



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

Notice of Decision

Decision Date: November 20, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020861

[REDACTED]

Dear [REDACTED],

On October 12, 2017, you both appeared by telephone at a hearing on the appeal of NY State of Health's June 9, 2017 plan enrollment notice and July 18, 2017 eligibility determination notice.

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

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

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

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

Legal Authority

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

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

Decision

Decision Date: November 20, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020861



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 child's eligibility for and enrollment in an Essential Plan was effective July 1, 2017?

Did NYSOH properly determine that your child was not eligible for retroactive Medicaid for the period of April 1, 2017 through June 30, 2017?

Procedural History

According to your NYSOH account, your youngest adult child (child) was deemed eligible for Medicaid, effective May 1, 2016, and enrolled in a Medicaid Managed Care plan with a plan enrollment start date of July 1, 2016. Thereafter, your child was deemed no longer eligible for Medicaid, effective November 1, 2016, however, here coverage in Medicaid would continue until April 30, 2017.

On March 3, 2017, NYSOH issued a notice stating in part, that it was time to renew your child's health insurance. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether your child would qualify for financial help paying for her health coverage, and that you needed to update your account by April 15, 2017 or she might lose the financial assistance she was currently receiving.

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On March 23, 2017, your application for your family's health insurance was updated.

On March 24, 2017, NYSOH issued an eligibility determination notice stating that the income information in your March 23, 2017 application did not match what NYSOH received from state and federal data sources. The notice directed you to submit proof of household income by April 7, 2017.

Also on March 24, 2017, NYSOH issued a disenrollment notice stating in part, that your child's coverage in her Medicaid Managed Care plan would end on April 30, 2017. This was because she was no longer eligible to enroll in that plan.

On April 12, 2017, you submitted to NYSOH various income documentation for your family including documentation regarding your child. On April 17, 2017 that documentation was reviewed by NYSOH and was invalidated.

On April 18, 2017, NYSOH issued a notice acknowledging receipt of the income documentation you provided. The notice further stated that the income documentation did not confirm the information in your application and directed you to provide additional household income documentation by May 7, 2017.

On May 12, 2017, you submitted to NYSOH additional income documentation for your family members. On May 15, 2017 that documentation was reviewed by NYSOH and the documentation applicable to your child was invalidated.

On May 16, 2017, NYSOH issued a notice acknowledging receipt of the income documentation you provided. The notice further stated in part that the income documentation you provided regarding your child did not confirm the information in your application. You were directed to provide additional income documentation for your child by June 21, 2017.

On May 17, 2017, you submitted to NYSOH additional income documentation for your child. On May 18, 2017 that documentation was reviewed by NYSOH and the documentation applicable to your child was validated. At that time, your child's income was changed to reflect the income documentation that was submitted and the income attested to in the application. An updated application for health insurance was submitted on her behalf on May 18, 2017.

On May 19, 2017, NYSOH issued an eligibility determination notice stating in part that your child was eligible to purchase a qualified health plan at full cost through NYSOH, effective July 1, 2017. The notice stated that she was not eligible for Medicaid because of the Essential Plan, her household income was over the allowable income thresholds for each program.

On June 9, 2017, NYSOH issued an eligibility determination notice, based on your updated June 8, 2017 application, stating in part, that your child was eligible

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to enroll in the Essential Plan with a \$20.00 monthly premium for a limited period of time, effective July 1, 2017.

Also on June 9, 2017, NYSOH issued a plan enrollment notice, based on your plan selection on June 8, 2017, stating in part that your child was enrolled in Essential Plan 1 with a \$20.00 monthly premium and an enrollment start date of July 1, 2017.

On July 17, 2017, you submitted an updated application for financial assistance with health insurance and indicated that you were seeking help for paying for medical bills for your child for the months of April 2017, May 2017, and June 2017.

On July 18, 2017, NYSOH issued an eligibility determination notice stating that your child was not eligible for Medicaid for April 1, 2017 through June 30, 2017 because the program she was eligible for cannot pay for any care she received in the past.

On July 26, 2017, your certified application counselor spoke to NYSOH's Account Review Unit on your behalf and appealed the enrollment start date of your child's Essential Plan insofar as it did not start on June 1, 2017, and the denial of retroactive Medicaid for the month of June 2017.

On October 12, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. At that time, you verbally appointed [REDACTED] who also resides with you, as your authorized representative and she testified on your behalf. The record was developed during the hearing and left open until October 27, 2017 for you to submit supporting documentation.

