



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

Notice of Decision

Decision Date: September 15, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019070

[REDACTED]

Dear [REDACTED],

On August 28, 2017 you appeared by telephone at a hearing on your appeal of NY State of Health's March 23, 2017 eligibility determination notice, the March 23, 2017 disenrollment notice, and the May 18, 2017 enrollment confirmation 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.

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

Decision

Decision Date: September 15, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019070



Issues

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

Did NY State of Health properly determine that your eligibility for the Essential Plan ended effective April 30, 2017?

Did NY State of Health provide a timely determination of your Essential Plan eligibility as of May 1, 2017 and your child's Child Health Plus eligibility as of May 1, 2017?

Did NY State of Health properly determine that your enrollment in the Essential Plan was effective July 1, 2017 and that your child's enrollment in Child Health Plus was effective July 1, 2017?

Procedural History

On December 1, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan for a limited time, effective January 1, 2017. The notice further directed you to provide documentation confirming your income before March 16, 2017. This notice also stated that your child was eligible for Child Health Plus, effective January 1, 2017.

On December 17, 2017, NYSOH issued a notice of enrollment confirming your enrollment in an Essential Plan as of January 1, 2017 and your child's enrollment in a Child Health Plus plan.

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On March 23, 2017, NYSOH issued an eligibility determination notice stating that you were newly eligible to purchase a qualified health plan at full cost. The notice stated that you were not eligible to enroll in the Essential Plan because NYSOH did not receive the income documentation needed to verify the income listed in your application. This eligibility was effective May 1, 2017. This notice also stated that your child was eligible for Child Health Plus, effective May 1, 2017.

Also on March 23, 2017, NYSOH issued a disenrollment notice stating that your enrollment in the Essential Plan would end as of April 30, 2017, because you were no longer eligible to remain in your plan.

On March 27, 2017, you updated your household's application for financial assistance with health insurance.

On March 28, 2017, NYSOH issued a notice advising you that the income information you provided did not match what NYSOH had obtained from state and federal data sources, and NYSOH could not make a determination of your and your child's eligibility until you provided additional income documentation. This same notice requested that you submit income documentation by April 11, 2017.

Also on March 28, 2017, NYSOH issued a disenrollment notice stating that your child's coverage with his Child Health Plus plan would end on April 30, 2017 because he was no longer eligible for Child Health Plus.

On April 10, 2017, you uploaded income documentation to your NYSOH account.

On April 14, 2017, NYSOH reviewed the income documentation you submitted to your account, recalculated your income based on this documentation, updated your application based on this recalculated income, and submitted an application on your behalf.

On April 15, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan, effective May 1, 2017, and that your child was eligible for Child Health Plus, effective May 1, 2017.

On May 17, 2016, you selected an Essential Plan for enrollment for yourself and a Child Health Plus plan for your child.

Also on May 17, 2017 you spoke to NYSOH's Account Review Unit and appealed insofar as your Essential Plan and your child's Child Health Plus plan were terminated for the months of May 2017 and June 2017.

On May 18, 2017, NYSOH issue a notice of enrollment confirmation, based on your plan selection on May 17, 2017, stating that you were enrolled in an

Essential Plan effective July 1, 2017 and that your child was enrolled in a Child Health Plus plan effective July 1, 2017.

On August 28, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and left open for 14 days, to allow you to submit supporting documents.

As of closed of business on September 11, 2017, the Appeals Unit did not receive any documents from you and none were viewable in your NYSOH account. Therefore, the record was closed that same day and this decision is based on the record as developed at the time of the hearing.

Findings of Fact

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

- 1) You testified, and your application indicates, that you currently receive all of your notices from NYSOH via regular mail. You testified that from late December 2016 through April 2017 you had elected to receive notices from NYSOH via electronic mail. You explained that you were in the process of moving during this period, which is why you elected to receive electronic notices during those months.
- 2) Your NYSOH account reflects that on December 16, 2016 you updated your household's application for financial assistance. You testified that you were made aware that you needed to submit income documents at that time.
- 3) You testified that you faxed income documents on or around December 16, 2016.
- 4) NYSOH has not received any income documents from you via fax.
- 5) The Hearing Officer requested that you submit proof of submission of income documents on or around December 16, 2016. To date, no such proof has been submitted.
- 6) You testified that you did receive the December 17, 2016 eligibility determination stating that your eligibility was limited and that you needed to provide documentation of your household's income via regular mail.
- 7) NYSOH redetermined your household's eligibility on March 22, 2017. As a result, you were found ineligible for the Essential Plan as of April 30, 2017.

