



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

Notice of Decision

Decision Date: August 21, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017101

[REDACTED]

Dear [REDACTED],

On June 29, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 12, 2017 disenrollment notice and the March 22, 2017 enrollment confirmation notice.

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

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

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

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

Legal Authority

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

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

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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: August 21, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017101



Issues

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

Did NY State of Health (NYSOH) properly determine that the enrollment of you and your spouse in an Essential Plan was terminated, effective March 31, 2017?

Did NYSOH properly determine that coverage through the Essential Plan you and your spouse reenrolled in was effective no earlier than May 1, 2017?

Procedural History

On December 5, 2016, NYSOH received two updated application for financial assistance with health insurance submitted on behalf of you and your spouse.

On December 6, 2016, NYSOH issued an eligibility determination notice stating you and your spouse were eligible to enroll in the Essential Plan, for a limited time, effective January 1, 2017. The notice directed you to submit proof of your household income to confirm your eligibility by March 5, 2017 or you and your spouse might lose your insurance or receive less help paying for your coverage. The notice included a "Documentation List" indicating acceptable forms of documentation to prove different types on income. The list indicated that to prove wages an applicant must submit paystubs for the last four weeks or a letter from the employer(s). The notice also indicated that to prove self-employment income the applicant must submit the last three months of records of detailed earnings and expenses or business payrolls or a signed and dated tax return from the previous year if representative of attested income.

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Also on December 6, 2016, NYSOH issued an enrollment notice, based on your December 5, 2016 plan selection, confirming the enrollment of you and your spouse in an Essential Plan, effective January 1, 2017.

On December 21, 2016 and January 6, 2017, NYSOH issued notices stating the documentation received was insufficient to confirm the income information listed in your application. The notices directed you to submit additional documentation of your household income by March 5, 2017 or you and your spouse might lose your insurance or receive less help paying for your coverage. The notices also included a "Documentation List."

On January 20, 2017, NYSOH systematically redetermined the eligibility of you and your spouse.

On January 21, 2017, NYSOH issued a notice stating you and your spouse were eligible to enroll in the Essential Plan, for a limited time, effective March 1, 2017. The notice directed you to submit proof of your household income to confirm your eligibility by March 5, 2017 or you and your spouse might lose your insurance or receive less help paying for your coverage. The notice included a "Documentation List" indicating acceptable forms of documentation to prove different types on income.

Also on January 21, 2017, NYSOH issued a notice stating the documentation received was insufficient to confirm the income information listed in your application. The notice directed you to submit additional documentation of your household income by March 5, 2017 or you and your spouse might lose your insurance or receive less help paying for your coverage. The notice also included a "Documentation List."

On March 11, 2017, NYSOH systematically redetermined the eligibility of you and your spouse.

On March 12, 2017, NYSOH issued an eligibility determination notice stating you and your spouse were eligible for a tax credit up to \$707.00 per month to help pay for the cost of health coverage, effective April 1, 2017. The notice indicated you and your spouse no longer qualified for the Essential Plan. The notice further indicated that the new eligibility was based on information obtained from state and federal data sources.

Also on March 12, 2017, NYSOH issued a disenrollment notice stating the enrollment of you and your spouse in an Essential Plan would end on March 31, 2017, because you were no longer eligible to enroll in the plan.

On March 21, 2017, NYSOH received an updated application for health insurance submitted on behalf of you and your spouse. That day a preliminary

eligibility determination was prepared finding you and your spouse eligible to enroll in the Essential Plan, effective May 1, 2017.

Also on March 21, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as you and your spouse were not eligible for coverage for the month of April 2017.

On March 22, 2017, NYSOH issued an eligibility determination notice, based on your March 21, 2017 updated application, stating you and your spouse were eligible to enroll in the Essential Plan, for a limited time, effective May 1, 2017. The notice directed you to submit proof of your household income to confirm your eligibility by June 19, 2017 or you and your spouse might lose your insurance or receive less help paying for your coverage. The notice included a "Documentation List" indicating acceptable forms of documentation to prove different types on income.

Also on March 22, 2017, NYSOH issued an enrollment notice confirming the enrollment of you and your spouse in an Essential Plan, effective May 1, 2017.

