



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

Notice of Decision

Decision Date: December 11, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020298

[REDACTED]

On September 28, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 18, 2017 disenrollment 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.

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: December 11, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020298



Issue

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

Did NY State of Health (NYSOH) properly end your Essential Plan coverage and your children's Medicaid Managed Care (MMC) coverage as of July 31, 2017?

Procedural History

On July 6, 2016, NYSOH issued a notice stating you were eligible for the Essential Plan and your child were eligible for Medicaid, effective August 1, 2016.

Also on July 6, 2016, NYSOH issued a plan enrollment notice confirming that as of July 5, 2016, you were enrolled in an Essential Plan and your children were enrolled in a MMC plan with enrollment start dates of August 1, 2016.

On June 3, 2017, NYSOH issued a notice stating it was time to renew your coverage for the next coverage year. The notice indicated that based on information from state and federal data sources, NYSOH determined that you were eligible for the Essential Plan and your children were eligible for Medicaid, effective August 1, 2017. The notice further stated that if anything had changed that would affect how you are covered or what you pay for health insurance, you need to make changes between June 16, 2017, and July 15, 2017.

On June 16, 2017, your NYSOH account was updated.

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On June 18, 2017, NYSOH issued a notice stating the income information in your application did not match the information received from state and federal data sources. The notice directed you to submit proof of your household income before July 1, 2017, to confirm the information in your application.

Also on June 18, 2017, NYSOH issued a disenrollment notice stating your Essential Plan coverage and your children's MMC plan coverages would end July 31, 2017.

On June 30, 2017, you faxed additional documentation to NYSOH [REDACTED]

On July 5, 2017, you faxed an appeal request to NYSOH insofar as your and your children's coverage was ending as July 31, 2017 [REDACTED]

On July 13, 2017, NYSOH issued a notice stating that the documentation reviewed did not confirm the information in your application. The notice directed you to submit additional income documentation before October 10, 2017.

On July 20, 2017, NYSOH issued a notice stating that you were eligible for the Essential Plan with a \$0.00 monthly premium and your children were eligible for Medicaid for a limited time, effective August 1, 2017. Your family had been granted Aid to Continue until a decision could be made on your appeal.

Also on July 20, 2017, NYSOH issued a plan enrollment notice confirming that as of July 19, 2017, you were enrolled in an Essential Plan and your children were enrolled in a MMC plan, with enrollment start dates of August 1, 2017.

On September 27, 2017, you had a scheduled telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Your request to adjourn the hearing until September 28, 2017, was granted.

On September 28, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing, and the record was left open allow you to submit: (1) Your four most recent weekly paystubs; (2) your eldest child's two most recent biweekly paystubs; and (3) your youngest child's four most recent weekly paystubs.

On October 5, 2017, you faxed ten-pages of documentation to NYSOH's Appeals Unit. The documentation was made part of the record collectively as "Appellant Exhibit A." The record was complete and closed that same day.

Findings of Fact

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

- 1) According to your NYSOH account and testimony, you are applying for health insurance coverage for yourself and your two children, [REDACTED] and [REDACTED].
- 2) According to your NYSOH account, you were determined eligible for and enrolled in an Essential Plan as of August 1, 2016. Your children were determined eligible for and enrolled in a MMC plan as of August 1, 2016.
- 3) You testified that you received the renewal notice from NYSOH, and updated your NYSOH account on June 16, 2017, based on the receipt of that notice.
- 4) According to your NYSOH account and testimony, you expected to file a 2017 federal income tax return, with the tax status of Head of Household (with qualifying individual), and expected to claim your two children as dependents on that tax return.
- 5) According to your NYSOH account, you and your children reside in [REDACTED], New York.
- 6) According to your June 16, 2017 application, you attested to the following expected yearly incomes:
 - (a) [REDACTED]
- 7) According to your NYSOH account, NYSOH was unable to verify your household's expected yearly income that was listed in your June 16, 2017 application.
- 8) On June 30, 2017, you submitted the following documentation for yourself:
[REDACTED]
- 9) [REDACTED]

