



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

Notice of Decision

Decision Date: August 02, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017172

[REDACTED]

Dear [REDACTED]

On June 27, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's, March 10, 2017, and March 22, 2017, eligibility determination notices, and March 25, 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
Albany, NY 12211

Decision

Decision Date: August 02, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017172



Issues

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

Did NY State of Health provide a timely determination of your children's eligibility for Medicaid as of March 10, 2017?

Did NY State of Health properly determine that your children's Medicaid Managed Care plan was effective May 1, 2017?

Did NY State of Health provide a timely determination of your eligibility for Medicaid as of March 10, 2017?

Did NY State of Health properly determine you were ineligible for Medicaid effective April 1, 2016?

Procedural History

On November 8, 2016, NY State of Health (NYSOH) received your household's updated application for financial assistance.

On November 9, 2016, NYSOH issued a notice stating the income information in your application on November 8, 2016 does not match what NYSOH received from state and federal data sources. The notice requested you provide proof of income by November 23, 2016.

On November 10, 2016, NYSOH received your income documentation. See Document [REDACTED].

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On November 26, 2016, a NYSOH representative invalidated your income documentation.

On November 27, 2016, NYSOH issued a notice stating the documentation they reviewed does not confirm the information in your application. The notice stated you needed to provide proof of income by December 8, 2016.

On November 29, 2016, NYSOH received your income documentation. See Document [REDACTED].

On November 30, 2016, NYSOH issued a notice stating the income information in your application dated November 29, 2016 does not match what NYSOH received from state and federal data sources. The notice requested you provide proof of income by December 8, 2016.

On December 5, 2016, NYSOH received income documentation. See Document [REDACTED].

On December 14, 2016, NYSOH invalidated your income documentation.

On December 15, 2016, NYSOH issued a notice stating the documentation they reviewed does not confirm the information in your application. The notice stated you needed to provide proof of income by January 7, 2017.

On December 20, 2016, NYSOH received your income documentation. See Document [REDACTED].

On January 11, 2017, NYSOH invalidated your income documentation.

On January 12, 2017, NYSOH issued a notice stating the documentation they reviewed does not confirm the information in your application. The notice stated you needed to provide proof of income by February 6, 2017.

On February 10, 2017, a NYSOH representative invalidated your income documentation.

On February 11, 2017, NYSOH issued a notice stating the documentation they reviewed does not confirm the information in your application. The notice stated you needed to provide proof of income by March 8, 2017.

On March 1, 2017, NYSOH received your income documentation. See Document [REDACTED].

On March 9, 2017, NYSOH verified your income documentation.

On March 10, 2017, NYSOH issued an eligibility determination notice stating you were eligible for the Essential Plan for a cost of \$20.00 per month, and your children were eligible for Child Health Plus for a cost of \$9.00 per month, effective April 1, 2017.

On March 21, 2017, NYSOH received your household's updated application for financial assistance.

On March 22, 2017, NYSOH issued an eligibility determination notice based on the March 21, 2017 application. The notice stated you were eligible for the Essential Plan effective May 1, 2017, and your children were eligible for Medicaid effective March 1, 2017.

Also on March 22, 2017, you contacted the NYSOH Account Review Unit and requested an appeal of the start date of your children's Medicaid Managed Care plan, requesting that it begin December 1, 2016, that you be found eligible for Medicaid effective December 1, 2016, and that you be enrolled in a Medicaid Managed Care plan starting December 1, 2016.

On March 25, 2017, NYSOH issued an enrollment notice confirming your enrollment in an Essential Plan, and your two children in a Medicaid Managed Care plan, effective May 1, 2017.

On June 27, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

Findings of Fact

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

- 1) You testified that you are appealing your children's enrollment start date of their Medicaid Managed Care plan.
- 2) You testified you are seeking to be found eligible for Medicaid and enrolled in a Medicaid Managed Care plan effective December 1, 2016.
- 3) On November 8, 2016, NYSOH received your application for financial assistance which listed an annual household income of \$18,199.99.
- 4) You testified you are filing your 2017 taxes as Head of Household and claiming two qualifying children as dependents.
- 5) On November 10, 2016, your application counselor uploaded to your NYSOH account a copy of your self-declaration of income form stating your

client would not provide you a letter, that you get paid cash, you do not get paychecks or paystubs. The letter stated you receive cash income of \$350.00 weekly, it was signed by you dated November 10, 2016. See Document [REDACTED].

