



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

Notice of Decision

Decision Date: October 06, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020321

[REDACTED]

Dear [REDACTED]

On October 2, 2017 you appeared by telephone at a hearing on your appeal of NY State of Health's June 18, 2017 eligibility determination notice, the June 18, 2017 disenrollment notice, the June 27, 2017 eligibility determination notice, the June 27, 2017 disenrollment notice, and the August 1, 2017 enrollment confirmation notice.

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

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

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

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the Account ID at the top of this notice.

Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

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

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

Decision

Decision Date: October 06, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020321

[REDACTED]

[REDACTED]

Issues

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

Did NY State of Health properly determine that you and your spouse were no longer eligible for health insurance through NYSOH and disenrolled from Medicaid and your Medicaid Managed Care plan, effective July 1, 2017, and again disenrolled effective August 1, 2017?

Did NY State of Health properly determine that your newborn's enrollment in his Medicaid Managed Care plan was effective September 1, 2017?

Procedural History

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

On May 10, 2017, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you were conditionally eligible for Medicaid, effective May 1, 2017. This notice directed you to submit proof of your household's income by May 24, 2017 in order to confirm your eligibility for financial assistance.

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Also on May 10, 2017, NYSOH issued a notice stating that the income information in your application did not match what NYSOH had received from state and federal data sources and that additional information was required in order to determine your spouse's eligibility. This notice directed you to submit proof of your household's income by May 24, 2017.

On May 9, 2017, May 24, 2017, and May 30, 2017, you uploaded income documentation to your NYSOH account.

On May 30, 2017, NYSOH verified the income documentation you submitted.

On May 31, 2017, NYSOH issued a notice of eligibility determination stating that you would remain eligible for Medicaid, effective May 1, 2017, and that your spouse was eligible for Medicaid, effective May 1, 2017. This notice was mailed to your maiden name at [REDACTED]. This notice was returned to NYSOH on June 8, 2017 for being not deliverable as addressed.

On June 6, 2017, NYSOH issued a notice of enrollment confirmation, based on your plan selection on June 5, 2017, stating that you and your spouse were enrolled in a Medicaid Managed Care plan with a plan enrollment start date of July 1, 2017. This notice was mailed to your maiden name at [REDACTED], [REDACTED]. This notice was returned to NYSOH on June 15, 2017 for being not deliverable as addressed.

On June 18, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were not eligible for health insurance through NYSOH, effective June 18, 2017. This was because notices sent to you by U.S. mail to the address provided in your account were returned to NYSOH as undeliverable. This notice was mailed to your maiden name at [REDACTED], [REDACTED]. This notice was returned to NYSOH on June 26, 2017 for being not deliverable as addressed.

Also on June 18, 2017, NYSOH issued a disenrollment notice stating that your and your spouse's enrollment in your Medicaid Managed Care plan would end on July 1, 2017. This was because you and your spouse were no longer eligible to enroll in health insurance through NYSOH. This notice was mailed to your maiden name at [REDACTED]. This notice was returned to NYSOH on June 26, 2017 for being not deliverable as addressed.

On June 19, 2017, you updated your household's application for financial assistance.

On June 20, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible for Medicaid, effective June 1, 2017.

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On June 21, 2017, NYSOH issued a notice of enrollment confirmation, based on your plan selection on June 20, 2017, stating that you and your spouse were enrolled in a Medicaid Managed Care plan with a plan enrollment start date of August 1, 2017.

On June 27, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were not eligible for health insurance through NYSOH, effective June 27, 2017. This was because notices sent to you by U.S. mail to the address provided in your account were returned to NYSOH as undeliverable.

Also on June 27, 2017, NYSOH issued a disenrollment notice stating that your and your spouse's enrollment in your Medicaid Managed Care plan would end on August 1, 2017. This was because you and your spouse were no longer eligible to enroll in health insurance through NYSOH.

On June 28, 2017, you updated your household's application for financial assistance.

On June 29, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible for Medicaid, effective June 1, 2017.

