spouse testified that [REDACTED] would like to be granted a special enrollment period in order to change enrollment to a different qualified health plan because [REDACTED] medical providers no longer accept the qualified health plan [REDACTED] is currently enrolled in.
- 9) Your spouse testified that [REDACTED] had confirmed with [REDACTED] medical providers that they accepted your qualified health plan prior to enrolling in December 2016.
- 10) Your spouse testified that [REDACTED] found out that [REDACTED] medical providers did not accept the qualified health plan until after the open enrollment period ended.
- 11) Your spouse testified that since filing your application on December 15, 2016 there have been no other major changes to your household.

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

Applicable Law and Regulations

Advance Payments of Premium Tax Credit

Advance payments of the premium tax credit (APTC) are generally available to a person who is eligible to enroll in a qualified health plan (QHP) and (1) expects to have a household income between 138% and 400% of the applicable federal poverty level (FPL), (2) expects to file a tax return and claim a personal exemption deduction for a person who meets the eligibility requirements to enroll in a QHP, and (3) is not otherwise eligible for minimum essential coverage except through the individual market (see 45 CFR § 155.305(f), 42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)).

The maximum amount of APTC that can be authorized equals:

- 1) the cost of the health insurance premium for the taxpayer's coverage family in the second lowest cost silver plan offered through NY State of Health in the county where the taxpayer resides

minus

- 2) the taxpayer's expected contribution amount

(see 26 USC § 36B, 26 CFR § 1.36B-3).

The taxpayer's expected contribution amount is the amount that the taxpayer is expected to spend on health insurance premiums. The expected contribution for 2017 is set by federal law at 2.04% to 9.69% of household income (26 USC § 36B(b)(3)(A), 26 CFR § 1.36B-3T(g)(1), IRS Rev. Proc.2016-24).

In an analysis of APTC eligibility, the determination is based on the FPL for the first day of the open enrollment period of the benefit year for which coverage is requested (45 CFR §§ 155.300(a), 155.305(f)(1)(i)). On the date of your application, that was the 2016 FPL, which is \$20,160.00 for a three -person household (81 Federal Register 4036).

People who use the APTC to help pay health insurance premiums must file a federal tax return and reconcile their expected income (stated on NYSOH application) with their actual income (stated on their federal income tax return). Those who take less tax credit in advance than they claim on the tax return may get the rest of it as an income tax refund or have their tax bill reduced. Those who take more tax credit in advance than they can claim on their tax return will owe the difference as additional income taxes (26 CFR § 1.36B-4).

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)).

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)).

In an analysis of Child Health Plus 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 was \$20,160.00 for a three -person household (81 Federal Register 4036).

Modified Adjusted Gross Income

NYSOH bases its eligibility determinations on modified adjusted gross income as defined in the federal tax code (45 CFR § 155.300(a)). The term “modified adjusted gross income” means adjusted gross income increased by (1) any income that was excluded under 26 USC § 911 for United States citizens or residents living abroad, (2) tax-exempt interest received or accrued, and (3) Social Security benefits that were excluded from gross income under 26 USC § 86 (see 26 USC § 36B(d)(2)(B), 26 CFR § 1.36B-1(e)(2)).

“Adjusted gross income” means, in the case of an individual taxpayer, gross federal taxable income minus certain specific deductions, such as expenses reimbursed by an employer, losses from sale or exchange of property, losses from premature withdrawal of funds from time savings accounts, deductions attributable to royalties, and certain retirement savings, deductions that are attributable to a trade or business may be deductions from a taxpayer's adjusted gross income (26 USC § 62(a), 26 USC § 62 (a)(1)). Tuition and fees for a dependent's higher education paid by the tax payer to a qualified educational institution can be deducted from adjusted gross income in an amount up to \$4,000.00, provided the tax payer's yearly income does not exceed \$80,000.00 for a single individual or \$160,000.00 if married filing jointly. This deduction was renewed by Congress in December 2014 and made retroactive to the 2014 tax year and extended to December 31, 2017 (26 USC § 222(e); see IRS Publication 970). Living expenses, such as rent and utilities are not an allowable deduction in computing adjusted gross income.

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)).

Legal Analysis

The first issue is whether NYSOH properly determined that you and your spouse were eligible to enroll in a full price qualified health plan, effective April 1, 2017.

The application that was submitted on March 7, 2017 listed an annual household income of \$110,847.00 and the eligibility determination relied upon that information.

You testified that the amount was provided in your application was correct. However, you asked that your taxable income be used to compute your family's financial assistance with health insurance.

When computing an applicant's eligibility determinations, NYSOH uses an applicant's modified adjusted gross income; which is the gross federal taxable income minus certain specific deductions. Itemized deductions and exemptions cannot be deducted when the NYSOH computes your modified adjusted gross income for APTC purposes. Therefore, NYSOH correctly determined your household income to be \$110,847.00.

