



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

Notice of Decision

Decision Date: August 24, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017748

[REDACTED]

Dear [REDACTED],

On July 18, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 6, 2017 eligibility determination 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 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).

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

Decision

Decision Date: August 24, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017748



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 your spouse's eligibility for financial assistance and enrollment in a qualified health plan ended effective April 1, 2017?

Did NYSOH properly determine that your spouse did not qualify to enroll in a qualified health plan outside of the open enrollment period, effective May 1, 2017?

Procedural History

On December 6, 2016, NYSOH received your updated application for financial assistance for your family's health insurance.

On December 7, 2016, NYSOH issued an eligibility determination notice stating in relevant part that your spouse was eligible for advance payments of the premium tax credit of \$0.00 per month for a limited time, effective January 1, 2017. The notice requested you to provide proof of your spouse's citizenship status and social security number by March 6, 2017.

Also on December 7, 2016, NYSOH issued a plan enrollment notice confirming in part your spouse's enrollment on December 6, 2016 in a bronze-level qualified health plan (QHP) with an enrollment start date of January 1, 2017.

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On January 14, 2017, NYSOH issued a disenrollment notice stating that your spouse's enrollment in her bronze-level QHP ended on January 1, 2017. This was because you did not pay your insurance bill by the payment deadline.

On January 26, 2017, NYSOH received your updated application for financial assistance for your family's health insurance.

On January 27, 2017, NYSOH issued an eligibility determination notice stating in relevant part that your spouse was eligible for advance payments of the premium tax credit of \$0.00 per month for a limited time, effective March 1, 2017. The notice requested you to provide proof of your spouse's citizenship status and social security number by March 6, 2017.

Also on January 27, 2017, NYSOH issued a plan enrollment notice confirming in part your spouse's enrollment on January 26, 2017, in a bronze-level QHP with an enrollment start date of March 1, 2017.

No documentation was received by NYSOH by March 6, 2017.

On March 8, 2017, NYSOH received your spouse's citizenship documentation and social security card.

On March 14, 2017, NYSOH issued an eligibility determination notice stating that your spouse was not eligible for Medicaid, Child Health Plus, the Essential Plan or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. Your spouse also could not enroll in a QHP at full cost because you had not confirmed your spouse's citizenship status and social security number within the required timeframe. Your spouse's eligibility for coverage ended effective April 1, 2017.

Also on March 14, 2017, NYSOH issued a disenrollment notice stating your spouse's enrollment in her bronze-level QHP would end March 31, 2017. The notice stated this was because she was no longer eligible to enroll in health insurance through NYSOH.

On April 5, 2017, NYSOH received your updated application for financial assistance for your family. That day, a preliminary eligibility determination was prepared finding your spouse eligible to receive \$0.00 in advance premium tax credits, effective May 1, 2017. You attempted to enroll her into a QHP but you were unable to select a plan for her enrollment.

Also on April 5, 2017, you spoke to NYSOH's Account Review Unit and appealed the March 14, 2017, eligibility determination notice insofar as it ended your spouse's eligibility for financial assistance and enrollment in a QHP on April 1, 2017, and your spouse's inability to enroll into a QHP outside of the open enrollment period for 2017.

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On April 6, 2017, NYSOH issued an eligibility determination notice stating in relevant part that your spouse did not qualify to select a health plan outside of the open enrollment period for 2017.

On July 18, 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) According to your NYOSH account and your testimony, you receive all of your notices from NYSOH via regular mail.
- 2) You testified that you received the December 7, 2016 notice stating that your spouse's eligibility was only conditional and that you needed to provide documentation of her citizenship status and social security number by March 6, 2017.
- 3) You testified that, as the March 6, 2017 deadline approached, you recalled that you had previously uploaded this information for an earlier eligibility determination.
- 4) You testified that you called NYSOH and spoke with a customer service representative, who confirmed that those previously submitted documents were in your account and that you should "be all set".
- 5) According to your NYSOH account, you uploaded your spouse's U.S. passport and social security card on March 8, 2017. These documents reflect your spouse's sur name as "[REDACTED]" and not "[REDACTED]" as listed in your NYSOH account (see Document [REDACTED]).
- 6) You testified that you were married in 2011, and your spouse took your surname [REDACTED] but did not update her US Passport or social security card.
- 7) According to your NYSOH account, you initiated your NYSOH account for your family, including your spouse, on July 21, 2015.
- 8) According to your NYSOH account, the documents you submitted on March 8, 2017; that is, your spouse's passport and social security card, were the same documents you submitted on July 21, 2015 (see Documents [REDACTED] and [REDACTED]). Your spouse's

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social security number was verified by NYSOH on July 23, 2015 and the passport was verified as proof of citizenship on August 5, 2015.

