



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

## Notice of Decision

Decision Date: April 21, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000017934

[REDACTED]

Dear [REDACTED],

On April 20, 2017, you appeared by telephone at an expedited hearing on your appeal of NY State of Health's denial of your request to enroll in health insurance outside of the 2017 open enrollment period.

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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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: April 21, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000017934

[REDACTED]

## Issues

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

Did NY State of Health (NYSOH) properly terminate your, and your children's, enrollment in a qualified health plan (QHP) for non-payment of premium, effective January 1, 2017?

Did NYSOH properly determine that you and your children do not qualify to enroll in a QHP outside of the 2017 open enrollment period?

## Procedural History

On November 16, 2016, NYSOH received your updated application for health insurance.

On November 17, 2016, NYSOH issued an eligibility determination notice stating that you and your two children were eligible to purchase a QHP at full cost, effective January 1, 2017.

Also on November 17, 2016, NYSOH issued an enrollment confirmation notice stating that you and your children were enrolled in a QHP through Affinity, effective January 1, 2017.

On February 9, 2017, NYSOH issued a cancellation notice stating that your, and your children's, enrollment in your QHP was terminated, effective January 1, 2017, because a premium payment had not been received by the health plan.

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On February 17, 2017, you contacted NYSOH and requested to be able to re-enroll in a QHP.

On April 11, 2017, you spoke to NYSOH's Account Review Unit and appealed, insofar as you were not eligible to enroll in a health plan outside of the open enrollment period. You also requested that the appeal be expedited.

On April 12, 2017, NYSOH issued a notice to confirm your appeal request from the previous day. That notice stated that the reason for your appeal was "denial of Special Enrollment Period (SEP)."

On April 18, 2017, your request for an expedited appeal was granted by NYSOH's Appeals Unit.

On April 20, 2017, you had an expedited telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

## **Findings of Fact**

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

- 1) You and your two children were enrolled in a QHP for the 2017 coverage year with a monthly premium of \$687.32, effective January 1, 2017.
- 2) You testified that you have been enrolled with Affinity for several years, and that you have had repeated problems with having your coverage cancelled for late payment because Affinity takes up to 20 days to process premium payments.
- 3) You testified that you started paying your Affinity premiums two or three weeks in advance of when they were due to avoid this issue. You testified that you and your children had coverage with Affinity for all of 2016.
- 4) You testified that you believe you updated your account in November 2016 by phone with a representative from Affinity.
- 5) Your NYSOH account reflects that there is an Application Counselor from Affinity Health Plan listed as an Account Representative on your NYSOH account, with an authorization start date of December 4, 2015.
- 6) Your NYSOH account indicates that the November 16, 2016 updates were initiated by someone with the username "[REDACTED]."

- 7) You testified that this is not your username, as you do not log into your NYSOH account to make changes, but always do so by phone.
- 8) You testified that, based on notes you took when you updated your account on November 16, 2016, you spoke with someone at Affinity that day, who made the updates to your NYSOH account on your behalf.
- 9) Your NYSOH account reflects that your residential address was changed from [REDACTED], to [REDACTED] on November 16, 2016.
- 10) Your NYSOH account reflects that your mailing address was not changed in your NYSOH account until February 17, 2017.
- 11) However, your NYSOH account reflects that the November 17, 2016 notice of eligibility determination and notice of enrollment confirmation were both sent to the correct, [REDACTED] address.
- 12) You testified that you moved to the [REDACTED] address in August of 2016, and informed Affinity of your new address at that time.
- 13) You testified that, after your account was updated in November 2016, you received a notice from Affinity stating that your premium was increasing, and that you would receive an invoice with the new amount.
- 14) You testified that, when you had not received an invoice by December 15, 2016, you made a payment on that day to Affinity for \$564.00, which was the amount of your monthly premium in 2016.
- 15) You testified that you thought Affinity would eventually bill you the difference for whatever the new January 2017 premium was going to be, and that everything would be fine.
- 16) You testified that you were away on vacation for a while, and when you returned, you received NYSOH's February 9, 2017 cancellation notice.
- 17) You testified that you eventually received an invoice dated January 19, 2017 from Affinity stating that you owed \$122.00 for January 2017, and the full premium for February 2017. You testified that you did not receive this notice until February, as it had been mailed by Affinity to your former [REDACTED] address, and then forwarded by the post office.
- 18) You testified that you did not receive any invoices prior to this one for your January 2017 premium.

- 19) You testified that you contacted Affinity, and that they refused to accept further payment, and informed you that they could not reinstate you in coverage because of NYSOH rules.
- 20) You testified that Affinity claimed that they received an incorrect address from NYSOH, and that is why they sent the billing notice to the [REDACTED] address.
- 21) You testified that you contacted NYSOH to try to get the issue resolved informally. You testified that a representative from NYSOH informed you that they no longer had your [REDACTED] address listed as a billing address on their end.
- 22) You testified that NYSOH informed you that they could not do anything, and started the appeals process.
- 23) You testified that you feel ill-served by this process, as you gave Affinity your correct address, and someone's clerical error has resulted in you and your children having no insurance coverage until 2018.
- 24) You testified that you and your son both have urgent medical needs that cannot wait, and that you are very concerned about being able to address your health problems.
- 25) You testified that Affinity kept the \$564.00 payment that you made for January 2017, and has not yet refunded it, even though you did not have coverage for January 2017.