On October 13, 2017, NYSOH Appeals Unit received via secure facsimile your five-page submission. On October 27, 2017, NYSOH Appeals Unit received via secure facsimile a second five-page submission with additional documentation. Those separate submissions were marked as Appellants Exhibit # 1 and Appellant's Exhibit # 2 respectively and are included in the record. The record was closed as of October 27, 2017.

Findings of Fact

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

- 1) You are appealing only the eligibility of your child.
- 2) According to your NYSOH account, your child's [REDACTED] and she is presently [REDACTED].

- 3) According to your NYSOH account, your child was determined eligible for Medicaid effective May 1, 2016 and was enrolled in a Medicaid Managed Care plan with a plan start date of July 1, 2016 through April 30, 2017.
- 4) According to your NYSOH account and your authorized representative's testimony, on March 23, 2017, you submitted an updated application for health insurance for your family.
- 5) According to your NYSOH account, on the March 23, 2017 application, your youngest child tax status was listed as a dependent but also that she would file her own tax return in 2017. She listed an expected annual income of \$9,360.00 on that application.
- 6) According to your NYSOH account, on April 12, 2017, you submitted income documentation for your child and on April 17, 2017, NYSOH invalidated these documents because they were illegible [REDACTED] [REDACTED] [REDACTED].
- 7) According to your NYSOH account, on May 15, 2017, you submitted additional income documentation for your child and that day NYSOH invalidated these documents as they were out of date [REDACTED] [REDACTED] [REDACTED].)
- 8) According to your NYSOH account, on May 17, 2017, you submitted additional income documentation for your child and on May 18, 2017 these documents were validated [REDACTED] [REDACTED]. On May 18, 2017, NYSOH updated your child estimated annual income based on the submitted documentation and the attested income listed for her in the account. On May 18, 2017, an updated application for health insurance was submitted for her based on the updated income.
- 9) According to your NYSOH account, on May 18, 2017, your child was determined eligible for a full cost qualified health plan, effective July 1, 2017. No plan selection was made following that May 18, 2017 eligibility determination.
- 10) According to your NYSOH account, on June 8, 2017 you submitted an updated application for financial assistance for your family and made changes in the attested sources of income for your child. On that application, you also changed your child's tax filing status to single with no dependents. Your child expected 2017 income was listed as \$ 21,658.00.
- 11) According to your NYSOH account, on June 8, 2017, your child was determined eligible for the Essential Plan for a limited period of time, effective July 1, 2017.

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- 12) According to your NYSOH account, on June 8, 2017, you selected an Essential Plan for your child with a plan enrollment start date of July 1, 2017.
- 13) According to your authorized representatives' testimony, sometime in mid-June 2017, your child [REDACTED] and required [REDACTED] treatment and follow up office visits [REDACTED] that month.
- 14) According to your NYSOH account and your authorized representative's testimony, on July 17, 2017, a certified application counselor submitted an updated application on your behalf and requested help with medical bills for your child for the previous three months of April 2017, May 2017, and June 2017.
- 15) Income documentation you submitted shows that your child had the following income for the months of April 2017, May 2017, and June 2017;
 - a. Pay date April 10, 2017, gross pay \$941.88,
 - b. Pay date April 25, 2017, gross pay \$961.54,
 - c. Pay date May 10, 2017, gross pay \$949.97,
 - d. Pay date May 25, 2017, gross pay \$874.36,
 - e. Pay date June 09, 2017, gross pay \$943.54,
 - f. Pay date June 23, 2017, gross pay \$1,051.76.
- 16) According to your July 17, 2017 application, your child will file her 2017 taxes with a tax filing status of single and will claim no dependents.
- 17) According to your July 17, 2017 application, your child will not be taking any deductions on her 2017 tax return.
- 18) Your authorized representative testified that you need to have your child's eligibility for the Essential Plan start June 1, 2017, or that she be found eligible for retroactive Medicaid for June 2017, because of the unpaid [REDACTED] visits in that month.

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

Applicable Law and Regulations

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)). If NYSOH cannot verify the income

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information required to determine eligibility through data sources, they must also attempt to resolve the inconsistency by giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR § 155.315(f)).

Essential Plan

NYSOH must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable federal poverty level (FPL) or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated (see 42 CFR § 600.305, 42 CFR § 435.603(d)(4), 45 CFR § 155.305(e), NY Social Services Law § 369-gg(3), 42 USC § 18051).

