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

Notice of Decision

Decision Date: September 28, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000018450

[redacted]

Dear [redacted],

On August 9, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's December 9, 2016 eligibility determination notice, a January 27, 2017 eligibility determination notice, and the April 4, 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
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Decision

Decision Date: September 28, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000018450

[redacted]

Issues

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

> Is your appeal of the December 9, 2016 and January 27, 2017 eligibility determination notices timely?
>
> Did NY State of Health properly determine you and your child were not eligible to receive financial assistance with health insurance in May 2017?

Procedural History

On December 9, 2016, NYSOH issued an eligibility determination notice stating you and your spouse were eligible to receive up to $356.00 in advance payments of the premium tax credit (APTC), for a limited time, effective January 1, 2017. The notice also indicated your child was eligible for Child Health Plus, for a limited time, with a $30.00 monthly premium, effective January 1, 2017. The notice directed you to submit proof of your household income by January 15, 2017 for your child and February 14, 2017 for yourself, or you and your child might lose your insurance or receive less help paying for your coverage.

Also on December 9, 2016, NYSOH issued an enrollment notice confirming you and your spouse were enrolled in a qualified health plan and your child was enrolled in a Child Health Plus plan, all effective January 1, 2017.

On January 27, 2017, NYSOH issued an eligibility determination notice, based on your January 26, 2017 updated application, stating you were eligible to receive $0.00 in APTC, for a limited time, effective March 1, 2017. The notice

also indicated your child was eligible for Child Health Plus, for a limited time, with a $30.00 monthly premium, effective March 1, 2017. The notice directed you to submit proof of your household income by March 27, 2017 for your child and April 26, 2017 for yourself, or you and your child might lose your insurance or receive less help paying for your coverage.

Also on January 27, 2017, NYSOH issued a notice stating your spouse was no longer eligible for health insurance through NYSOH, effective March 1, 2017, because she no longer wanted to receive coverage.

On February 8, 2017, NYSOH issued a notice stating the income documentation you submitted was insufficient to confirm the information in your application. The notice directed you to submit additional documentation of your income by April 26, 2017.

On March 27, 2017 NYSOH systematically redetermined the eligibility of you and your child.

On March 28, 2017, NYSOH issued an eligibility determination notice stating you were eligible to receive $0.00 in APTC, for a limited time, effective May 1, 2017. The notice further stated that your child was eligible for Child Health Plus, for a limited time, with a $30.00 monthly premium, effective May 1, 2017. The notice directed you to submit proof of your household income by March 27, 2017 for your child and April 26, 2017 for yourself, or you and your child might lose your insurance or receive less help paying for your coverage.

On April 3, 2017, NYSOH systematically redetermined the eligibility of you and your child.

On April 4, 2017, NYSOH issued an eligibility determination notice stating you were eligible to receive $0.00 in APTC, for a limited time, effective May 1, 2017. The notice directed you to submit proof of your household income by April 26, 2017, or you might lose your insurance or receive less help paying for your coverage. The notice further stated that your child was eligible for full price Child Health Plus or a child-only QHP, effective May 1, 2017, based on data sources indicating his household income was over the allowable income limit for financial assistance.

Also on April 4, 2017, NYSOH issued a disenrollment notice stating your child's Child Health Plus coverage would end on April 30, 2017, because [redacted] was no longer eligible to enroll in the plan.

Additionally, NYSOH issued an enrollment notice on April 4, 2017 confirming you were enrolled in a full cost QHP. The notice also confirmed your child was enrolled in a full cost Child Health Plus plan, effective May 1, 2017, with a $218.53 monthly premium.

On April 27, 2017, NYSOH received an updated application submitted on behalf of you and your child. That day a preliminary eligibility determination was prepared finding you conditionally eligible for the Essential Plan with a $20.00 monthly premium and your child eligible for Child Health Plus with a $9.00 monthly premium, effective June 1, 2017.