- 6) On November 26, 2016, a NYSOH representative invalidated your self-declaration of income form. The representative in your account stated that the letter was without signature from your navigator, but that the due date to provide income documentation was extended.
- 7) On November 29, 2016, you uploaded to your account a copy of your self-declaration of income form signed by your application counselor. See Document [REDACTED].
- 8) On January 11, 2017, a NYSOH representative invalidated your signed declaration of income form, stating the income proof was outside of the open clock to submit documentation of December 20, 2016.
- 9) On March 1, 2017, you provided copies of your 2016 tax return, See Document [REDACTED].
- 10) On March 9, 2017, your 2016 tax return was verified as acceptable proof of income.
- 11) On March 9, 2017, your annual expected household income was changed to \$33,502.00.
- 12) Your adjusted gross income on your 2016 tax return was \$16,647.00.
- 13) Your March 9, 2017 application was submitted by a NYSOH representative and included your November 8, 2017 income amount of \$18,200.00, as well as the additional income from your 2016 tax return of \$14,158.00 in business income, \$2,144.00 from taxable refunds, less \$1,000.00 for deductions for self-employment tax.
- 14) You testified your annual expected household income would be higher than your original application amount on November 8, 2016, due to increased jobs, you were now expecting approximately \$20,000.00- \$25,000.00.
- 15) You testified you believe your income was incorrectly counted twice on your application by NYSOH.
- 16) You selected a Medicaid Managed Care plan for your children on March 21, 2017.
- 17) You selected an Essential Plan for yourself on March 21, 2017.

18) You reside in [REDACTED] NY.

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

Applicable Law and Regulations

Medicaid

Medicaid can be provided through NYSOH to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), NY Social Services Law § 366(1)(b)).

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

In an analysis of Medicaid eligibility, the determination is based on the FPL "for the applicable budget period used to determine an individual's eligibility" (42 CFR § 435.4). On the date of your application, that was the 2016 FPL, which is \$20,160.00 for a three-person household (81 Fed. Reg. 4036).

In the case of an individual who expects to file a tax return and does not expect to be claimed by another taxpayer, the household consists of the taxpayer and all persons whom such individual expects to claim as a tax dependent (42 CFR § 435.603(f)(1)).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010, 13ADM-03(III)(F)).

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Medicaid Managed Care plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H-6(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; see 42 USC § 1315; § 364-j(1)(c); 18 NYCRR § 360-10.3(h), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010, 13ADM-03(III)(F)).

Verification Process

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income (45 CFR §155.320(c)(1)(i), 42 CFR § 435.945).

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f) 42 CFR § 435.952).

Timely Notice of Medicaid Eligibility

When an individual applies for insurance through NYSOH, NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of application to the date NYSOH notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for NYSOH to make an eligibility determination, then NYSOH must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

NYSOH must provide Medicaid applicants who are an infant older than one year of age but younger than nineteen years of age notice of their eligibility determination within 30 days from the date of the application (18 NYCRR §360-2.4(a)(3)(ii)).

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

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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)).

Legal Analysis

The first issue under review is whether NYSOH provided a timely determination of your children's eligibility for Medicaid as of March 10, 2017.

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income.

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence.

You updated your NYSOH account on November 8, 2016, the income amount that was entered into this application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your income.

On November 10, 2016, your application counselor uploaded a copy of your self-declaration of income form stating your client would not provide you a letter of our income. The letter stated you receive cash income of \$350.00 weekly and you do not get paychecks or paystubs. It was signed by you dated November 10, 2016.

On November 26, 2016, the self-declaration form was invalidated by a NYSOH representative because the form was not signed by your "navigator".

On November 29, 2016, a copy of your self-declaration of income form signed by your application counselor was uploaded to your account.

Therefore, your application was considered complete as of November 29, 2016, for purposes of issuing an eligibility determination.

NYSOH must provide Medicaid applicants that are children under age 19 notice of their eligibility determination within 30 days from the date of the completed application. To assess whether an eligibility determination was untimely, NYSOH must base the time-period from the date of the completed application to the date NYSOH notifies the applicant of its decision.

NYSOH issued an eligibility determination notice on March 10, 2017 that stated your children were eligible for Child Health Plus, effective April 1, 2017, and ineligible for Medicaid. Since NYSOH issued an eligibility determination 91 days from the date your application was considered complete, the March 10, 2017 eligibility determination notice was untimely.

The second issue is whether NYSOH properly determined that your children's enrollment in their Medicaid Managed Care plan was effective May 1, 2017.

On March 20, 2017, your children's eligibility was redetermined and they were found eligible for Medicaid. You contacted NYSOH on March 21, 2017, and enrolled your children in a Medicaid Managed Care plan effective March 1, 2017.

The date on which a Medicaid Managed Care plan can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected from the first day to and including the fifteenth day of a month will go into effect on the first day of the following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

However, since the March 10, 2017, eligibility determination notice was untimely you were unable to select a health plan for your child prior to that date. Your children could have been able to enroll into a plan as of the date of your completed application, which was November 29, 2016. This would have allowed your children to enroll into a plan with an effective date of January 1, 2017.

Therefore, the March 25, 2017, enrollment confirmation notice stating that your children's enrollment in their Medicaid Managed Care plan would be effective May 1, 2017 is MODIFIED to state that their enrollment in a Medicaid Managed Care plan is effective as of January 1, 2017.

The third issue is whether NYSOH provided a timely determination of your eligibility for Medicaid as of March 10, 2017.

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income.

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence.

You updated your NYSOH account on November 8, 2016, the income amount that was entered into this application did not match federal and state data

sources. As a result, NYSOH asked that you submit additional documentation to confirm your income.

