



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

Notice of Decision

Decision Date: November 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020168

[REDACTED]

Dear [REDACTED],

On October 3, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's eligibility determination notices dated May 24, 2017, June 21, 2017, July 6, 2017, and August 12, 2017.

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).

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

Decision

Decision Date: November 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020168

[REDACTED]

Issue

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

Did NY State of Health properly determine that you and your spouse's eligibility for and enrollment in the Essential Plan and your children's eligibility for and enrollment in their Child Health Plus plan terminated during the months of June 2017, July 2017, September 2017, and October 2017 because mail addressed to you had been returned to NYSOH as undeliverable?

Procedural History

On April 26, 2017, NY State of Health (NYSOH) issued an eligibility determination notice, based on your April 25, 2017 application, stating that you and your spouse were eligible for the Essential Plan and your children were eligible for Child Health Plus (CHP), effective June 1, 2017.

Also on April 26, 2017, NYSOH issued a plan enrollment notice, based on your plan selection on April 25, 2017, stating that you and your spouse were enrolled in an Essential Plan and your children were enrolled in a CHP plan, and that these plans would start June 1, 2017.

Also on April 26, 2017, NYSOH issued a change of address notice stating that you changed your mailing address to "[REDACTED]"

On May 24, 2017, NYSOH issued an eligibility determination notice stating that your family was no longer eligible to receive health insurance through NYSOH,

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effective June 2, 2017, because notices regarding eligibility for yourself, your spouse and your children and respective enrollments sent by NYSOH to the mailing address in your account were returned as undeliverable. This notice also stated that you needed to update your mailing address so that your family could remain eligible for health coverage through NYSOH.

Also on May 24, 2017, NYSOH issued a disenrollment notice confirming that you and your spouse's coverage with the Essential Plan and your children's coverage in their CHP plan would end on June 1, 2017. This was because you and your children were no longer eligible to enroll in health insurance through NYSOH.

According to your NYSOH account and your testimony, during the months of June 2017, July 2017 and August 2017, you updated your family's application for health insurance numerous times and re-enrolled your family back into your Essential Plan and CHP plans.

According to your NYSOH account, notices that were sent to the address listed in your account continued to be returned by the post office. As a result of the returned mail, NYSOH issued disenrollment notices on June 21, 2017, July 6, 2017, and August 12, 2017, which resulted in the termination of you and your spouse's Essential Plan and your children's CHP plan.

On June 30, 2017, you spoke to NYSOH's Account Review Unit and appealed the eligibility determinations that stated your family was not eligible for health insurance due to returned mail and the corresponding disenrollment notices.

On September 19, 2017, you submitted an updated application for health insurance for your family.

On September 22, 2017, NYSOH issued an enrollment notice, based on your plan selection on September 19, 2017, 2017, stating that you and your spouse were enrolled in an Essential Plan and your children were enrolled in a CHP plan, and that these plans would start November 1, 2017.

Also on September 22, 2017, NYSOH issued a change of address notice stating that you changed your mailing address to "[REDACTED]".

On September 30, 2017, NYSOH issued an eligibility determination notice, based on your September 19, 2017 updated application, stating that you and your spouse were eligible for the Essential Plan and your children were eligible for CHP, effective November 1, 2017.

On October 3, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, the Hearing Officer agreed to amend your appeal to include the separate terminations of your, your spouse's and your

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children's health insurance in the interests of administrative efficiency as they all involved returned mail due to an incorrect address listed in your account. The record was developed during the hearing and closed at the end of the hearing.

Findings of Fact

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

- 1) You testified that you are appealing your and your spouse's disenrollment from your Essential Plan and your children's disenrollment from their CHP plan due to returned mail in your account.
- 2) You testified that you elected to receive all your notices from NYSOH by regular mail.
- 3) According to your NYSOH account and your testimony, your initial application for health insurance for your family was submitted on April 25, 2017 using the services of a certified application counselor (CAC) for the health plan.
- 4) You testified that the CAC inputted the wrong mailing address. The address the CAC input was [REDACTED]. The correct address is "[REDACTED]."
- 5) You testified that upon learning that the wrong address was on your account, you contacted the CAC and requested a correction to the address in your account.
- 6) You testified that the correction was not made by the CAC and when you learned of the disenrollment of your family, you contacted NYSOH directly to update your account and requested the correction to your mailing address.
- 7) You testified that you submitted requests to correct your mailing address from "[REDACTED]" to "[REDACTED]" on June 8, 2017, July 1, 2017, September 6, 2017, and September 19, 2017.
- 8) According to your NYSOH account, address changes were made on June 8, 2017, July 1, 2017, September 6, 2017 and September 19, 2017.
- 9) According to your NYSOH account, it was not until September 19, 2017 that NYSOH correctly updated your mailing address to [REDACTED].

