



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

Notice of Decision

Decision Date: September 20, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018742

[REDACTED]

[REDACTED],

On August 10, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 1, 2017 eligibility determination and plan enrollment notices.

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

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

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

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

Legal Authority

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

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

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

Decision

Decision Date: September 20, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018742

[REDACTED]

Issues

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

Did NY State of Health (NYSOH) provide a timely determination of your infant child's Medicaid eligibility as of March 1, 2017?

Did NYSOH properly determine that your infant child's Medicaid Managed Care plan began April 1, 2017?

Procedural History

On July 14, 2016, your infant child [REDACTED], hereinafter referred to as "child") was added to your NYSOH account and an application for financial assistance with health insurance was submitted on his behalf.

On July 15, 2016, NYSOH issued an eligibility determination notice stating in relevant part that more information was needed to make a determination regarding your child's eligibility. On that date, a separate notice was issued that explained that income documentation you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit proof of household income documentation by July 29, 2016 and proof of your child's citizenship and Social Security number by October 12, 2016.

Also on July 15, 2016, you uploaded to your NYSOH account a copy of your 2015 Income Tax Return ([REDACTED])

On July 21, 2016, your 2015 Income Tax Return was reviewed and invalidated as the document was incomplete and the lower portions of the pages were cut off and did not contain signatures or preparer information.

On July 22, 2016, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application. The notice stated you needed to send in more proof to verify your child's income by July 29, 2016 and still needed to provide proof of his citizenship status and Social Security number by October 12, 2016.

On July 29, 2016, NYSOH issued a notice, based on your updated July 28, 2016 application, stating in relevant part that more information was needed to confirm your child's eligibility. You were directed to provide proof of income by July 29, 2016 and proof of citizenship status and Social Security number by October 12, 2016.

Also on July 29, 2016, you uploaded to your NYSOH account five documents purporting to be copies of your filed tax return from the previous year. All five documents were blank [REDACTED].

On August 5, 2016, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application. The notice stated, in relevant part, you needed to submit proof of income for your child by August 28, 2016 and proof of his citizenship status and Social Security number by October 12, 2016.

On August 6, 2016, NYSOH issued a notice, based on your August 5, 2016 submission, stating in relevant part that more information was needed to confirm your child's eligibility. You were directed to provide proof of income by August 28, 2016 and proof of citizenship status and Social Security number by October 12, 2016.

On September 9, 2016 and October 10, 2016, NYSOH issued eligibility determination notices stating in relevant part that your child was conditionally eligible to purchase a qualified health plan at full cost, effective October 1, 2016 and November 1, 2016 respectively. The notices stated that your child did not qualify for Medicaid, Child Health Plus or the Essential Plan or advance premium tax credits or cost sharing reductions. This was because NYSOH did not receive the income documentation needed to verify the income listed in your application and the date to receive that documentation had passed. The notices stated that your child could still get coverage for 2016 if he qualified for a special enrollment period. The notices also stated that you needed to provide proof of his citizenship status and Social Security number by October 12, 2016.

On October 29, 2016, NYSOH issued an eligibility determination notice based on your updated October 28, 2016 application, stating in relevant part that more information was needed to confirm your child's eligibility. You were directed to provide proof of income by November 12, 2016 and proof of citizenship status and Social Security number by January 26, 2017.

On November 24, 2016, NYSOH issued an eligibility determination notice based on a system update, stating in relevant part that your child was conditionally eligible to purchase a QHP at full cost, effective January 1, 2017. The notice stated that your child did not qualify for Medicaid, Child Health Plus or the Essential Plan or advance premium tax credits or cost sharing reductions. This was because NYSOH did not receive the income documentation needed to verify the income listed in your application and the date to receive that documentation had passed. The notice further stated that your child was not eligible for Medicaid because NYSOH was unable to verify your child's citizenship status. The notice also stated that you needed to provide proof of citizenship status and Social Security number for your child by January 26, 2017.

On November 30, 2016, NYSOH issued an eligibility determination notice based on your updated November 29, 2016 application, stating in relevant part that more information was needed to confirm your child's eligibility. You were directed to provide proof of income by December 14, 2016 and proof of citizenship status and Social Security number by January 26, 2017.

On December 9, 2016, you submitted to NYSOH a copy of your child's birth certificate and a copy of your 2015 income tax return.

