



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

Notice of Decision

Decision Date: October 20, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020714

[REDACTED]

Dear [REDACTED],

On October 10, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 2, 2017 eligibility determination notice and NYSOH's failure to issue an eligibility determination for your oldest child.

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
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P.O. Box 11729
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Decision

Decision Date: October 20, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020714



Issues

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

Did NY State of Health (NYSOH) properly determine that your children [REDACTED] and [REDACTED] eligibility for, and enrollment in, Child Health Plus (CHP) was effective August 1, 2017?

Did NYSOH improperly fail to issue notice of your oldest son's eligibility, based on his April 14, 2017 application?

Procedural History

On April 14, 2017, you updated your NYSOH application.

On April 15, 2017, NYSOH issued a notice stating that the income information in your application did not match what NYSOH received from state and federal data sources. The notice directed you to submit documentation of income by April 29, 2017. The notice also contained an attachment entitled "Request for Additional Information – Documentation List," which listed types of acceptable income documentation and which stated,

"You must report all of the income for your household. This includes income for household members who are not applying for coverage. If proof of income is requested for a child, please send in proof of income for parent/caretaker(s)."

On May 2, 2017, you updated your NYSOH application and uploaded documentation to your NYSOH account.

On May 3, 2017, NYSOH issued another notice stating that more information was needed to confirm your household's eligibility, and directing you to submit income documentation by April 29, 2017 for yourself and your daughters, and by May 17, 2017 for your spouse and your sons. The notice again included the attachment regarding acceptable income documentation.

On May 4, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application. The notice stated that the information you submitted regarding your income was insufficient, and that you needed to submit sufficient documentation by May 29, 2017. The notice also stated that you needed to submit income documentation for your daughters by May 29, 2017, and for your spouse and sons by June 1, 2017. The notice again included the attachment regarding acceptable income documentation.

On May 18, 2017, NYSOH issued a notice stating that more information was needed to confirm your household's eligibility, and directing you to submit documentation of household income by May 29, 2017 for yourself and your daughters, and by June 1, 2017 for your spouse and your sons. The notice again included the attachment regarding acceptable income documentation.

On June 11, 2017, NYSOH issued a notice of eligibility determination stating that you, your daughters, and your youngest child were eligible to enroll in a qualified health plan at full cost through NYSOH, effective July 1, 2017. The notice further stated that they were not eligible for Medicaid or any other financial assistance because you did not submit the documentation necessary to confirm your household income.

Also on June 11, 2017, NYSOH issued a notice stating that more information was needed to confirm your spouse and oldest child's eligibility. The notice directed you to submit income documentation by June 1, 2017 for them. The notice again included the attachment regarding acceptable income documentation.

On June 13, 2017, NYSOH issued a notice of eligibility determination stating that everyone in your household was eligible to purchase a qualified health plan at full cost through NYSOH. You and the members of your household were not eligible to receive Medicaid or any other financial assistance because you did not submit the income documentation necessary to confirm your household income.

On July 1, 2017, you updated your NYSOH account.

On July 2, 2017, NYSOH issued a notice of eligibility determination stating that your daughters were eligible for CHP with a \$9.00 monthly premium each,

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effective August 1, 2017. The notice further advised you to provide documentation of your oldest child's income by July 16, 2017, and to provide documentation of you and your spouse's income by September 29, 2017. The notice again included the attachment regarding acceptable income documentation.

Also on July 2, 2017, NYSOH issued a notice stating that more information was needed to confirm your oldest child's eligibility. The notice directed you to submit documentation of his household income by July 16, 2017. The notice again included the attachment regarding acceptable income documentation.

That same day, NYSOH issued a notice of enrollment confirmation, stating that your daughters were enrolled in a CHP plan, beginning August 1, 2017.

On July 6, 2017, you faxed documentation to NYSOH, which was uploaded to your account on July 7, 2017.

On July 8, 2017, NYSOH issued a notice stating that the income documentation submitted for your oldest child was not sufficient, and indicating that income documentation needed to be submitted on his behalf by July 31, 2017. The notice also stated that you and your spouse needed to submit income documentation by September 29, 2017.

On July 13, 2017, you faxed documentation to NYSOH, which was uploaded to your NYSOH account on July 14, 2017.