- 10) According to your NYSOH account, due to the returned mail, your account was updated at various times in June 2107, July 2017, and August 2017 to reflect the inability of the post office to deliver notices to the mailing address listed in your account. These updates resulted in eligibility determinations ending your family's eligibility for health insurance through NYSOH and terminating your and your spouse's Essential Plan and the children's coverage in their CHP plan.
- 11) According to your NYSOH account and your testimony, the various terminations of coverage resulted in your family being without health insurance for the months of June 2017, July 2017, September 2017 and October 2017.
- 12) According to your NYSOH account, your and your spouse's enrollment in the Essential Plan and your children's enrollment in their CHP plan began on November 1, 2017.
- 13) You testified that you wanted your and your spouse's enrollment in an Essential Plan and the children's enrollment in their CHP plan to begin on October 1, 2017 because your family was not able to see a doctor and therefore did not incur any medical bills during the months of June 2017, July 2017 and September 2017.
- 14) You also testified that you are concerned about being exposed to a tax penalty for the months you did not have health coverage for your family.

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

Applicable Law and Regulations

Essential Plan

In general, NYSOH will review Essential Plan eligibility no more frequently than once every 12 months from the effective date of eligibility as long as enrollees are under age 65, not enrolled in minimum essential coverage, remain state residents, and do not have any changes in circumstances. An individual enrolled in the Essential Plan shall have his or her coverage continued until the end of the 12 month period, provided he or she does not lose eligibility by reason of citizenship status, lack of state residence, failure to provide a valid social security number, providing inaccurate information that would affect eligibility when requesting or renewing health coverage, failure to make the applicable premium payment, or changes in circumstances (42 CFR § 600.340(a); 42 CFR § 600.320(d); NY Social Services Law § 369-gg(3) and (4)(d)); New York's Basic

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Health Plan Blueprint, pp. 8 and 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

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 <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

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

Child Health Plus (CHP) is a sliding-scale-premium program for children who are in a household that is over income for regular Medicaid (see New York Public Health Law (NY PHL) § 2510 et seq. and 42 USC § 1397aa). Eligibility rules are set out in NY PHL § 2511(2), as well as in the NYS Department of Health 2008-2012 Contract and Plan Manual.

A child who meets the eligibility requirements for CHP may be eligible to receive a subsidy payment if the child resides in a household with a household income at or below 400% of the federal poverty level (FPL) (NY PHL § 2511(2)(a)(iii)). To be eligible to enroll in CHP with subsidy payments, a child must not be “eligible for medical assistance”; that is, must not be eligible for Medicaid (NY PHL § 2511(2)(b)).

To be eligible for enrollment in a Child Health Plus plan through the New York State of Health, one of the non-financial requirements is that the applicant must be a resident of New York State (NY Public Health Law § 2511(e)).

The amount of the premium payment, if any, that must be made on behalf of a child who enrolls in a CHP plan depends upon the child's family household income (NY PHL § 2510(9)(d)). No payments are required for eligible children whose family household income is less than 160% of the FPL (NY PHL § 2510(9)(d)(1)). If the family household income is 160% or higher, premiums range from \$9.00 per month to \$60.00 per month (NY PHL § 2510(9)(d)).

State Residence

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Individuals are ineligible for medical assistance unless he or she is a resident of NY State (NY SSL § 366(d)(1)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your and your spouse's eligibility for the Essential Plan and your children's eligibility for CHP terminated so as your family did not have health insurance coverage for the months of June 2017, July 2017, September 2017, and October 2017.

You and your spouse were originally eligible for and enrolled in your Essential Plan and your children were eligible for and enrolled in their CHP plan with plan start dates of June 1, 2017.

Generally, NYSOH will redetermine a qualified individual's eligibility for the Essential Plan and CHP plans once every 12 months without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency.

The credible evidence of record reflects that the mailing address in your account was originally entered wrong by the CAC on April 25, 2017. You testified that when you first learned of the error you contacted the CAC and requested she make the correction to your mailing address in your account. The record reflects that the requested change to your address was not made.