On January 18, 2017 and January 22, 2017, NYSOH issued notices stating that your November 29, 2016 and January 21, 2017 updated applications had been reviewed, but the information in those applications did not match what NYSOH received from state and federal data sources. More information was required to confirm your child's eligibility. You were directed to provide proof of income by January 13, 2017 and proof of your child's citizenship status and Social Security number by January 26, 2017.

On January 26, 2017, the birth certificate and 2015 income tax return you submitted on December 9, 2016 were verified as proof of citizenship and proof of income and your application was updated and your family's eligibility for financial assistance was redetermined.

On January 27, 2017, NYSOH issued an eligibility determination notice stating in relevant part that your child was eligible for Child Health Plus for a limited time, with a \$60.00 per month premium, effective March 1, 2017. The notice stated that you needed to provide proof your child's Social Security number by January 26, 2017.

On January 28, 2017, NYSOH issued a notice that the documentation submitted did not confirm the information in your application. You were directed to provide your child's Social Security number by January 26, 2017.

On February 2, 2017, NYSOH issued an eligibility determination notice stating that your child did not qualify for Medicaid, Child Health Plus, the Essential Plan, to receive premium tax credits or to enroll in health insurance coverage through NYSOH because you did not provide your child's Social Security number by the required deadline. Your child's eligibility for health insurance ended as of March 1, 2017.

Also on February 2, 2017, NYSOH denied your request for Medicaid coverage for your child for the period of October 1, 2016 through December 31, 2016 because you failed to provide a Social Security number for your child.

On February 3, 2017, NYSOH issued an eligibility determination notice stating in relevant part, that more information was needed to confirm the eligibility of your child. You were directed to provide proof of income by February 17, 2017 and proof of Social Security number by May 3, 2017.

On March 1, 2017, NYSOH issued an eligibility determination notice based on updated information received on February 28, 2017. The notice stated in relevant part that your child was conditionally eligible to purchase a QHP at full cost, effective April 1, 2017. The notice stated that because NYSOH did not receive the income documentation needed to verify the income listed in your application and the date to receive that documentation had passed, NYSOH used information from federal and state data sources to determine your child's eligibility. This information showed your child did not qualify for Medicaid, Child Health Plus, the Essential Plan or the premium tax credit because your income was above the allowable income limit for these programs. The notice also stated that you needed to provide proof of your child's Social Security number by May 3, 2017.

On March 16, 2017, NYSOH issued an eligibility determination notice, based on your updated March 15, 2017 application, stating in relevant part that your child was conditionally eligible for Medicaid, effective March 1, 2017. The notice stated that you needed to provide your child's Social Security number by May 3, 2017.

Also on March 16, 2017, NYSOH issued a plan enrollment notice, based on your March 15, 2017 selection of a Medicaid Managed Care (MMC) plan for your child. The notice confirmed your child's enrollment in an MMC plan starting April 1, 2017.

On March 31, 2017, you provided NYSOH with your child's Social Security number.

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).

On April 1, 2017, NYSOH issued an eligibility determination notice stating in relevant part that your child remained eligible for Medicaid effective March 1, 2017. At that time, NYSOH also issued a plan enrollment notice confirming that your child was enrolled in an MMC plan with a plan start date of April 1, 2017.

On May 5, 2017, you contacted the NYSOH Account Review Unit and requested an appeal of the start date of your child's MMC plan, requesting that it begin July 1, 2016, [REDACTED].

On August 10, 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 NYSOH account and your testimony, your child was born [REDACTED]
- 2) According to your NYSOH account, on the date your child was born, you were enrolled in a bronze-level qualified health plan.
- 3) According to your NYSOH account and your testimony, your child was added to your account on July 14, 2016. At that time, you submitted an application for financial assistance for his health insurance.
- 4) According to your NYSOH account, the 2015 income tax return you uploaded to your account on July 15, 2016 was incomplete in that the bottom portion of the pages were cut off and did not show signatures or preparer information. On July 22, 2016, NYSOH notified you of this deficiency.
- 5) According to your NYSOH account, on July 29, 2016, you attempted to upload your income tax return, however, the documents uploaded were blank. On August 5, 2016, NYSOH notified you of this deficiency and stated you needed to submit proof of income for your child by August 28, 2016 and proof of his citizenship status and Social Security number by October 12, 2016.
- 6) According to your NYSOH account, you were advised in numerous notices that proof of income, citizenship and Social Security number were required in order for your child's eligibility to be determined and the dates for submission of that proof was repeatedly extended, as set forth in those notices.