(a) \$177.03 on 5/26/2017, with YTD earnings of \$2,688.10;

- (b) \$101.85 on 6/09/2017, with YTD earnings of \$2,739.02;
- (c) \$104.28 on 6/23/2017, with YTD earnings of \$2,894.23

[REDACTED]

10) On June 30, 2017, you submitted weekly [REDACTED]

- (a) \$172.86 on 06/16/2017, with YTD earnings of \$469.56;
- (b) \$256.71 on 06/23/2017, with YTD earnings of \$726.27

[REDACTED]

11) According to your NYSOH account, on July 12, 2017, NYSOH determined that the documentation submitted on June 30, 2017, was invalid because four consecutive weekly paystubs were not submitted for your youngest child.

12) According to your NYSOH account, no additional income documentation was submitted for the members of your household.

13) You testified that your youngest child has been employed at [REDACTED] since approximately June 1, 2017.

14) On October 5, 2017, you submitted weekly [REDACTED]

- (a) \$195.11 on 9/15/2017;
- (b) \$143.84 on 9/22/2017;
- (c) \$ 31.93 on 9/29/2017

[REDACTED]

15) You testified that you expect your eldest child to be employed [REDACTED]

16) On October 5, 2017, you submitted biweekly paystubs for your eldest child [REDACTED] gross earnings of:

- (a) \$455.70 on 9/15/2017;
- (b) \$205.80 on 9/29/2017;

[REDACTED]

17) On October 5, 2017, you submitted weekly paystubs [REDACTED]
[REDACTED] You were issued the following in federal taxable wages:

- (a) \$596.32 on 9/15/2017;
- (b) \$592.59 on 9/22/2017;
- (c) \$596.32 on 9/29/2017;
- (d) \$585.14 on 10/6/2017;

[REDACTED]
[REDACTED]

18) On October 5, 2017, you submitted a statement asserting that you pay \$100.00 per month [REDACTED]

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

Applicable Law and Regulations

Modified Adjusted Gross Income

NYSOH bases its eligibility determinations on modified adjusted gross income as defined in the federal tax code (45 CFR § 155.300(a)). The term “modified adjusted gross income” means adjusted gross income increased by (1) any income that was excluded under 26 USC § 911 for United States citizens or residents living abroad, (2) tax-exempt interest received or accrued, and (3) Social Security benefits that were excluded from gross income under 26 USC § 86 (see 26 USC § 36B(d)(2)(B), 26 CFR § 1.36B-1(e)(2)).

“Adjusted gross income” means, in the case of an individual taxpayer, gross federal taxable income minus certain specific deductions, such as expenses reimbursed by an employer, losses from sale or exchange of property, losses from premature withdrawal of funds from time savings accounts, deductions attributable to royalties, and certain retirement savings (26 USC § 62(a)).

Individuals shall be allowed to a deduction for the taxable year an amount equal to the interest paid by the taxpayer during the taxable year on any qualified educational loan. Subject to income limitations, the maximum deduction for the taxable year shall not exceed \$2,500.00 (26 USC § 62(17); 26 USC § 221).

The income of an individual who is included in the household of their parent and is not expected to be required to file a tax return under section 6012(a)(1) of the Code for the taxable year in which eligibility is being determined, is not included in household income whether the individual files a tax return (42 CFR § 435.603(d)(2)).

A person is not required to file a tax return if their gross income is less than the sum of the exemption amount plus the basic standard deduction allowable for that person (26 USC § 6012(a)(1)(A)(i)). For the 2017 year, a dependent who had yearly gross earned income greater than \$6,350.00 or gross unearned income greater than \$1,050.00 would be required to file a tax return (see IRS Revenue Procedure 2016-55).

Medicaid Renewal

In general, NYSOH must review Medicaid eligibility once every 12 months or “whenever it receives information about a change in a beneficiary’s circumstances that may affect eligibility” (42 CFR § 435.916(a)(1), (d)). NYSOH must make its “redetermination of eligibility 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, including but not limited to information accessed through any data bases accessed by the agency” (42 CFR § 435.916(a)(2)).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (45 CFR § 155.335(c), (e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates that may have been provided by the individual (45 CFR § 155.335(h)).