According to your NYSOH account and your testimony, you contacted NSYOH directly on June 8, 2017, July 1, 2017, September 6, 2017, and September 19, 2017, and requested the address be corrected in your account. The record reflects that the change of address notices that were sent out following these updates continued to show the incorrect street address, in that the number [REDACTED] appeared instead of [REDACTED] on your mailing address. It was not until the September 19, 2017 updated that the correct address change was made to your account.

Therefore it is reasonable to conclude that, through no fault of your own, your mailing address was initially input incorrectly by the CAC and that subsequent corrections to your address were not properly made by NYSOH despite your attempts to correct the mailing address on your account. As a result of the incorrect address, the post office returned numerous notices that were mailed by NYSOH to that address. Therefore, it is reasonable to conclude that your, your spouse's and your children's disenrollments from your Essential Plan and CHP plans at various times by NYSOH were in error.

Therefore, the May 24, 2017, June 21, 2017, July 6, 2017, and August 12, 2017 eligibility determination notices that stated your family was not qualified to enroll through NYSOH because you were sent notices about your eligibility and coverage by U.S. mail to the mailing address in your account were returned as undeliverable are RESCINDED. The corresponding May 24, 2017, June 21, 2017, July 6, 2017, and August 12, 2017 disenrollment notices are RESCINDED.

Ordinarily your case would be RETURNED to NYSOH to reinstate you and your spouse into your Essential Plan and your children into their CHP plan effective June 1, 2017. However, you testified that your family did not seek medical treatment or see a doctor during the months of June 2017, July 2017 and September 2017 because your health insurance had been terminated by NYSOH. You testified that you did not incur any medical bills during those months. Therefore, it is reasonable to conclude that it would be unjust to hold you responsible to pay monthly premiums for health insurance for those months when you did not have access to and could not utilize your health plans as a result of NYSOH's error. However, at your option, you can elect to have coverage occur as early as June 1, 2017, so as to avoid any exposure to a tax penalty for not having insurance coverage for more than two months in 2017.

The September 30, 2017 eligibility determination notice stating that you and your spouse were eligible for the Essential Plan and your children were eligible for CHP, effective November 1, 2017 is MODIFIED to state that you and your spouse were eligible for the Essential Plan and your children were eligible for CHP, effective October 1, 2017, or at your option as of June 1, 2017.

The September 22, 2017 plan enrollment notice stating that you and your spouse were enrolled in the Essential Plan at a monthly premium of \$20.00 each and that your children were enrolled in their CHP plan for a monthly premium of \$9.00 each, with enrollment start dates of November 1, 2017 is MODIFIED to plan enrollment start dates of October 1, 2017, or at your option as of June 1, 2017, for your Essential Plan and the children's CHP plan.

Therefore, your case is RETURNED to NYSOH to enroll you and your spouse in your Essential Plan and your children in their CHP plan, effective October 1, 2017, or at your option as of June 1, 2017. You will be responsible for any health insurance premiums due to the Essential Plan and the CHP plan for the month of October 2017.

Sometimes after an appeal decision, an appellant can claim an exemption from the requirement to have health insurance. You might qualify for a health coverage exemption in 2017 if you didn't have health coverage while you were waiting for an appeal decision about coverage eligibility or savings **and** your appeal was eventually successful (emphasis added).

You must claim this exemption through the United States Department of Health and Human Services (HHS). Currently, NYSOH does not accept hardship exemption applications.

You will find the information you need to claim the exemption due to an appeal decision at <https://www.healthcare.gov/exemptions-tool/#/results/2016/details/eligible-based-on-appeal>. You can also call 1-800-318-2596.

Important: If you do not get a response from HHS to your exemption application in time to file your tax return, write the word “pending” in column “c” and file your return. If HHS does not approve your exemption, you will need to file an amended return later.

Decision

The May 24, 2017, June 21, 2017, July 6, 2017, and August 12, 2017 eligibility determination notices that stated your family was not qualified to enroll through NYSOH because you were sent notices about your eligibility and coverage by U.S. mail to the mailing address provided in your account were returned as undeliverable are RESINDED.

The May 24, 2017, June 21, 2017, July 6, 2017, and August 12, 2017 disenrollment notices are RESCINDED.

