



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

Notice of Decision

Decision Date: October 27, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019278

[REDACTED]

Dear [REDACTED],

On September 11, 2017, you and your spouse appeared by telephone at a hearing on your appeal of NY State of Health's May 13, 2017 enrollment confirmation notice and the May 26, 2017 eligibility determination notice.

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

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

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

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the 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).

This page intentionally left blank.



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

Decision

Decision Date: October 27, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019278



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 the health plans you, your spouse, and you children enrolled in became effective no earlier than June 1, 2017?

Did NYSOH properly determine your spouse and your children were ineligible for retroactive Medicaid coverage for the months of February, April, and May 2017?

Procedural History

On December 5, 2016, NYSOH issued a notice stating you, your spouse, and your children were covered by Medicaid through your local department of social services (LDSS) until February 28, 2017. The notice further stated that you had to renew your coverage through NYSOH by logging into the account that had been set up for you between January 16, 2017 and February 15, 2017 to complete the renewal application.

On February 15, 2017, NYSOH reviewed the application for health insurance submitted on behalf of your family.

On February 16, 2017, NYSOH issued a notice stating the information in your application did not match information obtained from state and federal data sources. The notice directed you to submit proof of your household income by March 2, 2017 or NYSOH would not be able to determine your family's eligibility

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).

for health insurance. That notice contained a “Documentation List” listing acceptable forms of documentation to prove different types of income. The list indicated that to prove wages an applicant must submit paycheck stubs for the last four weeks or a signed and dated letter from the employer on company letterhead.

On March 4, 2017, NYSOH issued a notice indicating the documentation you submitted was insufficient to verify the information in your application. You were directed to submit additional documentation of your household income by April 1, 2017. This document also contained a “Documentation List.”

On March 29, 2017, NYSOH issued another notice indicating the documentation you submitted was insufficient to verify the information in your application. You were directed to submit additional documentation of your household income by April 16, 2017. This document also contained a “Documentation List.”

On March 30, 2017, NYSOH issued an eligibility determination, based on a March 29, 2017 systematic redetermination of your February 15, 2017 application, stating the information in your application did not match information obtained from state and federal data sources. The notice directed you to submit proof of your household income by April 1, 2017 for your spouse and your children and by April 16, 2017 for you or NYSOH would not be able to determine your family’s eligibility for health insurance. That notice contained a “Documentation List.”

On April 12, 2017, NYSOH issued an eligibility determination notice, based on the April 11, 2017 systematic eligibility redetermination, stating your spouse and your children were eligible to purchase a qualified health plan at full cost, effective May 1, 2017. The notice indicated that your spouse and your children were not eligible for financial assistance, because NYSOH did not receive the requested information to verify your household income by the due date.

Also on April 12, 2017, NYSOH issued a notice indicating that eligibility for you and your youngest child could not be determined unless NYSOH received documentation sufficient to verify the income information in your application by April 16, 2017. That notice contained a “Documentation List.”

On April 15, 2017, NYSOH issued a notice stating the documentation you submitted was insufficient to verify the information in your application. You were directed to submit additional documentation of your household income by May 1, 2017. This document also contained a “Documentation List.”

On April 24, 2017, NYSOH systematically redetermined the eligibility of you, your spouse, and your children.

On April 25, 2017, NYSOH issued an eligibility determination notice stating you and your spouse were eligible to enroll in the Essential Plan with a \$20.00 monthly premium and your children were eligible to enroll in Child Health Plus with no monthly premium, effective June 1, 2017.

On May 13, 2017, NYSOH issued an enrollment notice, based on your May 12, 2017 plan selections, confirming you and your spouse were enrolled in an Essential Plan and your children were enrolled in a Child Health Plus plan, all effective June 1, 2017.

On May 25, 2017, NYSOH received an updated application for health insurance submitted on behalf of your family. That application requested retroactive coverage for your spouse and your children for the months of February, March and April 2017. The same day, NYSOH prepared a preliminary eligibility determination denying the request for retroactive coverage for your spouse and your children.