On July 18, 2017, NYSOH issued a notice stating that the income documentation submitted for your oldest child was not sufficient, and indicating that income documentation needed to be submitted by August 15, 2017. The notice also stated that you and your spouse needed to submit documentation of your income by October 14, 2017.

On July 21, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your two daughters' CHP coverage, insofar as it did not begin June 1, 2017. You also appealed the fact that NYSOH had not yet issued an eligibility determination for your oldest child.

On October 10, 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 support the following findings of fact:

- 1) You testified that you are appealing only on behalf of your daughters and your oldest child.
- 2) You updated your NYSOH application for financial assistance on April 14, 2017.
- 3) You testified that the reason you updated your application that day was to apply for coverage for yourself and your spouse, but that it caused your whole family's coverage to be redetermined.
- 4) You testified that you were told that you needed to submit proof of your Unemployment Insurance Benefits.
- 5) On May 2, 2017, you uploaded an Unemployment Insurance Monetary Benefit Determination showing that you had a claim effective date of March 6, 2017, and that, if you were approved for benefits, your weekly rate would be \$369.00 (Document [REDACTED]).
- 6) Also on May 2, 2017, you uploaded one biweekly paystub on behalf of your oldest child, dated April 9, 2017 (Document [REDACTED]).
- 7) You testified that you cannot recall specifically what notices you received and when, as you have received "so much" mail from NYSOH. However, you testified that you do recall receiving notices that said you should upload income documentation.
- 8) You testified that you had a difficult time when you tried to upload documentation to your NYSOH account, as you could not figure out how to upload more than one, and so you stopped trying to upload documents and had to start the application over again at some point.
- 9) You testified that you do recall receiving a letter at some point stating that the income documentation you submitted was not sufficient, but you do not know when that was.
- 10) You testified that you could not recall when you first submitted income documentation for your oldest child, but that you know you did so as soon as NYSOH requested the information.
- 11) You testified that you were confused by the notices issued by NYSOH, as they stated that you had until September to submit income documentation

for yourself and your spouse, but that NYSOH then told you that you needed to send them in for your children's eligibility to be determined.

- 12) You testified that you tried sending your spouse's paystubs twice, but that NYSOH states that they never received them.
- 13) Your NYSOH account reflects that, on July 6, 2017, you faxed two biweekly paystubs on behalf of your oldest child to NYSOH (Document [REDACTED]). The most recent paystub, dated July 2, 2017, indicated that his gross year-to-date earnings were \$2,638.42.
- 14) You testified that your oldest child will not be filing a tax return, and that he will be claimed as a tax dependent by his father (who is not your spouse). You testified that your oldest child works one day a week for seven hours and earns minimum wage. The application submitted on April 14, 2017 indicated that his expected gross annual income for 2017 is \$4,056.00.
- 15) Your NYSOH account reflects that, when you updated your NYSOH application again on July 1, 2017, you updated your income information to reflect earned income, and indicated that you started a new job on May 1, 2017.
- 16) On July 13, 2017, you faxed two biweekly paystubs to NYSOH on behalf of yourself (Document [REDACTED]).
- 17) Your NYSOH account reflects, that you enrolled your daughters into a CHP plan on July 1, 2017, with coverage beginning August 1, 2017.
- 18) You testified that you need your children's CHP plan to begin on June 1, 2017 because they have medical bills from June and July 2017.
- 19) You testified that your oldest child needs health insurance, and has been without insurance since April 30, 2017.

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

Applicable Law and Regulations

Child Health Plus

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) (New York Public Health Law (NY PHL) § 2511(2)(a)(iii)).

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To be eligible for CHP, the child:

- Must be under 19 years of age;
- Must be a New York State Resident;
- Must not have other health insurance coverage; and
- Must not be eligible for, or enrolled in, Medicaid

(NY PHL § 2511(2)(a)-(e)).

NYSOH is required to verify the eligibility of an applicant for CHP subsidy payments, which includes verifying the applicant's household income. If NYSOH is unable to verify the applicant's household income using available data sources, then NYSOH must request additional information from the applicant. NYSOH must provide the applicant with a reasonable period of time to furnish such information (42 CFR § 457.380; 42 CFR § 435.952(c)).

Child Health Plus Effective Date

The "period of eligibility" for CHP is "that period commencing on the first day of the month during which a child is an eligible child and enrolled or recertified for enrollment on an annual basis based on all required information and documentation and ending on the last day of the twelfth month following such date," unless the CHP premiums are not timely paid or the child no longer resides in New York State, gains access to or obtains other health insurance coverage, or becomes eligible for Medicaid (NY Public Health Law § 2510(6)).