The September 30, 2017 eligibility determination notice stating that you and your spouse were eligible for the Essential Plan and your children were eligible for CHP, effective November 1, 2017 is MODIFIED to state that you and your spouse were eligible for the Essential Plan and your children were eligible for CHP, effective October 1, 2017, or at your option as of June 1, 2017.

The September 22, 2017 plan enrollment notice stating that you and your spouse were enrolled in the Essential Plan at a monthly premium of \$20.00 each and that your children were enrolled in their CHP plan for a monthly premium of \$9.00 each, with enrollment start dates of November 1, 2017 is MODIFIED to plan enrollment start dates of October 1, 2017, or at your option as of June 1, 2017, for your Essential Plan and the children’s CHP plan.

Therefore, your case is RETURNED to NYSOH to contact you to confirm the option you elected to choose and to enroll you and your spouse in your Essential Plan and your children in their CHP plan, effective October 1, 2017, or as of June 1, 2017.

Effective Date of this Decision: November 10, 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).

How this Decision Affects Your Eligibility

This decision does not change your, your spouse's or your children's current eligibility.

Your family did not have health insurance coverage through NYSOH for the months of June 2017, July 2017, August 2017, and September 2017.

Your case is sent back to NYSOH to reinstate you and your spouse in the Essential Plan at a premium of \$20.00 per month each with a plan start date of October 1, 2017 or, at your option, as of June 1, 2017.

Your case is sent back to NYSOH to reinstate your children in their CHP plan with a premium of \$9.00 per month each, with a plan start date of October 1, 2017, or, at your option, as of June 1, 2017.

NYSOH will contact you to confirm which option you chose and will notify you once these changes have been completed.

You will be responsible to pay the monthly premiums due to your and your spouse's Essential Plan and to the children's CHP plan for the months coverage is being reinstated.

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:

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).

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 24, 2017, June 21, 2017, July 6, 2017, and August 12, 2017 eligibility determination notices that stated your family was not qualified to enroll through NYSOH because you were sent notices about your eligibility and coverage by U.S. mail to the mailing address provided in your account were returned as undeliverable are RESINDED.

The May 24, 2017, June 21, 2017, July 6, 2017, and August 12, 2017 disenrollment notices are RESCINDED.

The September 30, 2017 eligibility determination notice stating that you and your spouse were eligible for the Essential Plan and your children were eligible for CHP, effective November 1, 2017 is MODIFIED to state that you and your spouse were eligible for the Essential Plan and your children were eligible for CHP, effective October 1, 2017, or at your option as of June 1, 2017.

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The September 22, 2017 plan enrollment notice stating that you and your spouse were enrolled in the Essential Plan at a monthly premium of \$20.00 each and that your children were enrolled in their CHP plan for a monthly premium of \$9.00 each, with enrollment start dates of November 1, 2017 is MODIFIED to plan enrollment start dates of October 1, 2017, or at your option as of June 1, 2017, for your Essential Plan and the children's CHP plan.

Therefore, your case is RETURNED to NYSOH to contact you to confirm the option you elected to choose and to enroll you and your spouse in your Essential Plan and your children in their CHP plan, effective October 1, 2017, or as of June 1, 2017.

This decision does not change your, your spouse's or your children's current eligibility.

Your family did not have health insurance coverage through NYSOH for the months of June 2017, July 2017, August 2017, and September 2017.

Your case is sent back to NYSOH to reinstate you and your spouse in the Essential Plan at a premium of \$20.00 per month each with a plan start date of October 1, 2017 or, at your option, as of June 1, 2017.

Your case is sent back to NYSOH to reinstate your children in their CHP plan with a premium of \$9.00 per month each, with a plan start date of October 1, 2017, or, at your option, as of June 1, 2017.

NYSOH will contact you to confirm which option you chose and will notify you once these changes have been completed.

You will be responsible to pay the monthly premiums due to your and your spouse's Essential Plan and to the children's CHP plan for the months coverage is being reinstated.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

██████████

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).



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Getting Help in a Language Other than English

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

Español (Spanish)

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

中文 (Traditional Chinese)

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

Kreyòl Ayisyen (Haitian Creole)

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

中文 (Simplified Chinese)

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

Italiano (Italian)

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

한국어 (Korean)

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

Русский (Russian)

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

العربية (Arabic)

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

বাংলা (Bengali)

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

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Français (French)

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

हिंदी (Hindi)

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

日本語 (Japanese)

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

नेपाली (Nepali)

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

Polski (Polish)

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

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&etumi ama wo obi a 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.

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).