- 9) According to your NYSOH account, on April 5, 2017, you attempted to enroll your spouse in a QHP but were not able to do so.
- 10) You testified that, since filing your application on January 26, 2017 there have been no other major changes to your household.
- 11) You testified that you spouse does not presently have health insurance and you want to be granted a special enrollment period so she can enroll in a qualified health plan.
- 12) You testified that you are also concerned about a possible income tax penalty because your spouse has not been enrolled in a plan in 2017.

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

Applicable Law and Regulations

Citizenship and Immigration Status

To enroll in a qualified health plan through NYSOH, an applicant must be a citizen or national of the United States, or a non-citizen who is lawfully present in the United States and reasonably expects to become a citizen or remain a lawfully present noncitizen for the entire period for which enrollment is being sought (45 CFR § 155.305(a)(1)).

NYSOH must verify or obtain information in order to determine that an applicant is eligible for enrollment in a qualified health plan, including the certification of citizenship, status as a national, or lawful presence (45 CFR § 155.315(a), (c)).

If an applicant attests to citizenship, status as a national, or lawful presence, and NYSOH is unable to verify such attestation, NYSOH must provide the applicant with notice of the inconsistency. NYSOH must then provide the applicant with 90 days to provide satisfactory documentary evidence, from the date the notice of inconsistency is received by the applicant. Notice is considered received 5 days after the date on the notice, unless the applicant demonstrates that he or she did not receive the notice within the 5 day period. (45 CFR § 155.315(c)(3), (f)(2)(i)).

If NYSOH remains unable to verify the citizenship attestation after the 90 day period ends, it must determine the applicant's eligibility based on the information available (45 CFR § 155.315(f)(5)).

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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. NYSOH has not elected to adopt this subsection at this time.

(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 under review is whether NYSOH properly determined that your spouse was no longer eligible to enroll in a QHP through NYSOH, effective April 1, 2017.

NYSOH is required to determine whether individuals are eligible to enroll in coverage through NYSOH and must confirm, among other things, that their citizenship and social security number status is satisfactory.

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If NYSOH cannot verify an individual's citizenship and social security number status, it must provide the individual with notice of the inconsistency. NYSOH must then provide the individual with a period of 90 days from the date notice is received to resolve the inconsistency. For purposes of verifying citizenship and social security number, notice is considered received 5 days after the date on the notice.

In the eligibility determination issued on January 27, 2017, you were advised that your spouse's eligibility was only conditional and that you needed to confirm her citizenship status and social security number before March 6, 2017.

According to your NYSOH account and your testimony, you uploaded copies of your spouse's US passport and social security card on March 8, 2017. These documents were submitted after the March 6, 2017 deadline but were not reviewed or verified by NSYOH before it issued the March 14, 2017 eligibility determination notice stating that your spouse did not qualify to purchase a QHP through NYSOH. It is noteworthy that the documents submitted on March 8, 2017 were the same documents you submitted to NYSOH in July 2015, and were previously verified by NYSOH in 2015.

Therefore, NYSOH's March 14, 2017 eligibility determination notice that stated your spouse was not qualify to purchase a QHP through NYSOH, effective April 1, 2017, because you did not provide proof of citizenship status and social security number is RESCINDED. Similarly, the March 14, 2017 disenrollment notice that stated your spouse's coverage in her QHP would end March 31, 2017 is RESCINDED.

The second issue under review is whether NYSOH properly determined that your spouse did not qualify to enroll in a QHP outside of the open enrollment period effective May 1, 2017.

NYSOH provided an open enrollment period from November 1, 2016 until January 31, 2017. On April 5, 2017, you submitted an updated application for health insurance for your spouse and requested to enroll her in a QHP. On April 6, 2017, NYSOH issued a notice stating in relevant part that your spouse did not qualify to enroll in a QHP 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.

The record reflects that you renewed your family's application for health insurance on December 6, 2016. Your spouse was determined eligible for APTC of \$0.00 for a limited time, effective January 1, 2017. You enrolled her in a bronze-level QHP with a plan enrollment start date of January 1, 2017. However,

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she was subsequently disenrolled for nonpayment of premium within the required timeframe.

You then updated your family's application on January 26, 2017, still within the open enrollment period, and your spouse was again determined eligible for \$0.00 in APTC for a limited time, effective March 1, 2017. She was enrolled in a bronze-level QHP with a plan start date of March 1, 2017. Your spouse's eligibility was contingent on you submitting proof of her citizenship and social security number by March 6, 2017.