On June 29, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

Findings of Fact

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

- 1) You submitted two updated applications for financial assistance with health insurance on behalf of you and your spouse on December 5, 2016.
- 2) Both applications listed different income information for both you and your spouse. The December 6, 2016 eligibility determination was based on the second application filed on December 5, 2016.
- 3) That application listed an annual household income for 2017 of \$30,700.00. The application listed three employers for you with various inconsistent income amounts earned in 2016, and one employer, [REDACTED], with an attested steady monthly income of \$230.00. The application listed two employers for your spouse with various inconsistent amounts earned in 2016 and one employer with an attested steady monthly income of \$570.00.
- 4) Based on the income information listed in your application, NYSOH determined you and your spouse conditionally eligible for the Essential

Plan, pending receipt of documentation sufficient to confirm the income information listed in that application.

- 5) The eligibility determination notice issued by NYSOH on December 6 2016 directed you to submit proof of your household income by March 5, 2017 or you and your spouse might lose your insurance or receive less help paying for your coverage. The notice included a “Documentation List” indicating acceptable forms of documentation to prove different types on income. The list indicated that to prove wages an applicant must submit paystubs for the last four weeks or a letter from the employer(s). The notice also indicated that to prove self-employment income the application must submit the last three months of records of detailed earnings and expenses or business payrolls or a signed and dated tax return from the previous year if representative of attested income.
- 6) According to your account, NYSOH received a copy of an unsigned 2015 tax return for you and your spouse on December 5, 2016. This document was invalidated by NYSOH because it was unsigned.
- 7) According to your account, on January 11, 2017 you uploaded a signed copy of a 2015 tax return for you and your spouse. NYSOH invalidated this document because you and your spouse attested to receiving steady income from various employers and failed to produce four weeks of current paystubs from those employers.
- 8) NYSOH issued a notice on January 21, 2017 indicating that the documentation you submitted was insufficient and directed you to submit additional documentation by March 5, 2017 or you and your spouse might lose your insurance or receive less help paying for your coverage. That notice included the “Documentation List” providing acceptable forms of documentation to prove different types on income.
- 9) You testified that you “probably” received that January 21, 2017 notice.
- 10) There is no record of NYSOH receiving any additional income documentation from you or your spouse prior to the March 5, 2017 deadline.
- 11) On March 11, 2017, NYSOH systematically redetermined the eligibility of you and your spouse, based on income information received from data sources, because you and your spouse failed to submit sufficient proof of your income by the deadline.
- 12) You and your spouse were determined eligible to receive a tax credit to help pay for the cost of your health coverage, effective April 1, 2017.

Based on the new eligibility, you and your spouse were no longer eligible for the Essential Plan and your enrollment in that plan was terminated, effective March 31, 2017.

- 13) You testified you received the March 12, 2017 disenrollment notice.
- 14) NYSOH did not receive an updated application from you until March 21, 2017. You and your spouse were again determined conditionally eligible for the Essential Plan and you selected a new plan that day. Coverage through this plan did not become effective until May 1, 2017.
- 15) You appealed the effective date of that subsequent enrollment insofar as it did not become effective until May 1, 2017, resulting in a gap in coverage for the month of April 2017.
- 16) You testified you were also seeking review of the March 12, 2017 disenrollment notice because the notice did not state that you had to select a new plan before the fifteenth day of the month to be effective for the following month. The issue under appeal was amended to include review of the March 12, 2017 disenrollment notice.
- 17) You testified that you did not submit any paystubs from your and your spouse's current employers to NYSOH by March 5, 2017, because you were never asked to.
- 18) You testified that you and your spouse are musicians and you work for many different employers throughout the year. You testified that your household income in 2017 will be less than your income in 2016 because you had a gig in 2016 that you are no longer receiving income from. You testified that your 2016 tax return is not representative of your household income in 2017.
- 19) You testified that you currently have two reoccurring employers that you receive income from. You testified that your income through these employers can be irregular depending on when and how much you work. You also testified that you receive income from performing various irregular gigs.
- 20) You testified your spouse currently receives income from four reoccurring employers but only two of those employers pay her on a consistent basis. You testified that your spouse also earns additional income from performing random gigs.
- 21) Your account confirms that the only income documentation received by NYSOH by March 5, 2017 was the signed 2015 tax return for you and your spouse.

- 22) On March 24, 2017, you uploaded a letter signed by you and dated March 24, 2017 explaining that you and your spouse were “self-employed [REDACTED] who work mostly as [REDACTED].” The letter provided the names of various current employers and indicated that paystubs were attached.
- 23) Your account confirms that various paystubs were submitted for your spouse on March 24, 2017, but no current paystubs for you were received.