Also on June 29, 2017, NYSOH issued a notice of enrollment confirmation, based on your plan selection on June 28, 2017, stating that you and your spouse were enrolled in a Medicaid Managed Care plan with a plan enrollment start date of August 1, 2017.

On July 7, 2017, you spoke with NYSOH's Account Review Unit and appealed insofar as you and your spouse were without a Medicaid Managed Care plan for the month of July 2017.

On July 31, 2017, you updated your household's application for financial assistance. Specifically, you added your newborn to your account.

On August 1, 2017, NYSOH issued a notice of eligibility determination stating that you would remain eligible for Medicaid, effective July 1, 2017, that your spouse was no longer eligible for Medicaid, but his Medicaid coverage would continue until May 31, 2018, effective July 1, 2017, and that your newborn was eligible for Medicaid, effective July 1, 2017.

Also on August 1, 2017, NYSOH issued a notice of enrollment confirmation stating that you and your spouse were enrolled in a Medicaid Managed Care plan with a plan enrollment start date of August 1, 2017, and that your newborn was enrolled in a Medicaid Managed Care plan with a plan enrollment start date of September 1, 2017.

On October 2, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, [REDACTED] acted as your

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Authorized Representative and assisted you with your testimony. During the hearing, you requested that your appeal be amended to include the start date of your newborn's Medicaid Managed Care plan. Your request was granted. 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) You testified that you and your spouse have lived in New York State throughout 2017.
- 2) You testified that you and your spouse had coverage through your spouse's employer until May 31, 2017, but that neither you nor your spouse have had coverage outside of NYSOH since that time.
- 3) You testified that you and your spouse reside at [REDACTED], [REDACTED].
- 4) You testified that you changed your last name from your maiden name to your married name when you got married in 2015.
- 5) You testified that you provided the certified application counselor who assisted you with your application with your married name.
- 6) Your NYSOH account reflects that you updated your address to [REDACTED] [REDACTED] on July 11, 2016.
- 7) Your NYSOH account reflects that your name was updated to your married name on June 19, 2017.
- 8) You and your spouse were found eligible for Medicaid on May 31, 2017, effective May 1, 2017.
- 9) Your NYSOH account reflects that you enrolled yourself and your spouse in a Medicaid Managed Care plan on June 5, 2017.
- 10) All the mail that was returned to NYSOH was sent to [REDACTED] [REDACTED].
- 11) All the mail that was returned to NYSOH was addressed to your maiden name.
- 12) You testified that your newborn was born on [REDACTED].

- 13) Your NYSOH account reflects that you added your newborn to your account on July 31, 2017 and selected a Medicaid Managed Care plan for enrollment for your newborn that day.

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

Applicable Law and Regulations

Medicaid for Adults between the Ages of 19 and 65

Medicaid through NYSOH can be provided to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the federal poverty level (FPL) for the applicable family size (42 CFR §§ 435.119(b), 435.911(b)(1), 435.603(d)(4); N.Y. Soc. Serv. Law § 366(1)(b)).

Most adults determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage even if they lose Medicaid eligibility because of any changes or updates they make to their NYSOH account. For example, even if income increases above the Medicaid limit allowed for the household size, the insured will remain covered under Medicaid for a 12-month period. This 12-month period is referred to as "continuous coverage" and is set based on the start date of the original Medicaid eligibility determination or the date of a subsequent Medicaid eligibility determination based on modified adjusted gross income (NY Social Services Law § 366(4)(c)).

An individual will be enrolled or remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical care, lack of state residence, failing to provide a valid social security number, or having third party health insurance (NY Social Services Law § 366(4)(c)).

Under 42 CFR § 435.403 Medicaid must be provided to "eligible residents of the State" (42 CFR § 435.403(a)). A person shall not be eligible for Medicaid unless he or she is a resident of the state, or, while temporarily in the state, requires immediate medical care which is not otherwise available (N.Y. Soc. Serv. Law § 366(1)(d)(1)).