As already noted above, on March 8, 2017, you submitted a copy of your spouse's US passport and social security card, which were the same documents that you submitted in July 2015 and which were verified by NYSOH in 2015. These documents were not reviewed by NYSOH prior to it issuing the March 14, 2017 eligibility determination notice. Due to the error on the part of NYSOH in not verifying these documents, your application was not properly processed and your spouse was terminated from her health insurance coverage.

Therefore, NYSOH's April 6, 2017 eligibility determination notice stating that your spouse does not qualify to select a health plan outside of the open enrollment period for 2017 is MODIFIED to reflect your spouse is eligible to enroll in a QHP as of April 1, 2017, if you so choose. In the alternative, you may elect to enroll her into coverage within 60 days from the date of this decision.

Your case is RETURNED to NYSOH to assist you in enrolling your spouse into a QHP. You may opt to enroll your spouse into a QHP as of April 1, 2017, if you so choose. In the alternative, you may elect to enroll her into coverage within 60 days from the date of this decision. You will be responsible for premium payments for any months your spouse is enrolled into coverage.

The record indicates that NYSOH improperly disenrolled your spouse from health insurance as of March 31, 2017 and failed to grant your spouse a special enrollment period thereafter, which resulted in her being without insurance coverage for part of the 2017 coverage year. During the hearing, you testified that you are also concerned about receiving a tax penalty as a result of your spouse being without coverage for part of 2017.

Sometimes after an appeal decision, an appellant can claim an exemption from the requirement to have health insurance. Your spouse might qualify for a health coverage exemption in 2017 if she didn't have health coverage while you were waiting for an appeal decision about coverage eligibility or savings **and** your appeal was eventually successful (emphasis added).

You must claim this exemption through the United States Department of Health and Human Services (HHS). Currently, NYSOH does not accept hardship exemption applications.

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You will find the information you need to claim the exemption due to an appeal decision at <https://www.healthcare.gov/exemptions-tool/#/results/2016/details/eligible-based-on-appeal>. You can also call 1-800-318-2596.

Important: If you do not get a response from HHS to your exemption application in time to file your tax return, write the word “pending” in column “c” and file your return. If HHS does not approve your exemption, you will need to file an amended return later.

Decision

NYSOH’s March 14, 2017 eligibility determination notice is RESCINDED.

NYSOH’s March 14, 2017 disenrollment notice is RESCINDED.

NYSOH’s April 6, 2017, eligibility determination notice that stated your spouse does not qualify to select a health plan outside of the open enrollment period for 2017 is MODIFIED to reflect your spouse is eligible to enroll in a QHP as of April 1, 2017, if you so choose. In the alternative, you may elect to enroll her into coverage within 60 days from the date of this decision.

Your case is RETURNED to NYSOH to assist you in enrolling your spouse into a QHP. You may opt to enroll your spouse into a QHP as of April 1, 2017, if you so choose. In the alternative, you may elect to enroll her into coverage within 60 days from the date of this decision.

Effective Date of this Decision: August 24, 2017

How this Decision Affects Your Eligibility

NYSOH improperly disenrolled your spouse from health insurance as of March 31, 2017.

NYSOH improperly denied your spouse a special enrollment period.

Your case is being sent back to NYSOH to afford your spouse a special enrollment period and allow you to enroll your spouse into coverage as of April 1, 2017, if you so choose. In the alternative, you may elect to enroll her into coverage within 60 days from the date of this decision.

You will be responsible for any premium payments for any months your spouse is enrolled into coverage.

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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:

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

Summary

NYSOH's March 14, 2017 eligibility determination notice is RESCINDED.

NYSOH's March 14, 2017 disenrollment notice is RESCINDED.

NYSOH's April 6, 2017, eligibility determination notice that stated your spouse does not qualify to select a health plan outside of the open enrollment period for 2017 is MODIFIED to reflect your spouse is eligible to enroll in a QHP as of April 1, 2017, if you so choose. In the alternative, you may elect to enroll her into coverage within 60 days from the date of this decision.

Your case is RETURNED to NYSOH to assist you in enrolling your spouse into a QHP. You may opt to enroll your spouse into a QHP as of April 1, 2017, if you so choose. In the alternative, you may elect to enroll her into coverage within 60 days from the date of this decision.

NYSOH improperly disenrolled your spouse from health insurance as of March 31, 2017.

NYSOH improperly denied your spouse a special enrollment period.

Your case is being sent back to NYSOH to afford your spouse a special enrollment period and allow you to enroll your spouse into coverage as of April 1, 2017, if you so choose. In the alternative, you may elect to enroll her into coverage within 60 days from the date of this decision.

You will be responsible for any premium payments for any months your spouse is enrolled into coverage.

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).