



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

## Notice of Decision

Decision Date: August 22, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000018784

[REDACTED]

Dear [REDACTED],

On August 15, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 24, 2017 and May 9, 2017 eligibility determination 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.

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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: August 22, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000018784



## Issues

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

Did NY State of Health (NYSOH) properly determine that you and your spouse were not eligible to enroll in coverage through NYSOH, effective April 1, 2017, because you did not submit requested citizenship documentation?

Did NYSOH properly determine that you and your spouse do not qualify to enroll in a qualified health plan (QHP) outside of the open enrollment period, effective June 1, 2017?

## Procedural History

On December 17, 2016, you updated your NYSOH application.

On December 18, 2016, NYSOH issued a notice of eligibility determination stating that you and your spouse were conditionally eligible to purchase a QHP at full cost, effective January 1, 2017. The notice directed you to submit documentation to confirm your, and your spouse's, citizenship status by March 17, 2017.

Also on December 18, 2016, NYSOH issued a notice of enrollment confirmation stating that you and your spouse were enrolled in a Fidelis platinum level QHP, beginning January 1, 2017.

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On January 14, 2017, NYSOH issued a notice stating that you and your spouse were disenrolled from your QHP, effective January 1, 2017, because your health plan had not received your premium payment by the payment deadline.

On January 30, 2017, you re-enrolled into a QHP.

On January 31, 2017, NYSOH issued a notice of enrollment confirmation confirming that you and your spouse were enrolled in a Fidelis platinum level QHP, beginning March 1, 2017. The notice also reminded you that proof of your, and your spouse's, citizenship status was due by March 17, 2017.

On March 24, 2017, NYSOH issued a notice stating that you and your spouse were not eligible to enroll in coverage through NYSOH, effective April 1, 2017, because you had not submitted documentation of your, and your spouse's, citizenship status.

Also on March 24, 2017, NYSOH issued a disenrollment notice stating that your, and your spouse's, enrollment in your QHP was ending, effective March 31, 2017.

On April 25, 2017, you updated your NYSOH account, and attempted to enroll in a QHP.

On April 26, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were conditionally eligible to purchase a QHP at full cost, effective June 1, 2017, pending submission of documentation of your, and your spouse's, citizenship status. The notice also stated that you and your spouse did not qualify to enroll in a QHP outside of the 2017 open enrollment period.

On May 8, 2017, NYSOH received your updated application for financial assistance. That day, a preliminary eligibility determination was prepared stating that you and your spouse were conditionally eligible to enroll in a QHP at full cost, effective June 1, 2017. You also attempted to enroll into a QHP but were unable to select a plan for enrollment.

Also on May 8, 2017, you spoke to NYSOH's Account Review Unit and appealed your, and your spouse's, inability to enroll into a QHP outside of the 2017 open enrollment period.

On May 9, 2017, NYSOH issued an eligibility determination notice, based on the May 8, 2017 application for financial assistance, stating that you and your spouse were conditionally eligible to purchase a QHP at full cost through NYSOH, pending submission of documentation of your, and your spouse's, citizenship status, effective June 1, 2017. It further stated that you and your spouse did not qualify to select a health plan outside of the open enrollment period for 2017.

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On August 15, 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) On December 17, 2016, you submitted an updated application for health insurance, and changed your address with NYSOH.
- 2) On December 18, 2016, NYSOH issued a notice informing you that you and your spouse were conditionally eligible to purchase a QHP at full cost, effective January 1, 2017, but that you needed to submit documentation of your, and your spouse's, citizenship status by March 17, 2017.
- 3) You testified that you recall going to your application counselor in December 2016 to update your address, but that you did not recall specifically whether an application was submitted on that date.
- 4) You testified that you receive notices from NYSOH by regular mail, and your NYSOH account confirms this.
- 5) You testified that you updated your address with NYSOH in December 2016, and your NYSOH account confirms that a notice of address change was issued on December 18, 2016.
- 6) Your NYSOH account reflects that the December 18, 2016 eligibility determination and enrollment confirmation notices were both sent to your new address, as updated on December 17, 2016.
- 7) You testified that you do not recall receiving any notice in December 2016 stating that your and your spouse's eligibility was only conditional and that you needed to provide documentation of your citizenship status.
- 8) No notices sent to your new address have been returned to NYSOH as undeliverable.
- 9) You testified that you had to go to [REDACTED] because of an emergency, and were away from [REDACTED] to approximately [REDACTED].
- 10) Your NYSOH account reflects that you and your spouse were disenrolled from your QHP, effective January 1, 2017 for nonpayment of premium, and that NYSOH issued notice to this effect on January 14, 2017.

