



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

### Notice of Decision

Decision Date: October 24, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000019531

[REDACTED]

Dear [REDACTED],

On September 7, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health’s April 11, 2017 eligibility determination and disenrollment notices, and the October 1, 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.

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

## Decision

Decision Date: October 24, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000019531

[REDACTED]

## Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health (NYSOH) properly determine your eligibility for and enrollment in your qualified health plan ended, effective April 30, 2017?

Since your April 30, 2017 disenrollment, did you qualify to select a health plan outside the open enrollment period for 2017?

## Procedural History

On December 28, 2016, NYSOH issued an eligibility determination notice stating you were conditionally eligible to purchase a qualified health plan at full cost, effective February 1, 2017. The notice further stated that NYSOH was checking federal data sources to confirm your immigration status and would contact you if proof of your immigration status was needed.

Also on December 28, 2016, NYOSH issued an enrollment notice confirming your enrollment in a qualified health plan (QHP), effective February 1, 2017.

On January 6, 2017, NYSOH issued an eligibility determination notice, based on a January 5, 2017 systematic eligibility redetermination, stating you were conditionally eligible to purchase a qualified health plan at full cost, effective February 1, 2017. The notice directed you to submit proof of your immigration status by April 5, 2017 to confirm your eligibility or you might lose your insurance or receive less help paying for your coverage. The notice included a

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“Documentation List” providing various types of acceptable documents to prove different types of immigration statuses.

On April 10, 2017, NYSOH systematically redetermined your eligibility.

On April 11, 2017, NYSOH issued an eligibility determination notice stating you were no longer eligible to enroll in health insurance through NYSOH, effective May 1, 2017, because you did not provide proof of your immigration status to confirm your eligibility.

Also on April 11, 2017, NYSOH issued a disenrollment notice stating your enrollment in your QHP would end on April 30, 2017, because you were no longer eligible to enroll in the plan.

On May 15, 2017, NYSOH received several updated applications for health insurance submitted on your behalf.

On May 16, 2017, NYSOH issued an eligibility determination notice stating you were no longer eligible for health insurance through NYSOH, effective June 1, 2017, because NYSOH could not verify your immigration status.

On June 6, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as you were not eligible to enroll in a QHP.

On September 7, 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.

On October 1, 2017, NYSOH issued an eligibility determination notice, based on a systematic eligibility redetermination, stating you were eligible to purchase a QHP at full cost, effective November 1, 2017. The notice further stated that you did not qualify to select a health plan outside the open enrollment period for 2017.

## **Findings of Fact**

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

- 1) You submitted several applications on December 13, 2017 and December 14, 2017. Each application listed your immigration status as “[REDACTED]” and listed an I-94 arrival/ departure record with an August 31, 2017 expiration date as documentation of that status.

- 2) You were determined conditionally eligible to enroll in a full cost QHP while NYSOH attempted to verify your immigration status. You enrolled in a plan, effective January 1, 2017.
- 3) According to your account, NYSOH was unable to verify your attested immigration status with federal data sources and your QHP enrollment was cancelled, effective January 1, 2017.
- 4) On December 27, 2016, you contacted NYSOH and an updated application was submitted on your behalf changing your immigration documentation to an Employment Authorization Card with an August 31, 2017 expiration date.
- 5) You were reenrolled into a QHP effective February 1, 2017.
- 6) The eligibility determination notice issued on December 28, 2017 indicated that your eligibility to enroll in a QHP was conditional and NYSOH was checking federal data sources to verify your attested immigration status.
- 7) According to your account, NYSOH systematically redetermined your eligibility on January 5, 2017 and agreed to backdate your coverage to January 1, 2017.
- 8) The January 6, 2017 eligibility determination notice indicated your eligibility was conditional and directed you to submit documentation confirming your immigration status by April 5, 2017. The notice included a "Documentation List" providing various types of acceptable documents to prove different types of immigration statuses. That list indicated that acceptable documentation of a non-immigrant visa holder status included an employment authorization card, stamp in your passport, I-797 USCIS Notice of Action, or an I-94 arrival/ departure record.
- 9) On January 6, 2017, a copy of a form G-845 Document Verification Request from the [REDACTED] was uploaded to your account. This document contained no information about your current immigration status. You testified that you know nothing about this form.
- 10) On February 21, 2017, your eligibility was systematically redetermined and NYSOH issued another eligibility determination notice stating you continued to be conditionally eligible to enroll in a QHP. The notice again directed you to submit proof of your immigration status by April 5, 2017.
- 11) No additional immigration documentation was received by NYSOH by April 5, 2017.