Also on April 27, 2017, you spoke to NYSOH's Account Review Unit and appealed the prior eligibility determinations insofar as you and your child were not eligible for an increased level of financial assistance from January through May 2017.

On August 9, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open to allow you to submit supporting documents.

On August 9, 2017, NYSOH Appeals Unit received the requested documentation and it was incorporated into the record as Appellant's Exhibit #1. The record closed thereafter.

Findings of Fact

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

1) You are seeking insurance for you and your child.

2) NYSOH issued an eligibility determination on December 9, 2016 providing the eligibility of you, your spouse, and your child, effective January 1, 2017. You and your spouse enrolled in a couple's QHP and your child enrolled in a Child Health Plus plan, all effective January 1, 2017.

3) An updated application was submitted on behalf of you, your spouse, and your child on January 26, 2017. That application indicated your spouse was no longer applying for health insurance. [redacted] was disenrolled from your couple's QHP effective February 28, 2017.

4) NYSOH issued an eligibility determination notice on January 27, 2017 stating you were conditionally eligible to enroll in a QHP with $0.00 in APTC and your child was conditionally eligible for Child Health Plus with a $30.00 monthly premium, effective March 1, 2017. That notice directed you to submit proof of your household income by March 27, 2017 for your child and April 26, 2017 for yourself. The notice also contained a "Documentation List" providing the types of documents accepted to prove various kinds of income. The list indicated that to prove wages or salary an applicant must submit paystubs for the last four weeks or a signed and dated employer letter.

5) On March 27, 2017, NYSOH systematically redetermined the eligibility of you and your child based on your January 27, 2017 application. That application indicated only you and your child were applying for health insurance. It also indicated that you and your spouse would file your 2017 tax return with a tax filing status of married filing jointly and you would claim one dependent. The application listed your household income as $69,039.22, consisting of $31,200.00 you earned annually and $37,839.22 your spouse earned annually.

6) Based on the information in the January 27, 2017 application, systematically redetermined on March 27, 2017, NYSOH determined you were conditionally eligible for $0.00 in APTC and your child was conditionally eligible for Child Health Plus with a $30.00 monthly premium. The notice directed you to submit proof of your household income by March 27, 2017 for your child and April 26, 2017 for yourself. The eligibility was effective May 1, 2017.

7) According to your account, the only documentation of your income received by NYSOH prior to the March 27, 2017 deadline to confirm your child's eligibility, were three of your weekly paystubs and a copy of a 2016 W-2 form submitted in January 2017. These documents were invalidated by NYSOH and additional income documents were requested. There is no evidence that NYSOH received any additional documentation by the March 27, 2017 deadline.

8) On April 3, 2017, NYSOH systematically redetermined your child's eligibility based on income information received from state and federal data sources indicating your annual household income was more than $81,680.00 and found [redacted] ineligible to receive financial assistance, effective May 1, 2017. [redacted] was enrolled in a full cost Child Health Plus plan for the month of May 2017.

9) The same day, April 3, 2017, NYSOH systematically redetermined your eligibility based on the January 27, 2017 application and again found you conditionally eligible for $0.00 in APTC, effective May 1, 2017.

10) An updated application was submitted on behalf of you and your child on April 27, 2017. That application indicated you were married, but you would be filing your 2017 tax return with a tax filing status of single. The application indicated you would claim one dependent on that tax return. The application listed your household income as $31,200.00 consisting only of your earnings.

11) Based on the information in the April 27, 2017 application, NYSOH determined you conditionally eligible for the Essential Plan with a $20.00 monthly premium and your child eligible for Child Health Plus with a $9.00

monthly premium, effective June 1, 2017. Income documentation was requested to confirm your eligibility.

12) According to your account satisfactory income documentation was submitted and verified on August 1, 2017 confirming your eligibility for the Essential Plan.

13) You testified you are seeking review of the eligibility of you and your child for financial assistance from January 1, 2017 to May 31, 2017. You testified you are satisfied with the April 28, 2017 eligibility determination providing your eligibility as of June 1, 2017, but you believe you were entitled to more financial assistance than you received prior to that.