Medicaid for Pregnant Women

In New York, a pregnant woman is eligible for Medicaid at a household income of 223% of the federal poverty level (FPL) for the applicable family size (42 CFR

§435.116 (c)(2); NY Department of Social Services Administrative Directive 13ADM-03).

“Family size” means the number of persons counted as members of an individual’s household. The household of a taxpayer who expects to file a return, and does not expect to be claimed as a tax dependent by anyone else, consists of the taxpayer plus all people the taxpayer expects to claim as tax dependents (42 CFR § 435.603(f)(1)).

For purposes of Medicaid eligibility, the family size of a pregnant woman includes the pregnant woman and the number of children she expects to deliver (42 CFR § 435.603(b); State Plan Amendment (SPA) 13-0055-MM3, as approved by the US Department of Health and Human Services, March 19, 2014).

In an analysis of Medicaid eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4). On the date of your January 15, 2016 application under review, that was the 2015 FPL, which is \$28,410.00 for a five-person household (80 Fed. Reg. 3236, 3237).

Medicaid Start Date

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-03(III)(F)).

Medicaid Managed Care plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H-6(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; see 42 USC § 1315; § 364-j(1)(c); 18 NYCRR § 360-10.3(h), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-03(III)(F)).

Medicaid for Newborns

Medicaid coverage must be provided to a child born to a woman who has been determined eligible and is receiving Medicaid on the date of the child’s birth (42 CFR § 435.117(a), N.Y. Soc. Serv. Law § 366-g(3)). Additionally, Medicaid Managed Care plans are contractually obligated to provide coverage to eligible newborns based on the transaction date of the enrollment of the newborn (Medicaid Managed Care Model Contract (Appendix H-6 effective 3/1/2014 – 2/28/2019).

Legal Analysis

The first issue under review is whether NYSOH properly determined that you and your spouse were no longer eligible for health insurance through NYSOH and disenrolled from Medicaid and your Medicaid Managed Care plan, effective July 1, 2017, and again disenrolled effective August 1, 2017.

You and your spouse were found eligible for Medicaid effective June 1, 2017 and were subsequently enrolled into Medicaid Managed Care plans that were to be effective as of July 1, 2017.

On June 8, 2017 and June 15, 2017, notices that were sent to you via regular mail to [REDACTED] were returned to NYSOH as undeliverable.

As a result of the notice being returned to NYSOH, on June 18, 2017, an eligibility determination was issued stating that you and your spouse were not eligible for health insurance through NYSOH as notices sent to you by U.S. mail to the mailing address provided in your account were returned to NYSOH as undeliverable. You and your spouse were subsequently disenrolled from your Medicaid Managed Care plans as of July 1, 2017.

On June 19, 2017, your household's application for financial assistance was updated. Specifically, your name was updated to reflect your married name.

On June 20, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible for Medicaid, effective June 1, 2017. You and your spouse were reenrolled into a Medicaid Managed Care plan as of August 1, 2017.

On June 26, 2017, the June 18, 2017 eligibility determination and the June 18, 2017 disenrollment notice were returned to NYSOH because the notices could not be delivered as addressed.

On June 27, 2017, NYSOH issued an eligibility determination stating that you and your spouse were not eligible for health insurance through NYSOH as notices sent to you by U.S. mail to the mailing address provided in your account were returned to NYSOH as undeliverable.

Generally, an individual remains eligible for Medicaid for twelve continuous months unless the person becomes otherwise ineligible. If a person lacks state residence or is unable to prove state residence during those twelve months they become ineligible for Medicaid and continuous coverage.

The record reflects that since July 11, 2016 the address in your NYSOH account has been your address to [REDACTED]

██████ You testified that this is your correct address. You also testified that you and your spouse have resided in New York State throughout 2017.

As there is sufficient evidence in the record to concluded that you and your spouse have continuously retained New York State residency during the relevant time period, you and your spouse were improperly disenrolled from Medicaid and your Medicaid Managed Care plan as of July 1, 2017 and August 1, 2017 for failure to meet residency requirements. There are no other facts present in the record that would support you and your spouse being ineligible for Medicaid in those months.