- 12) On April 10, 2017, NYSOH systematically redetermined your eligibility and determined you were no longer eligible for health insurance through NYSOH, because you failed to submit documentation to verify your immigration status by the deadline. You were disenrolled from your QHP on April 30, 2017.
- 13) You testified, and your account confirms, you receive all your NYSOH notices by regular mail.
- 14) You testified that you did not receive the January 6, 2017 or the February 22, 2017 eligibility determination notices directing you to submit proof of your immigration status by April 5, 2017. You confirmed that the mailing address listed on those notices was your correct mailing address.
- 15) You testified that you moved in January 2017 from [REDACTED] to [REDACTED], but your spouse remained in [REDACTED] and you continued to receive mail at that address. You testified that you had your mail forwarded to your [REDACTED] address at that time.
- 16) You testified that you did not receive the April 11, 2017 eligibility determination or disenrollment notices issued to you by NYSOH. You confirmed the mailing address listed on those notices was your correct mailing address at that time.
- 17) There is no record of any notice issued to you by NYSOH being returned as undeliverable.
- 18) On May 15, 2017, NYSOH received a copy of your I-94 admission record indicating your admission class was "[REDACTED]" and you had an "admit until date" of August 31, 2017. Your application was updated to list your I-94 record as your immigration documentation.
- 19) Notes in your account from May 19, 2017 indicate that "No action [was] taken" by NYSOH following receipt of your immigration documentation. The note indicated that "An immigration document is on the account but the Immigration Request has been satisfied and the document doesn't show a change in immigration status."
- 20) On May 16, 2017, NYSOH issued an eligibility determination notice stating you were no longer eligible for health insurance through NYSOH, effective June 1, 2017, because NYSOH was unable to verify your immigration status.
- 21) You appealed insofar as you were no longer eligible to enroll in health insurance through NYSOH.

- 22) On July 19, 2017, NYSOH received updated immigration documentation for you including an I-797A Notice of Action indicating an extension of your H1B immigration status had been approved with an expiration date of [REDACTED].
- 23) According to your account, your eligibility was systematically redetermined on September 30, 2017 and you were found eligible to purchase a QHP at full cost; however, you did not qualify to select a health plan outside of the open enrollment period for 2017.
- 24) You have not had insurance since April 30, 2017.
- 25) You testified that you did not submit immigration documentation until May 2017, because you did not know you had to.
- 26) You testified that aside from moving in January 2017, there have been no significant changes in your household since applying for insurance through NYSOH.

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 qualified health plan 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 qualified health plan, 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 5 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)).

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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 qualified health plan and enrollees may change qualified health plans (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 qualified health plan, 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 qualified health plan because he or she gains citizenship, status as a national, or lawful present or is no longer incarcerated.

(4) The qualified individual's or his or her dependent's, enrollment or non-enrollment in a qualified health plan 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 qualified health plan 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 change in eligibility for cost-sharing reductions.

(7) The qualified individual or enrollee, or his or her dependent, gains access to new qualified health 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 qualified health plan 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 qualified health plan; 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 qualified health plan (45 CFR § 155.420(c)(1)).

## Legal Analysis

The first issue under review is whether NYSOH properly determined your eligibility for and enrollment in your qualified health plan ended, effective [REDACTED].

On [REDACTED], you contacted NYSOH and an updated application was submitted on your behalf changing your immigration documentation to an [REDACTED] expiration date. You

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were determined conditionally eligible to purchase a qualified health plan at full cost. The eligibility determination notice issued on December 28, 2016 indicated NYSOH was checking federal data sources to confirm your immigration status and would contact you if proof of your immigration status was needed.

According to your account, NYSOH systematically redetermined your eligibility on January 5, 2017. The January 6, 2017 eligibility determination notice indicated your eligibility was still conditional and directed you to submit documentation confirming your immigration status by April 5, 2017. The notice included a "Documentation List" providing various types of acceptable documents to prove different types of immigration statuses. That list indicated that acceptable documentation of a non-immigrant visa holder status included an employment authorization card, stamp in your passport, I-797 USCIS Notice of Action, or an I-94 arrival/ departure record.

On January 6, 2017, a copy of a form G-845 Document Verification Request from the Department of Homeland Security was posted to your account. This document contained no information about your current immigration status; therefore, this document was insufficient to verify your immigration status.

On February 21, 2017, your eligibility was systematically redetermined and NYSOH issued another eligibility determination notice stating you continued to be conditionally eligible to enroll in a QHP. The notice again directed you to submit proof of your immigration status by April 5, 2017. No additional immigration documentation was received by NYSOH by April 5, 2017 and on April 10, 2017, NYSOH systematically redetermined your eligibility and determined you were no longer eligible for health insurance through NYSOH, because you failed to submit documentation to verify your immigration status by the deadline. You were disenrolled from your QHP on April 30, 2017.