14) You testified that you and your spouse divorced in 2017 and [redacted] income is no longer part of your household income.

15) You submitted a copy of your judgment of divorce filed on [redacted]

16) You testified that you did not update your application to remove your spouse's income and indicate you would be filing your 2017 tax return as single until April 27, 2017, because your accountant advised you not to change your tax status until your divorce was finalized.

17) Your applications indicate you reside in [redacted].

18) A formal appeal was filed on your behalf on April 27, 2017. There is no evidence in the record of any prior contact by you or on your behalf contesting any eligibility determinations for 2017.

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

Applicable Law and Regulations

Valid Appeal Requests

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) a failure by NYSOH to provide timely notice of an eligibility determination; and (4) a denial of a request for a special enrollment period (45 CFR § 155.505, 45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

Individual applicants and enrollees must request a hearing within 60 days of the date of their notice of eligibility determination by NYSOH (45 CFR § 155.520(b)(2); 18 NYCRR § 358-3.5(b)(1)).

Verification Process

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

Advance Payments of Premium Tax Credit

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

The maximum amount of APTC that can be authorized equals:

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

minus

2) the taxpayer's expected contribution amount

(*see* 26 USC § 36B, 26 CFR § 1.36B-3).

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

In an analysis of APTC eligibility, the determination is based on the FPL for the first day of the open enrollment period of the benefit year for which coverage is requested (45 CFR §§ 155.300(a), 155.305(f)(1)(i)). On the date of your application, that was the 2016 FPL, which is $20,160 for a three-person household (81 Federal Register 4036).

For annual household income in the range of at least 300% but less than 400% of the 2016 FPL, the expected contribution is 9.69% of the household income (26 CFR § 1.36B-3T(g)(1), 45 CFR § 155.300(a), IRS Rev. Proc. 2016-24).

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

Additionally, a tax filer who is married must generally file a joint return with his or her spouse to qualify for APTC (45 CFR § 155.305(f), 45 CFR § 155.310(d); 26 CFR § 1.36B-2).

Child Health Plus

Child Health Plus (CHP) is a sliding-scale-premium program for children who are in a household that is over income for regular Medicaid (*see* New York Public Health Law (NY PHL) § 2510 et seq. and 42 USC § 1397aa). Eligibility rules are set out in NY PHL § 2511(2), as well as in the NYS Department of Health 2008-2012 Contract and Plan Manual.

A child who meets the eligibility requirements for CHP may be eligible to receive a subsidy payment if the child resides in a household with a household income at or below 400% of the federal poverty level (FPL) (NY PHL § 2511(2)(a)(iii)). To be eligible to enroll in CHP with subsidy payments, a child must not be "eligible for medical assistance"; that is, must not be eligible for Medicaid (NY PHL § 2511(2)(b)).

In an analysis of Child Health Plus eligibility, the determination is based on the FPL "for the applicable budget period used to determine an individual's eligibility" (42 CFR § 435.4). On the date of your application, that was the 2017 FPL, which was $20,420.00 for a three-person household (80 Federal Register 3236, 3237).

Legal Analysis

The first issue under review is whether your appeal of the December 9, 2016 and January 27, 2017 eligibility determination notices was timely.

NYSOH issued an eligibility determination on December 9, 2016 providing the eligibility of you and your child for financial assistance with health insurance, effective January 1, 2017. Subsequently an updated application was received by NYSOH on January 26, 2017 and an updated eligibility determination was issued

on January 27, 2017 indicating the eligibility of you and your child, effective March 1, 2017.

You testified you are seeking review of the eligibility of you and your child to receive financial assistance between January 1, 2017 and May 31, 2017. Pursuant to the regulations, applicants only have the right to appeal to NYSOH's Appeals Unit: (1) eligibility determinations, 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) a failure by NYSOH to provide timely notice of an eligibility determination; and (4) a denial of a request for a special enrollment period. Accordingly, an applicant has a right to appeal eligibility determinations made by NYSOH. However, applicants must request a hearing within 60 days of the date of their notice of eligibility determination by NYSOH to be reviewable by the Appeals Unit.