- 7) You testified that you experienced multiple difficulties in obtaining your child's Social Security number.
- 8) According to your NYOSH account and your testimony, you submitted a copy of your child's birth certificate and a copy of your 2015 income tax return on December 9, 2016.
- 9) According to your NYSOH account, the 2015 income tax return was verified as proof of income by NYSOH on January 26, 2017.
- 10) According to your NYSOH account, on March 15, 2017, you updated your application for health insurance and changed your household income to \$49,000.00. At that time, your family eligibility was redetermined and your child was found conditionally eligible for Medicaid, effective March 1, 2017.
- 11) According to your NYSOH account, you selected your child's MMC plan on March 15, 2017.
- 12) According to your NYSOH account and your testimony, you provided your child's Social Security number on March 31, 2017.
- 13) You testified, and the record reflects, that you are appealing the enrollment start date of your child's MMC plan.
- 14) You testified that you want your child's MMC plan to begin on July 1, 2016 because you have multiple medical bills associated with his care since he was born that are unpaid.

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

Applicable Law and Regulations

Timely Notice of Medicaid Eligibility

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

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

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applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

NYSOH must provide Medicaid applicants who are a pregnant woman or infant younger than one year of age notice of their eligibility determination within 30 days from the date of the application (18 NYCRR §360-2.4(a)(3)(i)).

Verification Process

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

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

Verification of Social Security Number

NYSOH must review an applicant's Social Security number when applying for Medicaid, as well as case records for those already enrolled to determine whether they contain a beneficiary's Social Security number, or in the case of families, each family member's Social Security number. If the case record does not contain the required Social Security numbers, the agency must require the beneficiary to furnish them (42 CFR §§ 435.910, 435.920 (a)(b)).

Medicaid - Children

A child who is under one year of age is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 223% of the FPL for the applicable family size. (42 CFR § 435.118(c); New York Department of Health Administrative Directive 13 OHIP/ADM-04).

Medicaid - Effective Date

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

Medicaid coverage must be provided to a child born to a woman who has been determined eligible and is receiving Medicaid on the date of the child's birth (42 CFR § 435.117(a), N.Y. Soc. Serv. Law § 366-g(3)).

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

Newborn children not excluded from enrolling in an MMC plan shall be enrolled in the MMC plan in which the newborn's mother is an enrollee, effective the first day of the child's month of birth (Medicaid Managed Care Model Contract § 6.7(a), effective 3/1/2014 – 2/28/2019).

Legal Analysis

The first issue under review is whether NYSOH provided you with timely determination of your child's Medicaid eligibility as of March 1, 2017.

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

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

You updated your NYSOH account on July 14, 2016. The income amount that was entered into this application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your income by July 29, 2016.

The record reflects that on July 15, 2016, you submitted a copy of your 2015 income tax return, but it was incomplete and the lower portions of the pages were cut off and did not contain signatures or preparer information. On July 22, 2016, NYSOH notified you of this inconsistency and stated you had until July 29, 2016 to submit proof of income. The record reflects that on July 29, 2016 you uploaded five documents that purported to be copies of your filed tax return from the previous year. However, all five documents were blank. On August 5, 2016, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application. The notice extended the deadline for submission of proof of income for your child until August 28, 2016. That notice also stated you needed to submit proof of your child's citizenship status and Social Security number by October 12, 2016.

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The record reflects that from July 14, 2016, the date of your initial application for health insurance for your child, you were advised in multiple notices that proof of your household income and your child's citizenship and Social Security number were required to be submitted in order to confirm his eligibility. Those notices provided various extended dates for you to submit the requested documentation. Those notices stated that if the due dates were missed, NYSOH would not be able to determine your child's eligibility for health coverage.

NYSOH issued eligibility determination notices on September 9, 2016, October 10, 2016, and November 24, 2016 stating in relevant part that your child was conditionally eligible to purchase a qualified health plan at full cost, effective October 1, 2016, November 1, 2016 and January 1, 2017 respectively. However, there is no record of any attempts made during this period to select a full cost qualified health plan for your child.

The record reflects that you uploaded your child's birth certificate and a copy of your 2015 income tax return on December 9, 2016. Those documents were verified by NYSOH on January 26, 2017. However, on February 2, 2017, NYSOH issued an eligibility determination notice that stated your child was no longer eligible for Medicaid, Child Health Plus, the Essential Plan, to receive tax credits or to purchase a full cost qualified health plan because you had not provided his Social Security number within the required timeframes.