Medicaid - Verification Process

For all individuals whose income is needed to calculate the household’s eligibility, NYSOH must request data that will allow NYSOH to verify the household’s income (45 CFR § 155.320(c)(1)(i), 42 CFR § 435.945).

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR § 155.315(f) 42 CFR § 435.952).

Essential Plan Renewal

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

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

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (42 CFR § 600.340(e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates that may have been provided by the individual (42 CFR §600.345; (NY Social Services Law § 369-gg(4)(c); 45 CFR § 155.335(g); New York's Basic Health Plan Blueprint, p. 17, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

Essential Plan - Verification Process

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow the NYSOH to verify the household's income (45 CFR §155.320(c)(1)(i)). If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f); 42 CFR §600.345 (a)) See also New York's Basic Health Plan Blueprint, p. 17, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

NYSOH must provide the applicant with notice of the inconsistency. NYSOH must then provide the applicant with 90 days to provide satisfactory documentary evidence (45 CFR §155.315(f)(2)). If NYSOH remains unable to verify the information required to determine the applicant's eligibility after the 90-day period ends, it must determine the applicant's eligibility based on the information available (45 CFR § 155.315(f)(5)).

Legal Analysis

The issue under review is whether NYSOH properly ended your Essential Plan coverage and your children's MMC coverage as of July 31, 2017.

You were determined eligible for the Essential Plan, and your children were determined eligible for Medicaid, effective August 1, 2016. Further, you were enrolled in an Essential Plan, and your children were enrolled in a MMC plan with enrollment start dates of August 1, 2016.

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Pursuant to regulations, NYSOH must review Medicaid and Essential Plan eligibility once every 12 months or “whenever it receives information about a change in a beneficiary’s circumstances that may affect eligibility.” NYSOH must make its “redetermination of eligibility 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, including but not limited to information accessed through any data bases accessed by the agency.”

On June 3, 2017, NYSOH issued a notice stating it was time to renew your coverage for the next coverage year. The notice indicated that based on information from state and federal data sources, NYSOH determined that you were eligible for the Essential Plan and your children were eligible for Medicaid, effective August 1, 2017. However, if anything had changed that would affect how you were covered or what you pay for health insurance, you need to make changes between June 16, 2017, and July 15, 2017.

The record reflects that based on receiving this notice, you updated your NYSOH account on June 16, 2017. However, NYSOH was unable to verify the income information provided in that application.

For all individuals whose income is needed to calculate the household’s eligibility, NYSOH must request data that will allow NYSOH to verify the household’s income. If NYSOH cannot verify the income information required to determine eligibility it must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence. The notice issued on June 18, 2017, indicated that the income information in your application did not match the information received from state and federal data sources. That notice directed you to submit proof of your income by July 1, 2017 or NYSOH would be unable to determine your household’s eligibility for health coverage or financial assistance.

The record reflects that on June 30, 2017, you submitted income documentation to NYSOH [REDACTED]

[REDACTED] NYSOH determined that the documentation submitted on June 30, 2017, was invalid because four consecutive weekly paystubs were not submitted for your youngest child. The record supports that you did not submit any additional documentation after June 30, 2017.

The record establishes that NYSOH was without sufficient documentation to confirm the information in your June 16, 2017 application, and no additional information was submitted to NYSOH to satisfy the request for additional income documentation. Therefore, NYSOH properly ended your Essential Plan and your children’s MMC coverages as of July 31, 2017, and the June 18, 2017, disenrollment notice is AFFIRMED.

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).

You testified that you were unable to accurately attest to the income for the members of your household; however, you would provide documentation to demonstrate your household's income. The record was left open allow you to submit: (1) Your four most recent weekly paystubs; (2) your eldest child's two most recent biweekly paystubs; and (3) your youngest child's four most recent weekly paystubs.