You testified that you will claim two dependents on your 2017 tax income tax return. However, the application that was submitted, and your NYSOH account, only lists one child as a dependent, and the eligibility relied upon that information. Therefore, you are in a three -person household. According to your application, you expect to file your 2017 income taxes as married filing jointly and will claim one dependent on that tax return.

An annual income of \$110,847.00 is 549.84% of the 2016 FPL for a three - person household. APTC are generally available to a person who is eligible to enroll in a qualified health plan and expects to have a household income between 138% and 400% of the applicable federal poverty level. Since 549.84% is higher than 400%, you and your spouse are not eligible for APTC.

Therefore, NYSOH correctly determined you and your spouse to be eligible to enroll in a full price qualified health plan.

The second issue under review is whether NYSOH properly determined that your child was eligible to enroll in a full price Child Health Plus plan, or a child-only qualified health plan, effective April 1, 2017.

The application that was submitted on March 7, 2017 listed an annual household income of \$110,847.00, your child lives in a three- person household, and [REDACTED]. The eligibility determination relied upon this information.

A child is eligible to enroll in Child Health Plus with a premium subsidy if they meet the non-financial requirements, are not eligible for Medicaid, and have a household income below 400% of the FPL. On the date of your application, the relevant FPL was \$20,160.00 for a three -person household. Since \$110,847.00 is 549.84% of the 2016 FPL, NYSOH properly found your child to be eligible for a full price Child Health Plus plan, or a child-only qualified health plan.

Since the March 8, 2017 eligibility determination properly stated that, based on the information you provided, you and your spouse were eligible to enroll in a full-price qualified health plan, and your child is eligible to enroll in a full price Child Health Plus plan or child-only qualified health plan, it is correct and is **AFFIRMED**.

The third issue is whether NYSOH properly determined that you and your spouse do not qualify to change enrollment in a qualified health plan outside of the open enrollment period, effective June 1, 2017.

NYSOH provided an open enrollment period from November 1, 2016 until January 31, 2017. On December 15, 2016, you submitted an application for health insurance and requested to enroll in a qualified health plan with your spouse. Your spouse testified that [REDACTED] attempted to enroll into a different qualified health plan after finding out some of [REDACTED] doctors did not accept your qualified health plan, but was unable to do so. On May 3, 2017, an application was submitted on your family's behalf. On May 4, 2017, NYSOH issued a notice stating that you and your spouse do not qualify to enroll in a qualified health plan outside of the open enrollment period.

Once the annual open enrollment period ends, a health plan enrollee must qualify for a special enrollment period in order to enroll in, or change to another health plan offered in NYSOH. In order to qualify for a special enrollment period, a person must experience a triggering event.

A special enrollment period can be granted if a qualified individual'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.

The record reflects that you and your spouse enrolled into a qualified health plan on December 15, 2016. Your spouse testified that [REDACTED] made sure [REDACTED] medical providers accepted the qualified health plan. However, [REDACTED] testified that after the

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).

open enrollment period had ended, ■■■ found out that some of ■■■ medical providers no longer accept the qualified health plan you and your spouse are enrolled in. However, your spouse's medical providers are not an instrumentality or agent of NYSOH. Since the record does not indicate that NYSOH, by action or inaction, made an error or misrepresented information, a special enrollment period cannot be granted.

The credible evidence of record indicates that, since the open enrollment period closed on January 31, 2017, no other triggering events have occurred that would qualify you for a special enrollment period.

Therefore, NYSOH's May 4, 2017 eligibility determination stating that you and your spouse do not qualify to select a health plan outside of the open enrollment period for 2017 is AFFIRMED.

Decision

The March 8, 2017 eligibility determination is AFFIRMED.

The May 4, 2017 eligibility determination is AFFIRMED.

Effective Date of this Decision: July 13, 2017

How this Decision Affects Your Eligibility

You and your spouse remain eligible to enroll in a full price qualified health plan.

Your child remains eligible to enroll in a full price Child Health Plus plan, or a child-only Qualified Health plan.

You and your spouse do not qualify for a special enrollment period at this time.

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.

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).

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

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

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

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

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

You can contact us in any of the following ways:

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

Summary

The March 8, 2017 eligibility determination is AFFIRMED.

The May 4, 2017 eligibility determination is AFFIRMED.

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 remain eligible to enroll in a full price qualified health plan.

Your child remains eligible to enroll in a full price Child Health Plus plan, or a child-only Qualified Health plan.

You and your spouse do not qualify for an open enrollment period at this time.

Legal Authority

We are sending you this notice 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 مجانًا.

বাংলা (Bengali)

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).

000 00 0000000000000 0000 000 00000 00000 000 0000000000 000000000 00 00000,
00000000 000 1-855-355-5777 0000000 00 000000 00000 00 0000000 000 00000
00000000000 0000 0000000 0000 0000000 00000 000000

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. y&b&tumi 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.

שׂוֹדִישׁ (Yiddish)

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).

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).