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

## **Applicable Law and Regulations**

### Appealable Issues

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by NYSOH to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

## De Novo Review

NYSOH Appeals Unit must review each appeal de novo and “consider all relevant facts and evidence adduced during the appeals process” (45 CFR § 155.535(f)). “De novo review means a review of an appeal without deference to prior decisions in the case” (45 CFR § 155.500).

## Enrollment in a Qualified Health Plan

NYSOH must provide annual open enrollment periods during which time qualified individuals may enroll in a QHP and enrollees may change QHP's (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 SEP's to qualified individuals. During an SEP, a qualified individual may enroll in a QHP, 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.

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- (3) The qualified individual, or his or her dependent, becomes newly eligible for enrollment in a QHP 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 QHP 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 QHP 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 a new QHP 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 QHP 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 QHP; 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 QHP (45 CFR § 155.420(c)(1)).

However, a loss of health insurance coverage such as that referenced above does not include,

“voluntary termination of coverage or other loss due to—

(1) Failure to pay premiums on a timely basis, including COBRA premiums prior to expiration of COBRA coverage, or

(2) Situations allowing for a rescission as specified in 45 CFR [§] 147.128” such as failure to comply with other requirements (45 CFR § 147.128(b))

(45 CFR § 155.420(e)).

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## Legal Analysis

The first issue under review is whether NYSOH properly terminated your and your children's enrollment in your QHP for non-payment of premium effective January 1, 2017.

On November 16, 2016, you and your two children were enrolled into a QHP for the 2017 coverage year with a monthly premium of \$687.32, effective January 1, 2017.

You testified that you did not receive a premium invoice from Affinity, and only received a notice stating that your payment was going to increase in 2017, with no further details. You testified that, when you had not received an invoice by December 15, 2016, you decided to make a payment of \$564.00, which was the amount of your monthly Affinity premium in 2016, and did so that day. You testified that you thought Affinity would simply bill you for the difference between this amount and whatever your new premium amount was going to be. However, you did not receive an invoice from Affinity until February 2017, when you received one dated January 19, 2017 that was forwarded to you by the post office. You testified that, by that point, the invoice was for \$122.00 for January 2017, and the full premium payment for February 2017.

On February 9, 2017, NYSOH issued a notice stating that you were disenrolled from your health plan for non-payment of the premium, effective January 1, 2017.

NYSOH Appeals Unit only has the authority to review issues related to the following: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) an eligibility determination for an exemption, (4) a failure to provide timely notice of an eligibility determination, and (5) a denial of an SEP.

Since the Appeals Unit is not given the authority to review termination of enrollment due to non-payment of premiums, we cannot reach the merits as to whether you and your children were properly terminated from your health plan for non-payment of premiums. Therefore, your appeal of the February 9, 2017 cancellation notice is **DISMISSED** as a non-appealable issue.

The second issue under review is whether NYSOH properly determined that you and your children do not qualify to enroll in a QHP outside of the open enrollment period, effective February 17, 2017.

You testified that you are appealing the denial of an SEP to enroll into a health plan through NYSOH. However, the record does not contain a notice of eligibility determination or redetermination on the issue of SEP.

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Here, the lack of a notice of eligibility determination on the issue of SEP's does not prevent the Appeals Unit from reaching the merits of the case or constitute material error. Under 45 CFR § 155.505(b), you are as entitled to appeal NYSOH failure to timely issue a notice of eligibility determination as you are to appeal an adverse notice of eligibility determination. Your credible testimony, along with the April 12, 2017 appeal confirmation notice stating that the reason for your appeal was "denial of SEP," permits an inference that NYSOH did deny your special enrollment request.

Since the Appeals Unit review of NYSOH determinations is performed on a de novo basis, no deference would have been granted to the eligibility determination notice had it been issued.

NYSOH provided an open enrollment period from November 1, 2016 until January 31, 2017. On November 16, 2016, an application for health insurance was submitted on behalf of you and your children, and you were enrolled into a QHP. However, you were subsequently disenrolled for alleged non-payment of premiums. On February 17, 2017, you contacted NYSOH to try to re-enroll into a QHP, but your request was denied.

Once the annual open enrollment period ends, a health plan enrollee must qualify for an SEP to enroll in or change a health plan offered in NYSOH. To qualify for an SEP, a person must experience a triggering event.

Though you did lose health coverage because of the February 9, 2017 disenrollment, the loss of health insurance coverage in this case generally cannot be considered a triggering event for an SEP, because it was a result of non-payment of your premiums which NYSOH considers a voluntary action causing the termination of your coverage.