"A State must specify a method for determining the effective date of eligibility for [CHP], which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between [CHP] and other insurance affordability programs as family circumstances change and avoids gaps or overlaps in coverage" (42 CFR § 457.340(f)).

The State of New York has provided that a child's period of eligibility for CHP begins on the first day of the month during which a child is eligible. A child will become eligible on the first day of the next month, if the application is received by the 15th of the month; applications received after the 15th day of the month will be processed for the first day of the second following month (see e.g. State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

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).

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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).

Household Composition

If an individual is under the age of nineteen, does not expect to file a federal income tax return, and is being claimed as a tax dependent by a non-custodial parent, that individual's household consists of the following, if living with the individual: the individual's parents, and the individual's siblings under the age of nineteen (42 CFR § 435.603(f)). For the purposes of this section, "parents" include stepparents (42 CFR § 435.603(b)).

Legal Analysis

The first issue review is whether NYSOH properly determined that your daughter's eligibility for, and enrollment in, CHP coverage was effective August 1, 2017.

Your NYSOH account reflects that you updated your NYSOH application on April 14, 2017. As a result of that application, NYSOH issued a notice on April 15, 2017 requesting documentation of income.

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, they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence. In its April 15, 2017 notice, NYSOH indicated that your household's eligibility for financial assistance could not be determined, and requested income documentation for your household.

You testified that you were asked to submit proof of your Unemployment Insurance Benefits at some point, and that you did so. On May 2, 2017, you uploaded a copy of your Unemployment Insurance Monetary Benefit determination, and also one biweekly paystub for your oldest child.

However, the notice issued to you on April 15, 2017 included an attachment outlining the type of income documentation that should be submitted to NYSOH, depending on an applicant's circumstances. The notice stated that, for individuals receiving Unemployment Insurance Benefits, the types of documentation that could be submitted were: an award letter, a monthly benefit statement, an account printout from the NY Department of Labor's website, a copy of the Direct Payment card with a card statement, or a denial letter.

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You submitted a Monetary Benefit Determination, which did not comply with these requirements, as it solely states the amount your weekly benefit would be, IF you qualified for benefits. Since you did not submit documentation indicating how much you actually were receiving/had received in benefits, the documentation was not sufficient.

The attachment also indicated that, for individuals with income, the required documentation was four weeks' worth of paystubs, or a letter from the employer on company letterhead, signed by the employer and dated. You submitted one biweekly paystub on behalf of your oldest child on May 2, 2017. As this did not comply with the documentation requirements, this was also insufficient.

Lastly, the notice also indicated that, if proof of household income was requested for a child, you needed to send in proof of income for the "parent/caretaker(s)." You indicated in your application that your spouse had earned income, but did not submit any documentation on his behalf.

Therefore, in a notice dated May 4, 2017, NYSOH informed you that the documentation you had submitted was insufficient, and requested more documentation. No further documentation was submitted after this request.

However, on July 1, 2017, you updated your NYSOH account and changed the information in your application to indicate that you were now working. Based on this updated, your daughters were found eligible for CHP, effective August 1, 2017.

Since you did not submit sufficient income documentation to confirm the information in your April 14, 2017 application, NYSOH was unable to determine your children's eligibility for financial assistance. However, once you updated your application on July 1, 2017, NYSOH was able to confirm the income information in that application, and properly found your daughters eligible for CHP, effective August 1, 2017.

You were also able to select a CHP plan for enrollment on July 1, 2017.

The date on which a CHP plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected between the first day and fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected from the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

Since you selected a CHP plan on behalf of your children on July 1, 2017, it properly took effect on the first day of the month following July: that is, on August 1, 2017. Therefore, the July 2, 2017 eligibility determination and enrollment confirmation notices are **AFFIRMED**.

The second issue under review is whether NYSOH improperly failed to provide you with a determination of your oldest child's eligibility after your April 14, 2017 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 they must attempt to resolve the inconsistency, including giving the applicant the opportunity to submit satisfactory documentary evidence.

You updated your NYSOH account on April 14, 2017. The income amount that was entered into this application did not match federal and state data sources, but did place your family into a "pending Medicaid" status. As a result, NYSOH asked that you submit additional documentation to confirm your income.