- 8) Your NYSOH account reflects that you contacted NYSOH to update your household's application on March 27, 2017. As a result of this update, you and your child were put into a Medicaid pending status and your child was disenrolled from his Child Health Plus plan as of April 30, 2017.
- 9) You testified that after the March 27, 2017 update, you thought you and your child were all set, and that all you needed to do was submit income documents.
- 10) Your NYSOH account reflects that on April 10, 2017, you uploaded income documents to your NYSOH account.
- 11) On April 14, 2017, NYSOH reviewed the income documentation you submitted and determined that this was sufficient proof of your income.
- 12) You testified that you did not receive an e-mail alert directing you to the April 15, 2017 notice of eligibility determination which directed you to select a plan for enrollment for yourself and your child, nor did you receive this notice via regular mail.
- 13) You testified that you did not know that you needed to select a plan for yourself and your child for enrollment until you attended a doctor's appointment in May 2017, at which time you were told that your coverage had ended as of April 30, 2017.
- 14) Your NYSOH account reflects that you selected an Essential Plan for enrollment for yourself and a Child Health Plus plan for enrollment for your child on May 17, 2017.
- 15) You testified that you are seeking to be reinstated into your Essential Plan and for your child to be reinstated into his Child Health Plus plan as of May 1, 2017.

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

Applicable Law and Regulations

Verification of Eligibility for the Essential Plan

NYSOH must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable federal

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poverty level (FPL) or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated (see 42 CFR § 600.305, 42 CFR § 435.603(d)(4), 45 CFR § 155.305(e), NY Social Services Law § 369-gg(3), 42 USC § 18051).

NYSOH must verify the eligibility of an applicant for the Essential Plan consistent with the standards set in 45 CFR § 155.315 and § 155.320 (New York's Basic Health Plan Blueprint, pgs. 16-17, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>; 42 CFR § 600.345(a)(2)).

An applicant is required to attest to their household's projected annual income. (45 CFR § 155.320(c)(3)(ii)(B)). For all individuals whose household income is needed, NYSOH must request tax return data from the Secretary of the Treasury and data regarding Social Security benefits from the Commissioner of Social Security in order to confirm that the information the applicant is attesting to is accurate (45 CFR § 155.320(c)(1)(i); 45 CFR § 155.320(c)(3)(ii)(A)).

If income data is unavailable, or if an applicant's attestation is not reasonably compatible with the income data NYSOH obtains, NYSOH must request additional information from the applicant in order to resolve the inconsistency (45 CFR § 155.320 (c)(3)(iii), (iv)).

NYSOH must provide the applicant with notice of the inconsistency in their account and 90 days to provide satisfactory documentary evidence to resolve the inconsistency (45 CFR § 155.315 (f)(2)). If NYSOH remains unable to verify the attestation of the applicant, NYSOH must redetermine the applicant's eligibility based on the information available from the data sources unless the applicant demonstrates that they are unable to provide the required documentation (45 CFR § 155.315(f)(2), (g)).

Upon making an eligibility redetermination, NYSOH must notify the applicant and implement any updates in eligibility to the Essential Plan effective the first day of the following month for changes received by NYSOH from the first to the fifteenth of any month (45 CFR § 155.420(b)(1)(i); see also 42 CFR § 600.320(c)). For updates received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR § 155.420(b)(1)(ii); see also 42 CFR § 600.320(c)).

Electronic Notices

Applicants may choose to receive notices and information from NYSOH either by electronic alerts or by regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant's account (42 CFR § 600.330(e); 42 CFR § 435.918(b)(4)).

Additionally, if an electronic alert regarding a notice in an individual's NYSOH account fails, NYSOH must send out the notice by regular mail within three days of the failed alert (42 CFR § 435.918(b)(5)).

Timely Notice of Essential Plan 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 applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

NYSOH uses the same timeliness standards for eligibility determinations for the Essential Plan as for Medicaid (42 CFR §600.320(b)). NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

Child Health Plus

The "period of eligibility" for Child Health Plus is "that period commencing on the first day of the month during which a child is an eligible child and enrolled or recertified for enrollment on an annual basis based on all required information and documentation and ending on the last day of the twelfth month following such date," unless the CHP premiums are not timely paid or the child no longer resides in New York State, gains access to or obtains other health insurance coverage, or becomes eligible for Medicaid (NY Public Health Law § 2510(6)).