Also on May 25, 2017, your spouse spoke to NYSOH's Account Review Unit and appealed insofar as the health plans you, your spouse, and your children enrolled in were not effective May 1, 2017.

On May 26, 2017, NYSOH issued an eligibility determination notice denying retroactive coverage for your spouse and your children for the months of February, March and April 2017. The notice stated that the reason for the denial was because the programs your spouse and children were eligible for could not pay for any care received in the past.

On September 11, 2017, you and your spouse had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was held open to September 24, 2017 to allow you to submit supporting documentation. No documentation was received by the deadline and the record closed thereafter.

Findings of Fact

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

- 1) You, your spouse, and your children were enrolled in Medicaid through your LDSS until February 28, 2017.
- 2) On December 5, 2016, NYSOH issued a notice advising that you had to renew your coverage for the upcoming coverage year through NYSOH between January 16, 2017 and February 15, 2017.
- 3) NYSOH received your initial application on February 15, 2017. That application listed your annual household income as \$67,599.99

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).

consisting solely of income your spouse earned through his employment at a rate of \$1,300.00 weekly.

- 4) According to your account, NYSOH was unable to verify the income information listed in your application and income documentation was requested prior to NYSOH determining your family's eligibility.
- 5) The February 16, 2017 eligibility determination notice contained a "Documentation List" listing acceptable forms of documentation to prove different types of income. The list indicated that to prove wages an applicant must submit paycheck stubs for the last four weeks or a signed and signed and dated letter from the employer on company letterhead.
- 6) On February 23, 2017, NYSOH received a word document uploaded to your account purportedly from your employer indicating you earn \$1,320.00 per week. The document was not on company letter head, did not include the name of the employer, and did not indicate if the income amount cited was gross or net income. This document was invalidated by NYSOH on March 3, 2017 and additional documentation was requested.
- 7) On March 21, 2017, NYSOH received four paystubs submitted on your behalf. The paystubs were for pay dates of February 17, 2017, February 24, 2017, March 3, 2017, and March 17, 2017. This documentation was invalidated by NYSOH, because the paystubs were not consecutive. Additional documentation was requested.
- 8) On April 11, 2017 additional weekly pay stubs were uploaded on your behalf for pay dates of March 24, 2017 and March 31, 2017. This documentation was invalidated, because NYSOH was still not in receipt of four consecutive weeks of pay stubs.
- 9) On April 22, 2017, NYSOH receipt an additional weekly paystub submitted on your behalf for a pay date of April 7, 2017. This was the first date that NYSOH was in receipt of four consecutive weeks of pay stubs.
- 10) Your income documentation was validated and NYSOH recalculated your annual household income, based on the average gross income listed in paystubs submitted, as \$84,824.48.
- 11) Your application was systematically updated on April 24, 2017 with the recalculated income amount. You and your spouse were determined eligible to enroll in the Essential Plan and your children were

determined eligible for Child Health Plus. This eligibility was effective, June 1, 2017.

- 12) According to your account, health plans were selected for you, your spouse, and your children on May 12, 2017 and coverage through those plans became effective on June 1, 2017.
- 13) On May 24, 2017, an updated application for financial assistance was submitted on behalf of your family. That application requested retroactive coverage for your spouse and your children for the months of February, March, and April 2017.
- 14) The eligibility determination notice issued by NYSOH on May 26, 2017 indicated that the request for retroactive coverage for your spouse and your children was denied, because the programs they were eligible for could not pay for care they received in the past.
- 15) You appealed insofar as the plans you, your spouse, and your children enrolled in were not effective May 1, 2017.
- 16) At the hearing, you also requested review of the May 26, 2017 denial of retroactive coverage for your spouse and your children for the months of March and April 2017 and the issue under appeal was amended accordingly. You were advised that there was insufficient documentation of your household income for the months of March and April 2017. You were directed to submit your March 10, 2017 paystub and all pay stubs for paychecks received in the month of April 2017 by September 24, 2017 for a review of your family's eligibility for retroactive Medicaid coverage. No additional documentation was received.
- 17) Your spouse testified that she only received the "renewal packet" a week or two before the renewal date and that was insufficient time to complete the renewal and submit all the necessary documents.
- 18) Your account confirms that you have elected to receive your communication from NYSOH by regular mail and there is no record of any notice issued to you by NYSOH being returned as undeliverable.
- 19) Your spouse testified that your LDSS usually sends out renewal packets six weeks in advance to allow for mistakes and errors and their failure to do so in this case caused the gap in your family's coverage for the months of March, April, and May 2017.