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

Applicable Law and Regulations

Verification of Eligibility for the Essential Plan

NYSOH must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable federal poverty level (FPL) or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated (see 42 CFR § 600.305, 42 CFR § 435.603(d)(4), 45 CFR § 155.305(e), NY Social Services Law § 369-gg(3), 42 USC § 18051).

NYSOH must verify the eligibility of an applicant for the Essential Plan consistent with the standards set in 45 CFR § 155.315 and § 155.320 (New York’s Basic Health Plan Blueprint, pgs. 16-17, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>; 42 CFR § 600.345(a)(2)).

An applicant is required to attest to their household’s projected annual income. (45 CFR § 155.320(c)(3)(ii)(B)). For all individuals whose household income is needed, NYSOH must request tax return data from the Secretary of the Treasury and data regarding Social Security benefits from the Commissioner of Social Security in order to confirm that the information the applicant is attesting to is accurate (45 CFR § 155.320(c)(1)(i); 45 CFR § 155.320(c)(3)(ii)(A)).

If income data is unavailable, or if an applicant’s attestation is not reasonably compatible with the income data NYSOH obtains, NYSOH must request

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additional information from the applicant in order to resolve the inconsistency (45 CFR §155.320 (c)(3)(iii), (iv)).

NYSOH must provide the applicant with notice of the inconsistency in their account and 90 days to provide satisfactory documentary evidence to resolve the inconsistency (45 CFR § 155.315 (f)(2)). If NYSOH remains unable to verify the attestation of the applicant, NYSOH must redetermine the applicant's eligibility based on the information available from the data sources unless the applicant demonstrates that they are unable to provide the required documentation (45 CFR § 155.315(f)(2), (g)).

Upon making an eligibility redetermination, NYSOH must notify the applicant and implement any updates in eligibility to the Essential Plan effective the first day of the following month for changes received by NYSOH from the first to the fifteenth of any month (45 CFR § 155.420(b)(1)(i); *see also* 42 CFR § 600.320(c)). For updates 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 § 155.420(b)(1)(ii); *see also* 42 CFR § 600.320(c)).

Essential Plan Effective Date

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 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)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that the enrollment of you and your spouse in an Essential Plan was terminated, effective March 31, 2017.

You submitted two updated applications for health insurance on behalf of you and your spouse on December 5, 2016 containing different income information.

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The December 6, 2016 eligibility determination was based on the second application. That application identified three different employers for you with various inconsistent amounts earned in 2016 and one employer, [REDACTED], with an attested steady monthly income. The application also listed two different employers for your spouse with various inconsistent amounts earned in 2016 and one employer with an attested steady monthly income. Based on the information listed in that application, NYSOH determined you and your spouse conditionally eligible for the Essential Plan pending receipt of documentation sufficient to confirm the income information listed in the application.

The eligibility determination notice issued by NYSOH on December 6, 2016 directed you to submit proof of your household income by March 5, 2017 or you and your spouse might lose your insurance or receive less help paying for your coverage. The notice included a "Documentation List" indicating acceptable forms of documentation to prove different types on income.

According to your account, the only income documentation received by NYSOH prior to the March 5, 2017 deadline, was a copy of a 2015 tax return for you and your spouse. This documentation was invalidated by NYSOH, because it was not sufficient proof of income earned from the current steady employment attested to in the applications. Additionally, you testified that due to the unpredictable nature of the [REDACTED] work you and your spouse do that your previous year's tax return is not representative of the income you will make for the upcoming year.

Your account confirms that NYSOH issued notices on December 21, 2016, January 6, 2017, and January 21, 2017 indicating that the income documentation submitted was insufficient to verify the income information in your application and requesting additional documentation. The notices also included the "Documentation List" providing acceptable forms of documentation to prove self-employment income such as three months of three months of records of detailed earnings and expenses. The "Documentation List" also indicated that a letter from the employer was acceptable proof of wages if four consecutive weeks of paystubs were not available.

You testified you "probably" received the January 21, 2017 notice requesting additional income documentation by March 5, 2017. Accordingly, it is concluded you received adequate notice that additional documentation was necessary to confirm the eligibility of you and your spouse as well as what type of documentation was needed to prove the amounts of your various types of income. However, your account confirms that no additional documentation was received by the deadline.