"A State must specify a method for determining the effective date of eligibility for [Child Health Plus], which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between [Child Health Plus] and other insurance affordability programs

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as family circumstances change and avoids gaps or overlaps in coverage” (42 CFR § 457.340(f)).

The State of New York has provided that a child’s period of eligibility for Child Health Plus begins on the first day of the month during which a child is eligible. A child will become eligible on the first day of the next month, if the application is received by the 15th of the month; applications received after the 15th day of the month will be processed for the first day of the second following month (see e.g. State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

Child Health Plus – Income Verification

NYSOH is required to verify the eligibility of an applicant for CHP subsidy payments, which includes verifying the applicant’s household income. If NYSOH is unable to verify the applicant’s household income using available data sources, then NYSOH must request additional information from the applicant. NYSOH must provide the applicant with a reasonable period of time to furnish such information (42 CFR § 457.380; 42 CFR § 435.952(c)).

Timely Notice of Child Health Plus 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 applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

NYSOH must provide Medicaid applicants who are a child at least one year of age but younger than 19 years of age notice of their eligibility determination within 30 days from the date of the application (18 NYCRR §360-2.4(a)(3)(ii)). NYS has elected to use a common application for Medicaid and Child Health Plus, therefore the timeliness standards for Child Health Plus determinations are the same as those for Medicaid determinations (see State Plan Amendment NY-CSPA-19, approved March 22, 2012 and effective November 11, 2011).

Notice of Decision Concerning Eligibility

NYSOH must issue a written notice of eligibility for every application unless such application has been withdrawn, the applicant has died, or the application cannot be located (42 CFR § 600.330(e)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that your eligibility for the Essential Plan ended effective April 30, 2017.

An individual requesting financial assistance to help pay for the cost of coverage provided through NYSOH is required to attest to his or her household's projected annual income. For individuals seeking enrollment in the Essential Plan, NYSOH must request income data from federal data sources in order to verify an individual's income attestation.

If NYSOH cannot verify an individual's attestation, it must provide the individual with notice of the inconsistency and provide a period of 90 days from the date notice is received to resolve the inconsistency.

In the eligibility determination issued on December 17, 2016, you were advised that you were eligible for the Essential Plan for a limited time, and that you needed to confirm your household's income before March 16, 2017.

You testified, and your application indicates, that you currently receive all of your notices from NYSOH via regular mail. You testified that from late December 2016 through April 2017 you had elected to receive notices from NYSOH via electronic mail. You explained that you were in the process of moving during this period, which is why you elected to receive electronic notices during those months. You testified that you did receive the December 17, 2016 eligibility determination stating that your eligibility was limited and that you needed to provide documentation of your household's income via regular mail.

Therefore, NYSOH properly notified you of an inconsistency in your account and that documentation was needed to confirm the income you listed in the account.

You testified that you faxed income documents on or around December 16, 2016. However, there is no evidence in the file that NYSOH had received any income documents from you via fax in December 2016. The Hearing Officer requested that you submit proof of submission of income documents on or around December 16, 2016. To date, no such proof has been submitted.

If NYSOH remains unable to verify the attestation of the applicant, NYSOH must redetermine an individual's eligibility based on the information available from the

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data sources unless the applicant demonstrates that they are unable to provide the required documentation.

Accordingly, your eligibility for the Essential Plan terminated as of April 30, 2017 because you did not submit documentation and did not adequately demonstrate that you could not provide documentation to confirm your income.

Therefore, the March 23, 2017 eligibility determination notice and the March 23, 2017 disenrollment notice are AFFIRMED.

The second issue is whether NYSOH provided you with a timely determination of your Essential Plan eligibility as of May 1, 2017 and your child's Child Health Plus eligibility as of May 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 March 27, 2017. The income amount that was entered into this application did not match state and federal data sources. As a result, NYSOH asked that you submit documentation to confirm your income.

On April 10, 2017, you uploaded income documentation to your account.

Therefore, your application was considered complete as of April 10, 2017 for purposes of issuing an eligibility determination.

NYSOH must provide Medicaid and Essential Plan applicants notice of their eligibility determination within 45 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 must provide applicants who are a child at least one year of age but younger than 19 years 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.