- 11) You testified that you did not recall being enrolled in coverage for January, but that you recall going to your application counselor at the end of January 2017 and enrolling in coverage.
- 12) Your NYSOH account reflects that you and your spouse were re-enrolled into a Fidelis platinum level QHP on January 30, 2017, with your enrollment resuming on March 1, 2017.
- 13) You testified that your application counselor did not tell you that you needed to submit any documentation when you went to him in January 2017, and that he just asked you to make a payment, which you did.
- 14) You testified that you did not receive a letter until the last week of March 2017 stating that NYSOH needed citizenship documentation from you and your spouse.
- 15) Your NYSOH account reflects that a discontinuance notice was issued on March 24, 2017 informing you that you and your spouse were no longer eligible to enroll in coverage through NYSOH because you had not submitted citizenship documentation.
- 16) You testified that you called NYSOH before the end of March 2017 to ask how you could submit documentation, and were told that you could not, and that your coverage was terminated.
- 17) You testified that this situation was caused by your application counselor failing to indicate that your spouse was a naturalized citizen, and not a “born” citizen.
- 18) Your NYSOH account reflects that you and your spouse first applied for coverage through NYSOH in January 2014, and that the application indicated that you and your spouse were “US Citizens,” as opposed to “Naturalized Citizens.”
- 19) Your NYSOH account reflects that applications filed on you and your spouse’s behalf on January 28, 2014, February 7, 2015, December 17, 2016, April 25, 2017, May 3, 2017, and May 8, 2017 all indicated that you and your spouse were “US Citizens”, as opposed to “Naturalized Citizens.”
- 20) Your NYSOH account reflects that the first application to indicate that you and your spouse were “Naturalized Citizens” was filed on May 11, 2017.
- 21) Your NYSOH account reflects that you and your spouse were previously asked to provide documentation of your citizenship status in eligibility determination notices dated January 29, 2014 and February 8, 2015.

- 22) Your NYSOH account reflects that you and your spouse were previously found ineligible to enroll in coverage through NYSOH for failure to submit documentation of your citizenship status in notices dated November 5, 2014 and May 14, 2015.
- 23) Your NYSOH account does not reflect that any notices were ever returned to NYSOH as undeliverable.
- 24) Your NYSOH account reflects that neither you nor your spouse ever submitted citizenship documentation to NYSOH.
- 25) Your application on May 8, 2017 states that you were seeking a special enrollment because you lost or would be losing coverage.
- 26) You testified that since filing your application in December 2016, there have been no other major changes to your household.
- 27) You testified that you do not think that it is right that you and your spouse cannot enroll in coverage when it was your application counselor who marked the wrong citizenship status, and because you did not receive the letter requesting documentation of your citizenship in time to do anything about it.

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

## **Applicable Law and Regulations**

### Citizenship and Immigration Status

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

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

If an applicant attests to citizenship, status as a national, or lawful presence, and NYSOH is unable to verify such attestation, NYSOH must provide the applicant with notice of the inconsistency. NYSOH must then provide the applicant with 90 days to provide satisfactory documentary evidence, from the date the notice of inconsistency is received by the applicant. Notice is considered received five

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days after the date on the notice, unless the applicant demonstrates that he or she did not receive the notice within the five-day period. (45 CFR § 155.315(c)(3), (f)(2)(i)).

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

### 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 QHPs (45 CFR § 155.410(a)(1)).

For the benefit year beginning on January 1, 2017, the annual open enrollment period began on November 1, 2016, and extended through January 31, 2017 (45 CFR § 155.410(e)(2)).

### Special Enrollment Periods

After each open enrollment period ends, NYSOH provides special enrollment periods to qualified individuals. During a special enrollment period, a qualified individual may enroll in a 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.

- (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 lawfully 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 has a change in eligibility for cost-sharing reductions.
- (7) The qualified individual or enrollee, or his or her dependent, gains access to a new QHP plan as a result of a permanent move and either—
  - (i) Had minimum essential coverage for one or more days during the 60 days preceding the date of the permanent move, or
  - (ii) Was living outside of the United States or in a United States territory at the time of the permanent move;
- (8) The qualified individual or dependent who gains or maintains status as an Indian may enroll in a 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. NYSOH has not elected to adopt this subsection at this time.

(45 CFR § 155.420(d)).

Generally, if a triggering life event occurs, the qualified individual or enrollee has 60 days from the date of a triggering event to select a QHP (45 CFR § 155.420(c)(1)).

