



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

## Notice of Decision

Decision Date: September 22, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000019776

[REDACTED]

On September 18, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 9, 2017 eligibility determination notice, the May 10, 2017 eligibility determination notice, the June 6, 2017 disenrollment notice, and the June 15, 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 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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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: September 22, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000019776

[REDACTED]

## Issues

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

Was your appeal of NY State of Health's March 9, 2017 eligibility determination notice timely?

Did NY State of Health properly determine that your eligibility for advance payments of the premium tax credit ended effective April 1, 2017?

Did NY State of Health properly determine that your eligibility for advance payments of the premium tax credit was effective June 1, 2017?

Did NY State of Health properly terminate your qualified health plan for non-payment of premiums, effective April 30, 2017?

Did NY State of Health properly determine that you do not qualify to enroll in a qualified health plan outside of the open enrollment period, effective July 1, 2017?

## Procedural History

On December 2, 2016, you submitted an application for financial assistance with health insurance.

On December 3, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you were eligible to receive up to \$171.00 per month in advance payments of the premium tax credit (APTC) for a limited time, effective

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January 1, 2017. The notice further directed you to provide documentation confirming your income before March 2, 2017.

Also on December 3, 2016, NYSOH issued a notice confirming your enrollment in qualified health plan with APTC, effective January 1, 2017.

On March 9, 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 receive APTC or cost-sharing reductions because NYSOH did not receive the income documentation needed to verify the income listed in your application. This eligibility was effective April 1, 2017.

Also on March 9, 2017, NYSOH issued an enrollment confirmation notice stating that you were enrolled in a qualified health plan with \$0.00 of APTC applied to your premium.

On May 9, 2017, you updated your application for financial assistance.

On May 10, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to receive up to \$171.00 per month in APTC for a limited time, effective June 1, 2017. The notice further directed you to provide documentation confirming your income before August 7, 2017.

Also on May 10, 2017, NYSOH issued a notice confirming your enrollment in a qualified health plan, effective January 1, 2017, and that your APTC would be applied to your monthly premium as of June 1, 2017.

On June 6, 2017, NYSOH issued a disenrollment notice stating that your enrollment in your qualified health plan was terminated, effective April 30, 2017, because a premium payment had not been received by the health plan.

On June 14, 2017, NYSOH received your application for health insurance.

On June 15, 2017, NYSOH issued an eligibility determination stating that you were eligible to receive up to \$168.00 per month in APTC for a limited time, effective July 1, 2017. It further stated that you do not qualify to select a health plan outside of the open enrollment period for 2017. Additionally, this notice directed you to provide documentation confirming your income before August 7, 2017.

Also on June 15, 2017, you spoke to NYSOH's Account Review Unit and appealed the termination of your APTC for the months of April and May 2017 as well as your inability to enroll in a qualified health plan outside of the open enrollment period.

On September 18, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

## **Findings of Fact**

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

- 1) Your NYSOH account reflects that you updated your application for coverage for 2017 on December 2, 2016. You were enrolled in a qualified health plan for the 2017 coverage year, effective January 1, 2017.
- 2) You testified that you have elected to receive notices from NYSOH both by regular mail and by electronic alert. However, your account indicates, that you receive all of your notices from NYSOH by regular mail. You testified that you have never changed the preference of how you receive notices from NYSOH.
- 3) You testified that you did receive the December 3, 2016 notice stating that your eligibility was limited and that you needed to provide documentation of your household's income.
- 4) You testified that you sent income documentation to NYSOH via regular mail in December 2016.
- 5) Your NYSOH account reflects that no income documentation was received by NYSOH until August 18, 2017.
- 6) You testified that you did not receive the March 9, 2017 eligibility determination stating that you were no longer eligible for APTC. You explained that there have been issues in your neighborhood with mail getting to the correct address.
- 7) No notices that were sent to the address listed on your NYSOH account have been returned as undeliverable.
- 8) Your NYSOH account indicates that on March 8, 2017 your application was run and you were found no longer eligible for APTC as of April 1, 2017.
- 9) You testified that you could not recall when you learned that you had lost your APTC for the month of April 2017.