In an analysis of Essential Plan eligibility, the determination is based on the FPL in effect on the first day of the benefit year for which coverage is requested (45 CFR § 155.300(a)). On the date of your application, that was the 2016 FPL, which is \$11,880.00 for a one-person household (81 Fed. Reg. 4036).

A person who has a household income that is at or below 150% of the FPL has a \$0.00 premium contribution (New York's Basic Health Plan Blueprint, p. 21, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

A person who has a household income greater than 150% of the FPL or below 200% of the FPL has a \$20.00 per month premium contribution (New York's Basic Health Plan Blueprint, as approved January 2016).

Essential Plan Effective Date

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

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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)).

Medicaid for Children

A child aged 19 or 20, whose primary residence is with their parents, is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 155% of the federal poverty level (FPL) for the applicable family size (NY Social Services Law § 366)(b)(7); New York State Department of Social Services Administrative Directive 13 OHIP/ADM-03).

In the case of an individual who expects to file a tax return and does not expect to be claimed by another taxpayer, the household consists of the taxpayer and all persons whom such individual expects to claim as a tax dependent (42 CFR § 435.603(f)(1)).

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 July 17, 2017 application, that was the 2017 FPL, which is \$12,060.00 for a one-person household (82 Fed. Reg. 8831).

Retroactive Medicaid

The Department of Health must make Medicaid coverage start retroactively for up to three months prior to the month of an initial application if the individual received medical services that would have been covered under Medicaid and the individual would have been eligible for Medicaid at the time he received the services if he had applied (42 USCA § 1396A(34); 42 CFR § 435.915(a)). The Department of Health may make eligibility effective for fee-for-service Medicaid on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that your child was eligible for and enrolled in the Essential Plan, effective July 1, 2017.

For an individual who expects to file a federal income tax return, the household equals the taxpayers and the number of individuals for whom the taxpayer is claiming as a dependent.

Your child expects to file her 2017 income taxes as single and will claim no dependents on that tax return. Therefore, she is in a one-person household for purposes of this analysis.

The Essential Plan is provided through NYSOH to individuals who meet the non-financial requirements and have a household modified adjusted gross income that is between 138% and 200% of the FPL for the applicable family size. On the date of your application, the relevant 2016 FPL was \$11,880.00 for a one-person household.

Your NYSOH account reflects that you updated your account on March 23, 2017 and that application stated that your child would file taxes and be claimed as a dependent. That application listed her expected 2017 income at \$9,360.00. NYSOH requested proof of income be submitted by April 7, 2017. On April 12, 2017, you submitted income documentation for your child and on April 17, 2017, NYSOH invalidated these documents because they were illegible. On May 15, 2017, you submitted additional income documentation for your child and that day NYSOH invalidated these documents as they were out of date. On May 17, 2017, you submitted additional income documentation for your child and, on May 18, 2017, these documents were validated. That same day, NYSOH updated your child's estimated annual income and an application for health insurance was submitted for her based on the updated income.

On May 18, 2017, your child was determined eligible for a full cost qualified health plan, effective July 1, 2017, however, no plan selection was made following that eligibility determination. On June 8, 2017, you updated your family's application for health insurance and your child's income sources. Her tax filing status was changed to single with no dependents. Your child's expected 2017 annual income was listed at \$ 21,658.00 and the eligibility determination relied on that amount.

Based on that June 8, 2017 updated application, your child was eligible to enroll in the Essential Plan with a \$20.00 monthly premium for a limited period of time, effective July 1, 2017. On June 8, 2017, you selected an Essential Plan for your child with a plan enrollment start date of July 1, 2017.

Since an annual household income of \$21,658.00 is 182.31%% of the 2016 FPL, NYSOH properly found your child be eligible for the Essential Plan with a \$20.00 per month premium.

The date on which enrollment in an Essential Plan can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected from the first day to and including the 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 to the end of the month goes into effect on the first day of the second following month.

On June 8, 2017, you selected an Essential Plan for your child, so her enrollment properly took effect on the first day of the first month following June 2017; that is, on July 1, 2017.

Therefore, NYSOH's June 9, 2017 eligibility determination notice and plan enrollment notices are AFFIRMED because those notices properly state that your child's eligibility for and enrollment in her Essential Plan began on July 1, 2017.

The second issue under review is whether NYSOH properly determined that your child was not eligible for Medicaid from April 1, 2017 through June 30, 2017.