In the present case, the eligibility determination providing the eligibility of you and your child for January 1, 2017 was issued on December 9, 2016. For an appeal to have been timely on the issue of the amount of financial assistance you and your child were determined eligible for, effective January 1, 2017, as stated in the December 9, 2016 eligibility determination notice, an appeal should have been filed no later than February 7, 2017. According to your account, a formal appeal was not filed in this matter until April 27, 2017, long after the 60-day period in which to appeal had passed. Furthermore, there is no evidence in the record that you contacted NYSOH prior to April 27, 2017 to contest your prior eligibility determinations. Thus, there is no justification for tolling the regulatory deadline to appeal.

Similarly, the next eligibility determination issued by NYSOH, on January 27, 2017, provided the eligibility for you and your child, effective March 1, 2017. For that determination to be reviewable it should have been appealed by March 28, 2017. As discussed above, the first record of contact with NYSOH contesting your eligibility determinations for 2017 was on April 27, 2017, long after the deadline to appeal the January 27, 2017 eligibility determination had passed.

It is noted that the next eligibility determination issued by NYSOH was on March 28, 2017. While that determination is reviewable, because it was appealed within 60 days of issuance, that determination was not effective until May 1, 2017. Thus, based on the dates of the eligibility determinations issued by NYSOH and the date in which the appeal in this matter was filed, NYSOH Appeals Unit is without jurisdiction to review the eligibility of you and your child from January 1, 2017 through April 30, 2017, because your appeal of the December 9, 2016 and January 27, 2017 eligibility determination notices is DISMISSED as untimely.

The second issue under review is whether NYSOH properly determined you and your child were not eligible to receive financial assistance with health insurance in the month of May 2017.

As discussed above, the eligibility of you and your child for the months of January through April 2017 are not reviewable, because you did not appeal the relevant eligibility determinations within the regulatory time frame.

Although NYSOH issued an eligibility determination notice on March 28, 2017 which was effective May 1, 2017, that determination was superseded by the April 4, 2017 eligibility determination notice.

On April 3, 2017, NYSOH systematically redetermined your child's eligibility, based on income information received from state and federal data sources and found him ineligible to receive financial assistance, effective May 1, 2017. He was enrolled in a full cost Child Health Plus plan beginning May 1, 2017. You are seeking review of your child's eligibility for the month of May 2017.

Pursuant to the above cited regulations, 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 it must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence.

The eligibility determination notice issued by NYSOH on January 27, 2017 indicated your child's eligibility to enroll in a Child Health Plus plan with a $30.00 monthly premium was only conditional and directed to you to submit proof of your household income by March 27, 2017 to confirm your child's eligibility or he might lose his insurance or receive less help paying for his coverage. The notice also contained a "Documentation List" providing the types of documents accepted to prove various kinds of income. The list indicated that to prove wages or salary an applicant must submit paystubs for the last four weeks or a signed and dated employer letter.

Your account confirms you submitted three of your weekly paystubs and a copy of your 2016 Form W-2 in January 2017. However, these documents were invalidated by NYSOH, because they did not comply with the document request and additional income documentation was requested. According to your account, no additional income documentation was received by NYSOH by the March 27, 2017 deadline.

Because sufficient documentation to verify the income information listed in your January 27, 2017 application was not provided, NYSOH redetermined your child's eligibility based on income information received from state and federal

data sources indicating your annual household income was more than $81,680.00.

Your January 27, 2017 application indicated you and your spouse would file your 2017 with a tax filing status of married filing jointly and you would claim one dependent on that tax return. Although you testified you and your spouse divorced in 2017 and [redacted] was no longer a member of the household, your account confirms you did not update your application with this information until April 27, 2017 and the evidence you submitted indicates your divorce decree was not filed until May 16, 2017. As such the April 4, 2017 eligibility determination relied upon the most recent information you provided in the January 27, 2017 application and NYSOH properly determined your child's eligibility on April 3, 2017 based on a three-person household including your spouse's income.