On November 10, 2016, your application counselor uploaded a copy of your self-declaration of income form stating your client would not provide you a letter of our income. The letter stated you receive cash income of \$350.00 weekly and you do not get paychecks or paystubs. It was signed by you dated November 10, 2016.

On November 26, 2016, the self-declaration form was invalidated by a NYSOH representative because the form was not signed by your “navigator”.

On November 29, 2016, a copy of your self-declaration of income form signed by your application counselor was uploaded to your account.

Therefore, your application was considered complete as of November 29, 2016, for purposes of issuing an eligibility determination.

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the completed application. To assess whether an eligibility determination was untimely, NYSOH must base the time-period from the date of the completed application to the date NYSOH notifies the applicant of its decision.

NYSOH issued an eligibility determination notice on March 10, 2017, that stated you were eligible for the Essential Plan, effective April 1, 2017, and ineligible for Medicaid.

Since NYSOH issued an eligibility determination 91 days from the date your application was considered complete, the March 10, 2017 eligibility determination was untimely.

The fourth issue is whether NYSOH properly determined you were ineligible for Medicaid effective April 1, 2016.

You reside in a three-person household as you file your taxes as head of household with two qualifying dependent children.

On March 9, 2017, NYSOH validated your 2016 federal tax return as satisfactory documentation of your income and an application for financial assistance was run on your behalf by a NYSOH representative. The representative entered into your application an annual expected household income of \$33,502.00.

However, NYSOH bases its eligibility determinations on modified adjusted gross income, which is adjusted gross income increased by any income that was excluded for United States citizens or residents living abroad, tax-exempt

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interested received or accrued, and Social Security benefits that were excluded from gross income. Adjusted gross income means gross federal taxable income minus certain specific deductions.

Your 2016 tax return, which the NYSOH representative allegedly relied on when entering the income amounts, incorrectly included your original income amount of \$18,200.00 from your November 8, 2016 application, as well as the additional income from your 2016 tax return of \$14,158.00 in business income, \$2,144.00 from taxable refunds, less \$1,000.00 for deductions for self-employment tax. This led to an almost doubling of your annual household income for 2017 to \$33,502.00.

Since the March 10, 2017, and March 22, 2017 eligibility determination notices are not supported by the documentation you provided as well as your credible testimony during the hearing they are RESCINDED in regards to your eligibility for financial assistance.

Your case is RETURNED to NYSOH to redetermine your eligibility for financial assistance with an annual expected income of \$16,647.00 for a three-person household size residing in Queens County, NY. NYSOH is directed to make any eligibility that results from this redetermination effective as of November 1, 2016, since NYSOH erred in the evaluation of your annual expected income and made an untimely determination of your eligibility.

Decision

The March 10, 2017, eligibility determination notice was untimely.

The March 25, 2017, enrollment confirmation notice stating that your children's enrollment in their Medicaid Managed Care plan would be effective May 1, 2017 is MODIFIED to state that their enrollment in a Medicaid Managed Care plan is effective as of January 1, 2017.

Your case is RETURNED to NYSOH to enroll your children into their Medicaid Managed Care plan as of January 1, 2017.

The March 10, 2017, and March 22, 2017 eligibility determination notices are RESCINDED in regards to your eligibility determination.

Your case is RETURNED to NYSOH to redetermine your eligibility for financial assistance with an annual expected income of \$16,647.00 for a three-person household size residing in [REDACTED] NY.

NYSOH is directed to make any eligibility that results from this redetermination effective as of November 1, 2016, since NYSOH erred in the evaluation of your annual expected income and made an untimely determination of your eligibility.

Effective Date of this Decision: August 02, 2017

How this Decision Affects Your Eligibility

Your children's enrollment in their Medicaid Managed Care plan is effective January 1, 2017.

Your case is being sent back to NYSOH to redetermine your eligibility for Medicaid effective November 1, 2017 because they failed to issue a timely determination of your eligibility and erred in calculating your household's income.

This is not a final determination of your eligibility. You will be notified by NYSOH accordingly.

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

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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 10, 2017, eligibility determination notice was untimely.

The March 25, 2017, enrollment confirmation notice stating that your children's enrollment in their Medicaid Managed Care plan would be effective May 1, 2017 is MODIFIED to state that their enrollment in a Medicaid Managed Care plan is effective as of January 1, 2017.

Your case is RETURNED to NYSOH to enroll your children into their Medicaid Managed Care plan as of January 1, 2017.

Your children's enrollment in their Medicaid Managed Care plan is effective January 1, 2017.

The March 10, 2017, and March 22, 2017 eligibility determination notices are RESCINDED in regards to your eligibility determination.

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 redetermine your eligibility for financial assistance with an annual expected income of \$16,647.00 for a three-person household size residing in [REDACTED] NY.

Your case is being sent back to NYSOH to redetermine your eligibility for Medicaid effective November 1, 2017 because they failed to issue a timely determination of your eligibility and erred in calculating your household's income.

This is not a final determination of your eligibility. You will be notified by NYSOH accordingly.

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।

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Français (French)

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

हिंदी (Hindi)

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

日本語 (Japanese)

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

नेपाली (Nepali)

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

Polski (Polish)

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

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&etumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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