## **Legal Analysis**

The first issue under review is whether NYSOH properly determined that you and your spouse were no longer eligible to enroll in a QHP through NYSOH, effective April 1, 2017

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

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

Your, and your spouse's, eligibility for enrollment in coverage through NYSOH was conditioned upon your submission of documentation of citizenship status by March 17, 2017, as stated in the December 18, 2016 eligibility determination notice.

You testified, and the record reflects, that you receive all your notices from NYSOH by regular mail. You testified that you did not receive any notices in December 2016 stating that you and your spouse's eligibility was only conditional, and that you needed to provide documentation of your citizenship status. No notices that were sent to the address listed on your NYSOH account have been returned as undeliverable. Since that notice was mailed to you at your new mailing address, and was not returned as undeliverable to NYSOH, you were properly notified of the requirement to submit documentation of your, and your spouse's, citizenship status to NYSOH

If NYSOH remains unable to verify the inconsistency after the 90-day period ends, then it must determine the applicant's eligibility based on the information available in the data sources.

Since the requested citizenship documentation was not received within the 90-day period, NYSOH was required to redetermine your, and your spouse's, eligibility without verification of your citizenship status. As a result, NYSOH properly determined that you and your spouse could not enroll in a QHP through NY State of Health effective April 1, 2017, because you did not provide the information requested by NYSOH.

You testified that it is your understanding that the problem was caused by your application counselor indicating that your spouse was a "born" citizen, and not a naturalized citizen, and that this was not your fault. Further, you testified that you did not have any notice that you needed to provide documentation, as the first notice you testified to receiving regarding citizenship documentation was the March 24, 2017 notice finding you and your spouse ineligible for coverage.

However, a review of your NYSOH account shows that every application until your May 11, 2017 application indicated that you and your spouse were "US Citizens," and not "Naturalized Citizens." As a result, NYSOH previously requested citizenship documentation from you in notices dated January 29, 2014 and February 8, 2015. These notices were not returned to NYSOH as undeliverable. Nevertheless, you and your spouse never provided the requested citizenship documentation, and were previously found ineligible to enroll in

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coverage for NYSOH for failure to submit citizenship documentation in notices dated November 5, 2014 and May 14, 2015. These notices were also not returned to NYSOH as undeliverable.

Therefore, even if your application counselor erred in failing to indicate that you and your spouse were naturalized citizens, you were aware, or should have been aware, that NYSOH had requested documentation of your citizenship status in 2014 and 2015, and that you and your spouse's coverage had previously been terminated on two occasions for failure to submit that documentation. Had you made inquiries in the past regarding why you were being asked for documentation, or why your coverage was being terminated, the matter could have been addressed, and the information corrected in your application, as far back as 2014.

Therefore, NYSOH's March 24, 2017 eligibility determination is correct and is **AFFIRMED**.

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

NYSOH provided an open enrollment period from November 1, 2016 until January 31, 2017. You submitted a request to enroll in a QHP on January 30, 2017, and you and your spouse were enrolled into a QHP, effective March 1, 2017. Therefore, you initially were enrolled into a QHP during the open enrollment period. However, you and your spouse were disenrolled for failure to provide citizenship documentation, as stated in the notice dated March 24, 2017.

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

Though state exchanges are permitted to grant a special enrollment period when an individual verifies eligibility for insurance after the 90-day period for doing so has expired, resulting in the termination of the individual's coverage, states are not required to elect this option, and NYSOH has declined to grant special enrollment periods on this basis.

The credible evidence of record indicates that, since the open enrollment period closed on January 31, 2017, no other triggering events have occurred that would qualify you and your spouse for a special enrollment period.

Therefore, NYSOH's May 9, 2017 eligibility determination that you and your spouse do not qualify to select a health plan outside of the open enrollment period for 2017 is **AFFIRMED**.

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## **Decision**

The March 24, 2017 eligibility determination is AFFIRMED.

The May 9, 2017 eligibility determination is AFFIRMED.

**Effective Date of this Decision:** August 22, 2017

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

You and your spouse were not eligible for enrollment in coverage through NYSOH, effective April 1, 2017, because you failed to provide the requested citizenship documentation.

You and your spouse do not qualify for a special enrollment period at this time.

## **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

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- By fax: 1-877-369-0129

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

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

You can contact us in any of the following ways:

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

### **Summary**

The March 24, 2017 eligibility determination is AFFIRMED.

The May 9, 2017 eligibility determination is AFFIRMED.

You and your spouse were not eligible for enrollment in coverage through NYSOH, effective April 1, 2017, because you failed to provide the requested citizenship documentation.

You and your spouse do not qualify for a special enrollment period at this time.

### **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 مجاناً.

### 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&btumi 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 דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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