Pursuant to the above cited regulations, 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. 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 and 90 days to provide satisfactory documentary evidence, from the date the notice of inconsistency is received by the applicant. Notice is considered received 5 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. 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.

In the present case, NYSOH issued notices on January 6, 2017 and February 22, 2017 indicating that it was unable to verify your immigration status and directing you to submit proof of said status by April 5, 2017. Although you testified that you

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did not receive those notices, you confirmed that the mailing address listed on those notices was your correct mailing address at that time and there is no record of any notice issued to you by NYSOH being returned as undeliverable. Accordingly, it is concluded that, based on the evidence, NYSOH properly notified you of the need to submit documentation establishing a sufficient immigration status by April 5, 2017 to confirm your eligibility for health insurance.

According to your account, NYSOH did not receive sufficient documentation of your immigration status by the April 5, 2017 deadline. As a result, NYSOH was unable to verify you possessed a satisfactory immigration status, as required under the regulations; therefore, you were properly determined ineligible to enroll in health insurance through NYSOH and disenrolled from your QHP, effective April 30, 2017.

Therefore, the [REDACTED] eligibility determination and disenrollment notices stating your eligibility for and enrollment in a qualified health plan ended, effective April 30, 2017, was correct and is [REDACTED].

The second issue under review is whether you qualified to select a health plan outside the open enrollment period for 2017 since your April 30, 2017 disenrollment.

As discussed above, you were properly disenrolled from your qualified health plan on [REDACTED], because you failed to timely submit documentation necessary to confirm your immigration status.

On May 15, 2017, NYSOH received a copy of your [REDACTED] indicating your admission class was [REDACTED]" and you had an "admit until date" of [REDACTED]. Although this document appears to be valid proof of a sufficient immigration status at the time, it was submitted after the deadline to confirm your eligibility. As a result, the eligibility determination notice issued by NYSOH on May 16, 2017, indicated that you were no longer eligible for health insurance, because NYSOH could not verify your immigration status.

Your account confirms that you submitted updated immigration documentation on [REDACTED], including an I-797A Notice of Action indicating an extension of your [REDACTED] immigration status had been approved with an expiration date of [REDACTED]. According to your account, this documentation was verified and your eligibility was systematically redetermined on [REDACTED]. The eligibility determination notice issued by NYSOH on [REDACTED] indicated that you were eligible to purchase a QHP at full cost, effective [REDACTED]; however, you did not qualify to select a health plan outside the open enrollment period for [REDACTED].

NYSOH provided an open enrollment period from November 1, 2016 until January 31, 2017. You were disenrolled from your qualified health plan on April 30, 2017 and all the subsequent applications and systematic eligibility redeterminations have occurred outside that open enrollment period.

Pursuant to the regulations, 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.

In the present case, there is no evidence in the record to establish grounds for a special enrollment period. You testified that there have been no changes to your household in 2017 aside from moving to New York in January 2017. It is noted that while a permanent move may constitute a triggering event, a resulting special enrollment period runs for 60 days from the date of that triggering event. Thus, any special enrollment period you would have qualified for as a result of your move in January 2017 would have expired prior to your [REDACTED] disenrollment.

Although the record confirms you did lose health coverage as a result of the [REDACTED] [REDACTED] disenrollment, the loss of health insurance coverage in this case cannot be considered a triggering event for a special enrollment period, because it was a result of your failure to timely submit the requested documentation necessary to confirm your eligibility. NYSOH considers this a voluntary action causing the termination of your coverage, thus it does not constitute a triggering event.

Additionally, there is no evidence that your enrollment or non-enrollment in your QHP was unintentional, inadvertent, or erroneous and was 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. Thus, the credible evidence of record indicates that, since your [REDACTED] disenrollment from your qualified health plan, you did not experience a triggering event that would qualify you for a special enrollment period as of the date of the hearing.

Therefore, the [REDACTED] eligibility determination notice, to the extent it denied you a special enrollment period, was correct and is [REDACTED].

## **Decision**

The April 11, 2017 eligibility determination and disenrollment notices are [REDACTED].

The [REDACTED] eligibility determination notice, to the extent it denied you a special enrollment period, was correct and is [REDACTED].

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

**Effective Date of this Decision:** [REDACTED]

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

You 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
- 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.

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## **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 [REDACTED] eligibility determination and disenrollment notices are [REDACTED].

The [REDACTED] eligibility determination notice, to the extent it denied you a special enrollment period, was correct and is [REDACTED].

You 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 मददत चाहन्छि भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोलने 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 srɛ wo, frɛ 1-855-355-5777. yɛbɛtumi ama wo obi a okyerɛ kasa a woka no ase ama wo kwa a wontua hwee.

## **(Urdu) اردو**

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

## **Tiếng Việt (Vietnamese)**

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

## **אידיש (Yiddish)**

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א 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).