As discussed above, the documentation you submitted between your April 2017 and July 2017 applications was insufficient to confirm the income listed in your application. As such, your oldest child's eligibility could not be determined.

However, you updated your application on July 1, 2017, and, as a result, your daughters were found eligible for CHP. However, NYSOH continued to state that a determination could not be made with regard to your oldest child's eligibility.

If an individual is under the age of nineteen, is not a tax filer, and expects to be claimed as a tax dependent by a non-custodial parent, then that individual's household consists of any parents (including stepparents) or siblings living in the same household as the individual. You testified, and the record reflects, that your oldest child is fourteen years old, and that he will not be filing a tax return. Further, he will be claimed by his non-custodial father, who does not live with you, as a tax dependent. Therefore, for purposes of determining your oldest child's eligibility, his household consists of his siblings, you, and your spouse, but not his father. As such, as soon as NYSOH was able to determine your daughters' eligibility, they should also have been able to make an eligibility determination for your oldest child.

Additionally, you provided sufficient documentation to prove your oldest child's income on July 6, 2017, when you faxed two biweekly paystubs to NYSOH on your son's behalf. However, his income will not be counted in his eligibility determination, since he does not expect to earn enough income to be required to file a tax return, as indicated in your application, and confirmed by his income documentation.

Therefore, NYSOH should have issued a determination as to your oldest child's eligibility the same day that they determined your daughters' eligibility. For this

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reason, your case is RETURNED to NYSOH to issue an eligibility determination for your [REDACTED] son, based on a household of six with an expected annual household income of \$47,119.80. This eligibility should go into effect in accordance with an application date of July 1, 2017.

Decision

The July 2, 2017 eligibility determination is AFFIRMED, insofar as it found your two daughters to be eligible for CHP as of August 1, 2017.

The July 2, 2017 enrollment confirmation notice is AFFIRMED, insofar as it began your daughters' enrollment in their CHP plan on August 1, 2017.

Your case is RETURNED to NYSOH to immediately determine your oldest child's eligibility for financial assistance based on a household of six with an expected annual income of \$47,119.80, and utilizing an application date of July 1, 2017.

NYSOH is directed to notify you of your oldest child's eligibility in writing.

Effective Date of this Decision: October 20, 2017

How this Decision Affects Your Eligibility

This decision does not change your daughters' eligibility.

The effective date of your daughters' enrollment in their CHP plan was August 1, 2017.

NYSOH improperly failed to issue a determination regarding your oldest child's eligibility, as of your July 1, 2017 application.

Your case is being sent back to NYSOH so that your oldest child's eligibility can be determined, based on a six-person household with an expected annual income of \$47,119.80, utilizing an application date of July 1, 2017.

NYSOH will notify you in writing of your oldest child's eligibility.

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.

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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
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

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Summary

The July 2, 2017 eligibility determination is AFFIRMED, insofar as it found your two daughters to be eligible for CHP as of August 1, 2017.

The July 2, 2017 enrollment confirmation notice is AFFIRMED, insofar as it began your daughters' enrollment in their CHP plan on August 1, 2017.

Your case is RETURNED to NYSOH to immediately determine your oldest child's eligibility for financial assistance based on a household of six with an expected annual income of \$47,119.80, and utilizing an application date of July 1, 2017.

NYSOH is directed to notify you of your oldest child's eligibility in writing.

This decision does not change your daughters' eligibility.

The effective date of your daughters' enrollment in their CHP plan was August 1, 2017.

NYSOH improperly failed to issue a determination regarding your oldest child's eligibility, as of your July 1, 2017 application.

Your case is being sent back to NYSOH so that your oldest child's eligibility can be determined, based on a six-person household with an expected annual income of \$47,119.80, utilizing an application date of July 1, 2017.

NYSOH will notify you in writing of your oldest child's eligibility.

Legal Authority

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

A Copy of this Decision Has Been Provided To:



Getting Help in a Language Other than English

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

Español (Spanish)

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

中文 (Traditional Chinese)

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

Kreyòl Ayisyen (Haitian Creole)

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

中文 (Simplified Chinese)

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

Italiano (Italian)

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

한국어 (Korean)

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

Русский (Russian)

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

العربية (Arabic)

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

বাংলা (Bengali)

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

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Français (French)

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

हिंदी (Hindi)

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

日本語 (Japanese)

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

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई 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).