- 10) Your NYSOH account reflects that you updated the income information in your NYSOH account on May 9, 2017.
- 11) You testified that you are seeking reinstatement of your APTC.
- 12) You testified that throughout 2017 you had trouble paying your premiums on time. You testified that your May 2017 and June 2017 premiums were paid late.
- 13) You were disenrolled from your qualified health plan, effective April 30, 2017.
- 14) You testified that on June 14, 2017 you received a call from your qualified health plan advising you that you had been disenrolled from coverage. You further testified that you contacted NYSOH to enroll into a different qualified health plan that same day.
- 15) You testified that when you first updated your coverage for 2017, you removed your son from your account as he was an adult and on his own. You testified that other than this, there have been no other major changes to your household in 2017.
- 16) You testified that although you were disenrolled from your qualified health plan as of April 30, 2017, you did make payments for the months of May 2017 and June 2017. You testified that you are also seeking to get back your payments for the months of May and June 2017.

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

## **Applicable Law and Regulations**

### Valid Appeal Requests

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by the Exchange to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

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Individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notice of eligibility determination by NYSOH (45 CFR §155.520(b)(2); 18 NYCRR 358-3.5(b)(1)).

However, where an appeal request is untimely, the appeal request may be considered valid if the applicant or enrollee sufficiently demonstrates within a reasonable timeframe as determined by NYSOH that failure to timely submit the appeal was due to exceptional circumstances and should not preclude the appeal (45 CFR §155.520(d)(2)(i)(D)).

### Verification of Eligibility for Advance Payments of the Premium Tax Credit

APTC are generally available to a person who is eligible to enroll in a qualified health plan and (1) expects to have a household income between 138% and 400% of the applicable federal poverty level (FPL), (2) expects to file a tax return and claim a personal exemption deduction for a person who meets the eligibility requirements to enroll in a qualified health plan, and (3) is not otherwise eligible for minimum essential coverage except through the individual market (see 45 CFR § 155.305(f), 42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)).

An applicant is required to attest to their household's projected annual income for purposes of determining their eligibility for APTC (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 changes in eligibility to APTC effective as of the first day of the month following the date of the notice (45 § 155.310(f), 45 CFR § 155.330(e), (f)(1)(i)).

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## 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)).

However, a loss of health insurance coverage such as that referenced above does not include,

“voluntary termination of coverage or other loss due to—

(1) Failure to pay premiums on a timely basis, including COBRA premiums prior to expiration of COBRA coverage, or

(2) Situations allowing for a rescission as specified in 45 CFR [§] 147.128” such as failure to comply with other requirements (45 CFR § 147.128(b))

(45 CFR § 155.420(e)).

## Legal Analysis

The first issue under review is whether your appeal of NYSOH's March 9, 2017 eligibility determination notice was timely.

The record reflects that you first contacted NYSOH to file a formal appeal regarding your ineligibility for APTC for the month of April 2017, as well as other issues, on June 15, 2017.

Individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notice of eligibility determination by NYSOH.

For an appeal to have been valid on the issue of your ineligibility for APTC for the months of April and May 2017, an appeal should have been filed by May 8, 2017. The record reflects that you filed your appeal on June 15, 2017, which is beyond the 60-day deadline.

Although your appeal was untimely on its face, you credibly testified that you did not receive the March 9, 2017 eligibility determination notice. You further testified that your neighborhood has had issues with mail getting to the correct address. Additionally, the record reflects that you contacted NYSOH on May 9, 2017 to address the issue of your loss of APTC, which contact was within 60 days of the March 9, 2017 eligibility determination.

In light of the above facts, your failure to timely submit the appeal was due to exceptional circumstances and should not preclude the appeal.

The second issue under review is whether NYSOH properly determined that your eligibility for APTC ended effective April 1, 2017.

An individual requesting financial assistance to help pay for the cost of coverage provided through NYSOH is required to attest to their household's projected annual income. For individuals seeking APTC, 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 3, 2016, you were advised that your eligibility for APTC was limited, and that you needed to confirm your household's income before March 2, 2017.

You testified that you did receive the December 3, 2016 notice from NYSOH telling you that you needed to provide income documentation to confirm your

eligibility. You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail. Additionally, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

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 mailed income documentation to NYSOH following your December 2, 2016 application. However, there is no indication within your NYSOH account that any income documentation was received by NYSOH.

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 data sources unless the applicant demonstrates that they are unable to provide the required documentation. Any changes in APTC are to be made effective the date following the eligibility redetermination notice.

Accordingly, your eligibility for APTC should have ended as of April 2017, the month following the March 9, 2017 eligibility redetermination.

Therefore, the March 9, 2017 eligibility determination notice is AFFIRMED.

The second issue is whether NYSOH properly determined that your eligibility for advance premium tax credits was effective June 1, 2017.