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

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).

Applicable Law and Regulations

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)). 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)).

Essential Plan - Effective Dates of Enrollment

For individuals seeking enrollment in an Essential Plan, New York State has elected to follow the same rules that NYSOH uses in determining effective dates for individuals seeking enrollment in qualified health plans (NY Social Services Law § 369-gg(4)(c); New York's Basic Health Plan Blueprint, p. 16, as approved January 2016; see www.medicaid.gov/basic-health-program/downloads/ny-blueprint.pdf).

The effective date of coverage by an Essential Plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i); see *also* 42 CFR § 600.320). For selections 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 §§ 155.410(f)(2), 155.420(b)(1)(ii)).

Child Health Plus – Effective Dates of Enrollment

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

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).

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).

Retroactive Medicaid

The Department of Health must make Medicaid coverage start retroactively for up to three months prior to the month of an initial application if the individual received medical services that would have been covered under Medicaid and the individual would have been eligible for Medicaid at the time he received the services if he had applied (42 USCA § 1396A(34); 42 CFR § 435.915(a)). The Department of Health may make eligibility effective for fee-for-service Medicaid on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that the health plans you, your spouse, and your children enrolled in became effective no earlier than June 1, 2017.

You, your spouse, and your children were enrolled in Medicaid coverage through your LDSS until February 28, 2017. Although your spouse testified that she only received the "renewal packet" from LDSS a week or two before the renewal date and that was insufficient time to complete the renewal and submit all the necessary documents, your account confirms that NYSOH issued you a notice on December 5, 2016, advising that you had to renew your coverage for the upcoming coverage year through NYSOH by logging onto your account and completing the renewal application between January 16, 2017 and February 15, 2017. The address on that notice is the same as the mailing address listed in your account and there is no record of any notice issued by NYSOH being returned as undeliverable.

Therefore, the Appeals Unit finds that NYSOH provided you with adequate notice, more than two months in advance, that your renewal for the upcoming coverage year had to be completed by February 15, 2017.

According to your account, NYSOH received your initial application on February 15, 2017. That application listed your annual household income as \$67,599.99 consisting solely of income your spouse earned through his employment at a rate

of \$1,300.00 weekly. According to your account, NYSOH was unable to verify the income information listed in your application.

Pursuant to the above cited regulations, for all individuals whose household income is needed to determine their eligibility for health insurance, 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.

In the notice issued by NYSOH on February 16, 2017, you were notified of an inconsistency in your application and you were directed to submit income documentation to confirm your attested income amount. That notice included a "Documentation List" which indicated that to prove wages an applicant must submit paystubs for the last four weeks or a letter from the employer, signed and dated and on company letter head.

Although your account confirms that various documents were submitted throughout February, March, and April 2017, it is concluded that sufficient documentation to confirm your household income, in compliance with the various document requests issued, was not received by NYSOH until April 22, 2017, when NYSOH first received four consecutive weeks of paystubs. NYSOH recalculated your annual household income, based on the average gross income listed in your paystubs, as \$84,824.48. Your application was systematically updated on April 24, 2017 with the recalculated income amount. You and your spouse were determined eligible to enroll in the Essential Plan and your children were determined eligible for Child Health Plus, effective, June 1, 2017.

Your account confirms that health plans were selected for you, your spouse, and your children on May 12, 2017 and coverage through those plans became effective on June 1, 2017. You appealed insofar as the plans you, your spouse, and your children enrolled in were not effective May 1, 2017.

According to the regulations, the date an Essential Plan or a Child Health Plus plan becomes effective depends on the date on which it is selected. A plan that is selected from the first day to the fifteenth day of any month will be effective on the first day of the following month. However, plans selected from the sixteenth to the last day of any month, will not be effective until the first day of the second following month.