According to your account, on March 11, 2017, NYSOH systematically redetermined the eligibility of you and your spouse, based on income information received from data sources, because you and your spouse failed to submit sufficient proof of your income by the deadline.

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Pursuant to the above cited regulations, for all individuals whose household income is needed to determine their eligibility for health insurance, NYSOH must request tax return data from the Secretary of the Treasury and data regarding Social Security benefits from the Commissioner of Social Security in order to confirm that the information the applicant is attesting to is accurate. If income data is unavailable, or if an applicant's attestation is not reasonably compatible with the income data NYSOH obtains, NYSOH must request additional information from the applicant in order to resolve the inconsistency. If NYSOH remains unable to verify the attestation of the applicant, NYSOH must redetermine the applicant's eligibility based on the information available from the data sources unless the applicant demonstrates that they are unable to provide the required documentation.

As discussed above, NYSOH notified you on multiple occasions throughout December 2016 and January 2017 that additional income documentation was required to verify the income information listed in your application and confirm the eligibility of you and your spouse to remain enrolled in the Essential Plan. You testified you "probably" received at least one of those notices, yet your account confirms that no additional income documentation was received by the deadline. Thus, in accordance with the regulations, NYSOH redetermined the eligibility of you and your spouse, based on income information received from state and federal data sources, and you and your spouse were determined eligible to receive a tax credit to help pay for the cost of your health coverage, effective April 1, 2017.

According to the above cited regulations, applicants are not eligible to enroll in the Essential Plan if they are otherwise eligible for minimum essential coverage. Based on the new eligibility, you and your spouse were eligible for other minimum essential coverage and, thus, no longer eligible for the Essential Plan.

Therefore, the March 12, 2017 disenrollment notice stating the enrollment of you and your spouse in an Essential Plan was terminated, effective March 31, 2017, because you were no longer eligible to enroll in the plan, is correct and is **AFFIRMED**.

The second issue under review is whether NYSOH properly determined that coverage through the Essential Plan you and your spouse reenrolled in was effective no earlier than May 1, 2017.

You testified you received the March 12, 2017 disenrollment notice issued by NYSOH, stating the enrollment of you and your spouse in an Essential Plan was terminated, effective March 31, 2017, because you were no longer eligible to enroll in that plan. However, your account confirms that you did not update your application and select a new plan for you and your spouse until March 21, 2017.

According to the regulations, the date an Essential Plan becomes effective depends on the date on which it is selected. A plan that is selected from the first day to the fifteenth day of any month will be effective on the first day of the following month. However, plans selected from the sixteenth to the last day of any month, will not be effective until the first day of the second following month.

Although you testified that you did not contact NYSOH before the fifteenth day of March, because the March 12, 2017 disenrollment notice did not specifically tell you to, it is noted that the effective date of an Essential Plan is governed by the regulations. There is no requirement that NYSOH provide the full context of all possible applicable regulations in the body of a disenrollment notice. Furthermore, the language in the March 12, 2017 disenrollment notice regarding selecting a new health plan referred to the new eligibility for tax credits and, thus, is inapplicable to the present case, as you never enrolled into a health plan with tax credits.

Your account confirms that you selected a new Essential Plan for you and your spouse on March 21, 2017. This was after the fifteenth day of the month. Accordingly, coverage through that plan properly became effective on the first day of the second following month; that is, on May 1, 2017.

Therefore, the March 22, 2017 enrollment confirmation notice stating you and your spouse were enrolled in an Essential Plan, effective May 1, 2017, is correct and is AFFIRMED.

Decision

The March 12, 2017 disenrollment notice is AFFIRMED.

The March 22, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: August 21, 2017

How this Decision Affects Your Eligibility

This decision does not change the eligibility of you or your spouse.

The first enrollment of you and your spouse in the Essential Plan ended on March 31, 2017.

The subsequent enrollment of you and your spouse in the Essential Plan became effective on May 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).

You and your spouse did not have health coverage through NYSOH in April 2017.

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 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

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).

- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The March 12, 2017 disenrollment notice is AFFIRMED.

The March 22, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not change the eligibility of you or your spouse.

The first enrollment of you and your spouse in the Essential Plan ended on March 31, 2017.

The subsequent enrollment of you and your spouse in the Essential Plan became effective on May 1, 2017.

You and your spouse did not have health coverage through NYSOH in April 2017.

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 مجانًا.

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 אייך געבן א דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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