On May 9, 2017 you updated the income information in your NYSOH account. On May 10, 2017 a notice of eligibility redetermination was issued stating that you were eligible to receive up to \$171.00 per month in APTC for a limited time, effective June 1, 2017.

As stated above, any changes in APTC are to be made effective the date following the eligibility redetermination notice.

Since you updated your application on May 10, 2017, any changes in APTC should have been made effective as of June 1, 2017.

Therefore, NYSOH's May 10, 2017 eligibility determination is correct and is AFFIRMED.

The third issue under review is whether NYSOH properly terminated your qualified health plan for non-payment of premium effective, April 30, 2017.

On December 2, 2016 you were enrolled in a qualified health plan for the 2017 coverage year, effective January 1, 2017.

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You testified that you paid your premiums to your qualified health plan however, you were often late with your payments, and you were late in paying the May 2017 and June 2017 premiums.

On June 6, 2017, NYSOH issued a notice stating that you were disenrolled from your health plan for non-payment of the premium, effective April 30, 2017.

NYSOH Appeals Unit only has the authority to review issues related to the following: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) a failure to provide timely notice of an eligibility determination, and (4) a denial of a special enrollment period.

Since the Appeals Unit is not given the authority to review termination of enrollment due to non-payment of premiums, we cannot reach the merits as to whether you were properly terminated from your health plan for non-payment of premiums. Therefore, your appeal of the June 6, 2017 disenrollment notice is **DISMISSED** as a non-appealable issue.

The fourth issue under review is whether NYSOH properly determined that you do not qualify to enroll in a qualified health plan outside of the open enrollment period, effective July 1, 2017.

NYSOH provided an open enrollment period from November 1, 2016 until January 31, 2017. On June 14, 2017, you submitted a request to reenroll in a qualified health plan.

Once the annual open enrollment period ends, a health plan enrollee must qualify for a special enrollment period in order to enroll in, or change to another health plan offered in NYSOH. In order 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 since you first applied for coverage for 2017 on December 2, 2016.

Although you did lose health coverage as a result of the June 6, 2017 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 non-payment of your premiums which NYSOH considers a voluntary action causing the termination of your coverage.

The credible evidence of record indicates that, since the open enrollment period closed on January 31, 2017, 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 June 15, 2017 eligibility determination, to the extent it denied you a special enrollment period, was correct and is AFFIRMED.

During the hearing you testified that you made payments to your qualified health plan for the months of May 2017 and June 2017, but have not yet been reimbursed for the premium payments even though your coverage was terminated as of April 30, 2017.

Therefore, your case is being RETURNED to NYSOH to facilitate your reimbursement of your May 2017 and June 2017 premiums, if these have not already been paid to you.

## **Decision**

The March 9, 2017 notice of eligibility determination is AFFIRMED.

The May 10, 2017 notice of eligibility determination is AFFIRMED.

The June 15, 2017 notice of eligibility determination is AFFIRMED.

Your case is being RETURNED to NYSOH to facilitate your reimbursement of your May 2017 and June 2017 premiums, if these have not already been paid to you.

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

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

NYSOH properly found you ineligible to receive APTC effective April 1, 2017 because you did not provide documentation of your household's income.

NYSOH properly found that your redetermination for APTC was effective June 1, 2017.

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

Your case is being sent to NYSOH to assist you with reimbursement of the premium payments you made for the months of May 2017 and June 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).

## **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.

## **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

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## **Summary**

The March 9, 2017 notice of eligibility determination is AFFIRMED.

NYSOH properly found you ineligible to receive APTC effective April 1, 2017 because you did not provide documentation of your household's income.

The May 10, 2017 notice of eligibility determination is AFFIRMED.

NYSOH properly found that your redetermination for APTC was effective June 1, 2017.

The June 15, 2017 notice of eligibility determination is AFFIRMED.

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

Your case is being RETURNED to NYSOH to facilitate your reimbursement of your May 2017 and June 2017 premiums, if these have not already been paid to you.

## **Legal Authority**

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



**A Copy of this Decision Has Been Provided To:**



## **Getting Help in a Language Other than English**

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

### **Español (Spanish)**

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

### **中文 (Traditional Chinese)**

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

### **Kreyòl Ayisyen (Haitian Creole)**

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

### **中文 (Simplified Chinese)**

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

### **Italiano (Italian)**

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

### **한국어 (Korean)**

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

### **Русский (Russian)**

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

### **العربية (Arabic)**

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

### **বাংলা (Bengali)**

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### **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. y&b&tumi ama wo obi a okyer& 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.

### **שׂוֹדִיִּשׁ (Yiddish)**

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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.

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