Since your account confirms your family's health plans were selected on May 12, 2017, before the fifteenth day of the month, those plans properly became effective on the first day of the next following month; that is, on June 1, 2017.

Accordingly, the May 13, 2017 enrollment confirmation notice stating you, your spouse, and your children were enrolled in health plans, effective June 1, 2017, was correct and is AFFIRMED.

It is noted that although your spouse testified that the reason for the gap in your family's health coverage was inadequate notice of the renewal date, as discussed above, the evidence establishes NYSOH provided you with adequate notice, more than two months in advance, of the need to renew your family's coverage through NYSOH. The evidence establishes that the delay in receiving an eligibility determination through NYSOH was the direct result of underreporting your annual household income in your February 15, 2017 application thereby requiring documentation to confirm your actual income. It is further concluded that your failure to comply with the numerous document requests compounded the delay in determining your family's eligibility

The second issue under review is whether NYSOH properly determined that your spouse and your children were ineligible for retroactive Medicaid coverage for the months of April, and May 2017.

During the hearing, you testified you were also seeking review of the May 26, 2017 notice denying the request for retroactive coverage for your spouse and your children for the months of March and April 2017 and the issue under review was amended accordingly. That notice indicated that the request was denied, because the programs your spouse and your children were eligible for could not pay for any care you received in the past.

Pursuant to the regulations, when an individual files an initial application, his or her eligibility for retroactive Medicaid depends on the date of application. To this end, it does not matter whether that initial application resulted in Medicaid going forward. Instead, an individual, who has filed an initial application for Medicaid through NYSOH, has the right to be evaluated for Medicaid for the three months before the month of his or her application.

Therefore, the basis for the denial of retroactive coverage for your spouse and your children as stated in the May 26, 2017 notice is not supported by the regulations. However, notwithstanding this, there is insufficient evidence in the record to establish that your spouse and your children were eligible for retroactive Medicaid coverage for the months of March and April 2017.

At the hearing, you were directed to submit your March 10, 2017 paystub and all pay stubs for paychecks received in the month of April 2017 by September 24, 2017 for a review of your family's eligibility for retroactive Medicaid coverage. However, no such documentation was received. Thus, the Appeals Unit is without sufficient evidence to overturn NYSOH's May 26, 2017 determination that your spouse and your children were ineligible for retroactive Medicaid coverage

for the months of March and April 2017. Thus, that determination must be AFFIRMED.

Decision

The May 13, 2017 enrollment confirmation notice is AFFIRMED.

The May 26, 2017 notice denying your spouse and your children retroactive Medicaid coverage for the months of March and April 2017 is AFFIRMED.

Effective Date of this Decision: October 27, 2017

How this Decision Affects Your Eligibility

This decision does not change the eligibility of you, your spouse, or your children.

The enrollment of you and your spouse in the Essential Plan became effective on June 1, 2017.

The enrollment of your children in Child Health Plus became effective on June 1, 2017.

There is insufficient evidence in the record to determine your spouse and your children were eligible for retroactive Medicaid coverage in the months of March and April 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 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 have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:
Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

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

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

You can contact us in any of the following ways:

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

Summary

The May 13, 2017 enrollment confirmation notice is AFFIRMED.

The May 26, 2017 notice denying your spouse and your children retroactive Medicaid coverage for the months of March and April 2017 is AFFIRMED.

This decision does not change the eligibility of you, your spouse, or your children.

The enrollment of you and your spouse in the Essential Plan became effective on June 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).

The enrollment of your children in Child Health Plus became effective on June 1, 2017.

There is insufficient evidence in the record to determine your spouse and your children were eligible for retroactive Medicaid coverage in the months of March and April 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 مجاناً.

বাংলা (Bengali)

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

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

Français (French)

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

हिंदी (Hindi)

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

日本語 (Japanese)

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

नेपाली (Nepali)

यो एउटा 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 b e tumi ama wo obi a okyer e 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.

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 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).