The record reflects that on March 15, 2017, you updated your application for health insurance and changed your household income to \$49,000.00. At that time, your family's eligibility was redetermined and your child was found conditionally eligible for Medicaid, effective March 1, 2017. You were directed to provide your child's Social Security number by May 3, 2017 to confirm his eligibility.

You testified that you experienced multiple difficulties in obtaining your child's Social Security number. The record reflects that on March 31, 2017, you provided NYSOH with your child's Social Security number.

Therefore, your application was considered complete as of March 31, 2017, for purposes of issuing an eligibility determination for your child.

NYSOH must provide Medicaid applicants who are infants younger than one year of age notice of their eligibility determination within 30 days from the date of the completed application. To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of the completed application to the date NYSOH notifies the applicant of its decision.

NYSOH issued an eligibility determination notice on March 16, 2017 based on your March 15, 2017 updated application, stating in relevant part that your child was conditionally eligible for Medicaid effective March 1, 2017. The notice stated

that you needed to provide your child's Social Security number by May 3, 2017. You provided his Social Security number on March 31, 2017. Since NYSOH issued an eligibility determination notice one day from the date your application was considered complete, the March 16, 2017 and April 1, 2017 eligibility determination notices stating your child was eligible for Medicaid effective March 1, 2017 were issued within 30 days and therefore, were timely.

The second issue under review is whether NYSOH properly determined that your child's enrollment in his MMC plan was effective April 1, 2017.

Medicaid coverage must be provided to a child born to a woman who has been determined eligible and is receiving Medicaid on the date of the child's birth. If a newborn child's mother is enrolled in an MMC plan, the child shall be enrolled in the mother's MMC plan effective the first day of the child's month of birth.

The record reflects that your child was born on [REDACTED]. Your child was added to your NYSOH account on July 14, 2016. The record further reflects that you were enrolled in a bronze-level qualified health plan on the date your child's birth. Since you were not enrolled in an MMC plan on the date of your child's birth, your child was not eligible to be enrolled in an MMC plan as of his date of birth.

The record next reflects that you contacted NYSOH on March 15, 2017 and enrolled your child into an MMC plan.

The date on which an MMC plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected from the first day to and including the fifteenth day of a month will go into effect on the first day of the following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

You were able to select an MMC plan for your child as of March 15, 2017. Your child's plan would therefore properly take effect on the first day of the next month following after March 2017; that is, on April 1, 2017.

Therefore, the March 16, 2017 and April 1, 2017 plan enrollment notices stating that your child's enrollment in his MMC plan would be effective April 1, 2017, were correct and must be AFFIRMED.

Decision

The March 16, 2017 and April 1, 2017 eligibility determination notices were timely issued and are AFFIRMED.

The March 16, 2017 and April 1, 2017 plan enrollment notices are AFFIRMED.

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).

Effective Date of this Decision: September 20, 2017

How this Decision Affects Your Eligibility

This decision does not affect your child's eligibility.

Your child was eligible for Medicaid, effective March 1, 2017.

Your child's enrollment in his MMC plan is April 1, 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 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).

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

If You Have Questions about this Decision (Customer Service Resources):

You can contact us in any of the following ways:

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

Summary

The March 16, 2017 and April 1, 2017 eligibility determination notices were timely issued and are AFFIRMED.

The March 16, 2017 and April 1, 2017 plan enrollment notices are AFFIRMED.

This decision does not affect your child's eligibility.

Your child was eligible for Medicaid, effective March 1, 2017.

Your child's enrollment in his Medicaid Managed Care plan is April 1, 2017.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:



Getting Help in a Language Other than English

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

Español (Spanish)

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

中文 (Traditional Chinese)

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

Kreyòl Ayisyen (Haitian Creole)

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

中文 (Simplified Chinese)

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

Italiano (Italian)

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

한국어 (Korean)

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

Русский (Russian)

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

العربية (Arabic)

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

বাংলা (Bengali)

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এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

Français (French)

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

हिंदी (Hindi)

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

日本語 (Japanese)

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

नेपाली (Nepali)

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

Polski (Polish)

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

Twi (Twi)

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

(Urdu) اردو

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

Tiếng Việt (Vietnamese)

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

אידיש (Yiddish)

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

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