However, an SEP can be granted if a qualified individual's enrollment or non-enrollment in a QHP 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.

Your credible testimony, along with the information in your NYSOH account, indicate that an Application Counselor from Affinity Health Plan assisted you in updating your NYSOH application on November 16, 2016, and enrolling you into an Affinity QHP, effective January 1, 2017. The record reflects that the update to your account included an update to your residential address, but not your mailing address.

You testified that you never received an invoice for the January 2017 premium amount, and, as a result, your payment was for the wrong amount, and was not

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accepted. You testified that you had notified Affinity of your correct address in August 2016, when you moved from [REDACTED] to [REDACTED]. However, when you contacted Affinity after your 2017 coverage was cancelled for nonpayment, they claimed that they had received an incorrect billing address from NYSOH, and that this was the reason that your premium invoice was sent to [REDACTED] and not [REDACTED].

Since the record indicates that your NYSOH application was updated on November 16, 2016 by an Application Counselor from Affinity Health Plan, then it is likely that any "incorrect" address Affinity received from NYSOH was generated as a result of the application updates made by this Affinity representative on November 16, 2016. Therefore, your disenrollment from your Affinity plan was caused by an error made by a non-NYSOH entity provided enrollment assistance; that is, the Affinity Application Counselor.

As such, you and your children should have been eligible for an SEP as of February 17, 2017, when you contacted NYSOH to try to re-enroll in coverage. Therefore, your case is RETURNED to NYSOH to assist you in enrolling into a QHP for yourself and your children. You may choose to enroll into a QHP with a start date effective as early as April 1, 2017, because that is the date your coverage would have been effective had you been able to select a plan on February 17, 2017. In the alternative, you may elect to have your reenrollment start based on standard rules and the date you select a plan.

Additionally, although the Appeals Unit of NYSOH does not have the authority to reinstate you in your coverage retroactive to January 1, 2017, because you lost coverage due to an error made by an Affinity Health Plan representative, your case is also being RETURNED to Plan Management to reach out to Affinity Health Plan to discuss retroactive reinstatement to avoid any gap in coverage. Affinity is fully able to allow for such a backdating of coverage.

Lastly, you may contact your health plan directly to request reinstatement, or to file an appeal through your plan. You can also contact the NY State Department of Financial Services at [REDACTED] for information on filing a complaint about the actions of your QHP.

## **Decision**

Your appeal of the February 9, 2017 disenrollment notice is DISMISSED as a non-appealable issue.

You and your children were eligible for an SEP as of February 17, 2017.

Your case is RETURNED to NYSOH to facilitate your, and your children's, reenrollment in your QHP effective as early as April 1, 2017, or, in the alternative,

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you may elect to have your reenrollment start based on standard rules and the date you select a plan. You have 60 days from the date of this decision to make your selection.

Your case is RETURNED to Plan Management to contact Affinity regarding retroactive reinstatement of your, and your children's, enrollment to January 1, 2017.

You will be responsible for any retroactive premiums that result from reinstatement and re-enrollment.

**Effective Date of this Decision:** April 21, 2017

### **How this Decision Affects Your Eligibility**

The NYSOH Appeals Unit does not have the authority to determine whether you and your children were properly terminated from your QHP for nonpayment of premiums.

You and your children qualified for an SEP as of February 17, 2017.

Your case is being sent back to NYSOH to assist you in enrolling in coverage for yourself and your children effective as early as April 1, 2017, or based on standard rules and the date you select a plan. You have 60 days from the date of this decision to make your selection.

Your case is being sent back to NYSOH's Plan Management to reach out to Affinity and discuss retroactive reinstatement of your, and your children's, coverage to January 1, 2017.

You will be responsible for all premiums that result from reinstatement and/or re-enrollment.

### **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.

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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**

Your appeal of the February 9, 2017 disenrollment notice is **DISMISSED** as a non-appealable issue.

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You and your children were eligible for an SEP as of February 17, 2017.

Your case is RETURNED to NYSOH to facilitate your, and your children's, reenrollment in your QHP effective as early as April 1, 2017, or, in the alternative, you may elect to have your reenrollment start based on standard rules and the date you select a plan. You have 60 days from the date of this decision to make your selection.

Your case is RETURNED to Plan Management to contact Affinity regarding retroactive reinstatement of your, and your children's, enrollment to January 1, 2017.

The NYSOH Appeals Unit does not have the authority to determine whether you and your children were properly terminated from your QHP for nonpayment of premiums.

You and your children qualified for an SEP as of February 17, 2017.

Your case is being sent back to NYSOH to assist you in enrolling in coverage for yourself and your children effective as early as April 1, 2017, or based on standard rules and the date you select a plan.

Your case is being sent back to NYSOH's Plan Management to reach out to Affinity and discuss retroactive reinstatement of your, and your children's, coverage to January 1, 2017.

You will be responsible for all premiums that result from reinstatement and/or re-enrollment.

## **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).