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NYSOH issued an eligibility determination notice on April 15, 2017 that stated that you were eligible for the Essential Plan effective May 1, 2017 and that your child was eligible for Child Health Plus effective May 1, 2017. Since NYSOH issued an eligibility determination five days from the date your application was considered complete, the April 15, 2017 eligibility determination was timely.

The third issue is whether NYSOH properly determined that your enrollment in the Essential Plan was effective July 1, 2017 and that your child's enrollment in Child Health Plus was effective July 1, 2017

The date on which enrollment in an Essential 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 goes into effect on the first day of the following month. A plan that is selected from the sixteenth day of the month to the end of the month goes into effect on the first day of the second following month.

The date on which a Child Health Plus plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected between the first day and fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected from the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

You testified that you had previously elected to receive alerts regarding notices from NYSOH electronically from late December 2016 through April 2017. You credibly testified that you did not receive any electronic alert regarding the notice that directed you to select a plan for enrollment for yourself and your child. There is no evidence in your account showing that any email alerts were sent to you regarding the need to select a plan for enrollment, that any such electronic notice failed, or that the notice was later sent to you by regular mail.

Therefore, it is concluded that NYSOH did not give you the required notice that you needed to select a plan for enrollment for yourself and your child.

Had you been properly notified of the need to select a plan for enrollment for yourself and your child, you would have been able to select an Essential Plan for yourself and a Child Health Plus plan for your child as soon as April 15, 2017.

Had you selected an Essential Plan as of April 15, 2017, your enrollment in your Essential Plan would have taken effect on the first day of the first month following after April 2017; that is, on May 1, 2017.

Had you selected a Child Health Plus plan for your child as of April 15, 2017, your child's enrollment in her Child Health Plus plan would have taken effect on the first day of the first month following after April 2017; that is, on May 1, 2017.

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).

Therefore, the May 18, 2017 enrollment confirmation notice is MODIFIED to state that your enrollment in your Essential Plan was effective May 1, 2017 and that your child's enrollment in his Child Health Plus plan was effective May 1, 2017.

Decision

The March 23, 2017 notice of eligibility determination is AFFIRMED.

The March 23, 2017 disenrollment notice is AFFIRMED.

The May 18, 2017 enrollment confirmation notice is MODIFIED to state that your enrollment in your Essential Plan was effective May 1, 2017 and that your child's enrollment in his Child Health Plus plan was effective May 1, 2017.

Your case is RETURNED to NYSOH to enroll you in your Essential Plan as of May 1, 2017 and to enroll your child in his Child Health Plus plan as of May 1, 2017.

Effective Date of this Decision: September 15, 2017

How this Decision Affects Your Eligibility

NYSOH properly found you ineligible to enroll in the Essential Plan effective April 1, 2017 because you did not provide documentation of your household's income.

Your reenrollment in your Essential Plan should have begun as of May 1, 2017.

Your child's reenrollment in his Child Health Plus plan should have begun as of May 1, 2017.

Your case is being sent back to NYSOH to enroll you in your Essential Plan as of May 1, 2017 and to enroll your child into his Child Health Plus plan as of May 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.

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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

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Summary

The March 23, 2017 notice of eligibility determination is AFFIRMED.

The March 23, 2017 disenrollment notice is AFFIRMED.

NYSOH properly found you ineligible to enroll in the Essential Plan effective April 1, 2017 because you did not provide documentation of your household's income.

The May 18, 2017 enrollment confirmation notice is MODIFIED to state that your enrollment in your Essential Plan was effective May 1, 2017 and that your child's enrollment in his Child Health Plus plan was effective May 1, 2017.

Your reenrollment in your Essential Plan should have begun as of May 1, 2017.

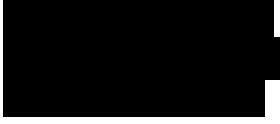
Your child's reenrollment in his Child Health Plus plan should have begun as of May 1, 2017.

Your case is RETURNED to NYSOH to enroll you in your Essential Plan as of May 1, 2017 and to enroll your child in his Child Health Plus plan as of May 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。我们可以为您提供相应语种的口译服务。

Italiano (Italian)

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

한국어 (Korean)

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

Русский (Russian)

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

العربية (Arabic)

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

বাংলা (Bengali)

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

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Français (French)

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

हिंदी (Hindi)

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

日本語 (Japanese)

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

नेपाली (Nepali)

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

Polski (Polish)

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

Twi (Twi)

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

(Urdu) اردو

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

Tiếng Việt (Vietnamese)

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

אידיש (Yiddish)

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

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