Therefore, the June 18, 2017 eligibility determination notice, the June 18, 2017 disenrollment notice, the June 27, 2017 eligibility determination notice, and the June 27, 2017 disenrollment notice are RESCINDED because they improperly disenrolled you and your spouse from Medicaid coverage.

Accordingly, your case is RETURNED to NYSOH to reinstate you and your spouse into your Medicaid Managed Care plan, effective July 1, 2017.

The second issue is whether NYSOH properly determined that your child's enrollment in his Medicaid Managed Care plan was effective September 1, 2017.

In New York State, Medicaid coverage must be provided to a child born to a woman who has been determined eligible and is receiving Medicaid on the date of the child's birth.

The record reflects that your newborn was born on ██████████. As you should have been enrolled in your Medicaid Managed Care plan as of July 1, 2017, as is noted above, your newborn should have been enrolled into the same Medicaid Managed Care plan as of the date of his birth.

Therefore, the August 1, 2017 enrollment confirmation notice is MODIFIED to reflect that your newborn's enrollment in a Medicaid Managed Care plan was effective July 1, 2017.

Your case is RETURNED to NYSOH to enroll your newborn into the same Medicaid Managed that you should have been enrolled in as of the date of his birth.

Decision

The June 18, 2017 eligibility determination notice is RESCINDED.

The June 18, 2017 disenrollment notice is RESCINDED.

The June 27, 2017 eligibility determination notice is RESCINDED.

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

The June 27, 2017 disenrollment notice is RESCINDED.

The August 1, 2017 enrollment confirmation notice is MODIFIED to reflect that your newborn's enrollment in a Medicaid Managed Care plan was effective July 1, 2017.

The case is RETURNED to NYSOH to reinstate you and your spouse into your Medicaid Managed Care plan as of July 1, 2017 and to begin your newborn's enrollment in his Medicaid Managed Care plan as of July 1, 2017.

Effective Date of this Decision: October 06, 2017

How this Decision Affects Your Eligibility

You and your spouse should have remained eligible for Medicaid and your and your spouse's enrollment in your Medicaid Managed Care plan should have begun on July 1, 2017.

Your newborn should have been enrolled in his Medicaid Managed Care plan as of July 1, 2017.

Your case is being sent back to NYSOH to reinstate you and your spouse into your Medicaid Managed Care plan as of July 1, 2017 and to begin your newborn's Medicaid Managed Care plan as of July 1, 2017.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the Federal Marketplace. This must be done within 30 days of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

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

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

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

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

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

You can contact us in any of the following ways:

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

Summary

The June 18, 2017 eligibility determination notice is RESCINDED.

The June 18, 2017 disenrollment notice is RESCINDED.

The June 27, 2017 eligibility determination notice is RESCINDED.

The June 27, 2017 disenrollment notice is RESCINDED.

You and your spouse should have remained eligible for Medicaid and your and your spouse's enrollment in your Medicaid Managed Care plan should have begun on July 1, 2017.

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

The August 1, 2017 enrollment confirmation notice is MODIFIED to reflect that your newborn's enrollment in his Medicaid Managed Care plan was effective July 1, 2017.

Your newborn should have been enrolled in his Medicaid Managed Care plan as of July 1, 2017.

The case is RETURNED to NYSOH to reinstate you and your spouse into your Medicaid Managed Care plan as of July 1, 2017 and to begin your newborn's enrollment in his Medicaid Managed Care plan as of July 1, 2017.

Your case is being sent back to NYSOH to reinstate you and your spouse into your Medicaid Managed Care plan as of July 1, 2017 and to begin your newborn's Medicaid Managed Care plan as of July 1, 2017.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

[REDACTED]

[REDACTED]

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، يرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

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

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

Français (French)

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

हिंदी (Hindi)

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

日本語 (Japanese)

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

नेपाली (Nepali)

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

Polski (Polish)

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

Twi (Twi)

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

אַײַדיש (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.

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).