You submitted four weekly paystubs, [REDACTED]

Individuals can deduct for the taxable year an amount equal to the interest paid by the taxpayer during the taxable year on [REDACTED]. Since [REDACTED] the amount paid toward the interest, we are unable to ascertain and include the interest amount in the calculation of your household's eligibility for financial assistance.

Therefore, your expected income is \$30,814.81 $(\$596.32 + \$592.59 + \$596.32 + \$585.14) \times 13$ periods (52 weeks/4 weeks).

You testified that you expect your eldest child to be employed [REDACTED] year in 2017. You submitted biweekly paystubs, from [REDACTED] your eldest child. Your eldest child was issued gross earnings of \$455.70 on 9/15/2017 and \$205.80 on 9/29/2017 (Appellant [REDACTED], your eldest child's expected income is \$8,599.50 $(\$455.70 + \$205.80) \times 13$ periods).

You testified that your youngest child has been employed [REDACTED] approximately June 1, 2017. Judicial notice is taken that, rounding to the nearest week, there are 30 weeks between June 1, 2017 and December 31, 2017. You submitted weekly paystubs, [REDACTED], for your youngest child. Your youngest child was issued gross earnings of: \$195.11 on 9/15/2017; \$143.84 on 9/22/2017, and \$31.93 on 9/29/2017 [REDACTED], your youngest child's expected income is \$3,708.80 $(\$195.11 + \$143.84 + \$31.93) \times 10$ periods).

The income of an individual, who is included in the household of their parent and is not expected to be required to file a tax return for the taxable year in which eligibility is being determined, is not included in household income. For the 2017 year, a dependent who had yearly gross earned income greater than \$6,350.00 would be required to file a tax return.

Since your youngest child's expected income is below \$6,350.00, their income is not included in your household's expected annual income. Based on the information you provided to NYSOH Appeals Unit, your household's expected income is \$39,414.31 (\$30,814.81 + \$8,599.50).

Your case is RETURNED to NYSOH recalculate your household's eligibility for financial assistance based on three-person household, for a primary subscriber and two dependents residing in [REDACTED] an expected household income of \$39,414.31.

Decision

The June 18, 2017 disenrollment notice is AFFIRMED.

Your case is RETURNED to NYSOH recalculate your household's eligibility for financial assistance based on three-person household, for a primary subscriber and two dependents residing in Albany County, New York, with an expected household income of \$39,414.31.

Effective Date of this Decision: December 11, 2017

How this Decision Affects Your Eligibility

Your household's Essential Plan and MMC coverages properly ended as of July 31, 2017.

Your case has been returned to NYSOH to recalculate your household's eligibility for financial assistance based on the information you provided. NYSOH will issue an eligibility determination notice based on that information.

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

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appealed to the Federal Marketplace. This must be done within 30 days of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

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

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

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

You can contact us in any of the following ways:

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

Summary

The June 18, 2017 disenrollment notice is **AFFIRMED**.

Your case is **RETURNED** to NYSOH recalculate your household's eligibility for financial assistance based on three-person household, for a primary subscriber and two dependents residing in Albany County, New York, with an expected household income of \$39,414.31.

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).

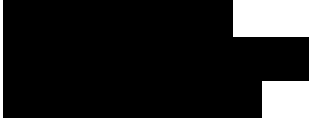
Your household's Essential Plan and MMC coverages properly ended as of July 31, 2017.

Your case has been returned to NYSOH to recalculate your household's eligibility for financial assistance based on the information you provided. NYSOH will issue an eligibility determination notice based on that information.

Legal Authority

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

A Copy of this Decision Has Been Provided To:



Getting Help in a Language Other than English

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

Español (Spanish)

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

中文 (Traditional Chinese)

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

Kreyòl Ayisyen (Haitian Creole)

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

中文 (Simplified Chinese)

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

Italiano (Italian)

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

한국어 (Korean)

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

Русский (Russian)

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

العربية (Arabic)

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

বাংলা (Bengali)

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 bɛtumi 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)

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