Your child was born [REDACTED] and, as of the July 17, 2017 application, was [REDACTED].

On July 17, 2017, a certified application counselor submitted an updated application for financial assistance for your child and requested help in paying for medical bills for the months of April 2017, May 2017, and June 2017.

When an individual file an application for Medicaid, his or her eligibility for retroactive Medicaid depends on the date of application. To this end, it does not matter whether or not that initial application resulted in Medicaid going forward. Instead, an individual, who has filed an initial application for Medicaid through NYSOH, has the right to be evaluated for Medicaid for the three months before the month of his or her application.

Medicaid coverage can be made effective retroactively for up to three months prior to an individual's initial application if the individual received medical services that would have been covered under Medicaid and if they would have been eligible for Medicaid in those three months had they applied.

Your authorized representative testified that you are seeking to have your child found eligible for Medicaid for the month of June 2017 because she had incurred expenses related to [REDACTED] treatment and follow up [REDACTED] visits that month.

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size. To be eligible for Medicaid in for the months of April 2017, May 2017, and June 2017, your [REDACTED] child would have needed to meet the non-financial criteria and have an income no greater than 155% of the FPL, which is \$1,558.00 per month. There is no indication in the record that your child would have been ineligible for Medicaid based on non-financial criteria during those months.

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According to your NYSOH account, you submitted documentation in the form of earning statements for your child for the months of April 2017, May 2017, and June 2017. The documents show that your child had income of \$1,903.42 in April 2017 (\$941.88 + \$961.54), income of \$1,824.33 in May 2017 (\$949.97 + \$874.36) and income of \$1,995.30 in June 2017 (\$943.54 + \$1,051.76).

Since your child's income in April 2017, May 2017 and June 2017 is greater than the allowable income of \$1,558.00 in each of those months, NYSOH properly determined that your child was not eligible for Medicaid for the period of April 1, 2017 through June 30, 2017.

Therefore, the July 18, 2017 eligibility determination notice stating that your child was not eligible for Medicaid for the period of April 1, 2017 through June 30, 2017 because the program she was eligible for cannot pay for any care she received in the past is MODIFIED to state that your child is not eligible for Medicaid for the period of April 1, 2017 through June 30, 2017 because her income of \$1,903.42 in April 2017, her income of \$1,824.33 in May 2017, and her income of \$1,995.30 in June 2017, is more than the allowable income of \$1,558.00 for each of those months.

Decision

The June 9, 2017 eligibility determination notice is AFFIRMED.

The June 9, 2017 plan enrollment notice is AFFIRMED.

The July 18, 2017 eligibility determination notice stating that your child was not eligible for Medicaid for the period of April 1, 2017 through June 30, 2017 because the program she was eligible for cannot pay for any care she received in the past is MODIFIED to state that your child is not eligible for Medicaid for the period of April 1, 2017 through June 30, 2017 because her income of \$1,903.42 in April 2017, her income of \$1,824.33 in May 2017 and her income of \$1,995.30 in June 2017 is more than the allowable income of \$1,558.00 for each of those months.

This decision does not affect any subsequent eligibility determinations issued by NYSOH.

Effective Date of this Decision: November 20, 2017

How this Decision Affects Your Eligibility

This decision does not change your child's eligibility.

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 effective date of your child's Essential Plan is July 1, 2017.

Your child was not eligible for retroactive Medicaid for the period of April 1, 2017 through June 30, 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 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):

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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 9, 2017 eligibility determination notice is AFFIRMED.

The June 9, 2017 plan enrollment notice is AFFIRMED.

The July 18, 2017 eligibility determination notice stating that your child was not eligible for Medicaid for the period of April 1, 2017 through June 30, 2017 because the program she was eligible for cannot pay for any care she received in the past is MODIFIED to state that your child is not eligible for Medicaid for the period of April 1, 2017 through June 30, 2017 because her income of \$1,903.42 in April 2017, her income of \$1,824.33 in May 2017 and her income of \$1,995.30 in June 2017 is more than the allowable income of \$1,558.00 for each of those months.

This decision does not affect any subsequent eligibility determinations issued by NYSOH.

This decision does not change your child's eligibility.

The effective date of your child's Essential Health Plan is July 1, 2017.

Your child was not eligible for retroactive Medicaid for the period of April 1, 2017 through June 30, 2017.

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)

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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. yebetumi 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)

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).

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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