Pursuant to the regulations, a child who meets the eligibility requirements for Child Health Plus may be eligible to receive a subsidy payment if the child resides in a household with a household income at or below 400% of the FPL. As discussed above, the April 4, 2017 eligibility determination was properly based on income information for state and federal data sources indicating your annual household income was more than $81,680.00, or over 400% of the 2017 FPL for a three-person household. Thus, the record confirms your child was not eligible to receive a subsidy to help pay for the cost of his Child Health Plus premium for the month of May 2017, based on the reliable evidence available at the time of the April 3, 2017 systematic eligibility redetermination.

With regard to your eligibility for financial assistance for the month of May 2017, NYSOH determined you eligible to receive $0.00 in APTC, based on the systematic redetermination of your January 27, 2017 application. As discussed above, that application indicated you and your spouse would file your 2017 tax return with a tax filing status of married filing jointly and you would claim one dependent on that tax return. The application listed your annual household income as $69,039.22 consisting of $31,200.00 you earned annually and $37,839.22 your spouse earned annually.

As discussed above, NYSOH properly determined your eligibility on April 3, 2017 based on a three-person household, including your spouse's income, based on the information you provided.

Your account confirms you reside in [redacted], where the second lowest cost silver plan available for an individual through NYSOH costs $456.46 per month.

An annual income of $69,039.22 is 342.46% of the 2016 FPL for a three-person household. At 342.46% of the FPL, the expected contribution to the cost of the health insurance premium is 9.69% of income, or $557.49 per month.

The maximum amount of APTC that can be approved equals the cost of the second lowest cost silver plan available through NYSOH for an individual in your county ($456.46 per month) minus your expected contribution ($557.49 per month), which equals $-101.03 per month. Since your expected contribution, exceeded the cost of the second lowest cost individual silver plan available in your county, NYSOH properly determined you were eligible for $0.00 in APTC, effective May 1, 2017. Thus, based on the information in your application, you were not eligible to receive financial assistance with health insurance in the month of May 2017.

Accordingly, the April 4, 2017 eligibility determination stating your child was eligible for a full cost Child Health Plus plan and you were eligible for $0.00 in APTC, effective May 1, 2017, was correct and is AFFIRMED.

You stated you are satisfied the coverage of you and your child as of June 1, 2017, as indicated in the April 28, 2017 eligibility determination, thus no subsequently eligibility determinations are reviewed herein.

Decision

Your appeal of the December 9, 2016 and January 27, 2017 eligibility determination notices are DISMISSED as untimely.

The April 4, 2017 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: September 28, 2017

How this Decision Affects Your Eligibility

The Appeals Unit is without jurisdiction to receive the eligibility of you and your child from January 1, 2017 to April 30, 21017, because you did not file an appeal within the necessary time frame.

You and your child were not eligible to receive financial assistance with health insurance in May 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
- By mail at:

  NY State of Health Appeals
  P.O. Box 11729
  Albany, NY 12211

- By fax: 1-855-900-5557

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).

Summary

Your appeal of the December 9, 2016 and January 27, 2017 eligibility determination notices are DISMISSED as untimely.

The April 4, 2017 eligibility determination notice is AFFIRMED.

The Appeals Unit is without jurisdiction to receive the eligibility of you and your child from January 1, 2017 to April 30, 21017, because you did not file an appeal within the necessary time frame.

You and your child were not eligible to receive financial assistance with health insurance in May 2017.

Legal Authority

We are sending you this notice in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

[redacted]

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).

Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。 如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您免费提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية(Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجانًا.

বাংলা (Bengali)

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

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 महत्त्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई नि:शुल्क 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 yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yƐbƐtumi ama wo obi a ɔkyerƐ kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم1-855-355-5777 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.

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