



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

Notice of Decision

Decision Date: December 04, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021299

[REDACTED]

[REDACTED]

[REDACTED]

On October 25, 2017, your attorney appeared on your behalf by telephone at a hearing on your appeal of NY State of Health's January 10, 2017 eligibility determination notice and April 27, 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.

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 04, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021299

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) properly determine that you were eligible for Medicaid coverage for the treatment of emergency medical conditions only?

Procedural History

On July 5, 2016, NYSOH received your application for financial assistance.

On July 6, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan for a limited time and that you also qualified for additional benefits through Medicaid, effective July 1, 2016. The notice stated that NYSOH was checking federal data sources to confirm your immigration status. The notice also stated that NYSOH would contact you if you needed to send in proof that you have an eligible immigration status.

Also on July 6, 2016, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in an Essential Plan with a plan enrollment start date of July 1, 2016.

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On July 18, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan for a limited time and that you also qualified for additional benefits through Medicaid, effective August 1, 2016. The notice stated that you needed to submit documentation of your immigration status by October 15, 2016 in order to confirm your eligibility.

On September 28, 2016, your attorney submitted a U.S. Department of Justice, Executive Office of Immigration Review Case Summary / Disposition Record regarding your immigration proceedings.

On December 20, 2016, NYSOH issued a notice of eligibility determination stating that you were no longer eligible for health insurance through NYSOH, effective January 1, 2017. This was because you did not provide sufficient documentation confirming your immigration status by October 15, 2016.

Also on December 21, 2016, NYSOH issued a disenrollment notice stating that your coverage with your Essential Plan would end on December 31, 2016. This was because you were no longer eligible to enroll in health insurance through NYSOH.

On December 29, 2016, a navigator submitted an application for financial assistance to NYSOH on your behalf.

On December 30, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan for a limited time and that you also qualified for additional benefits through Medicaid, effective January 1, 2017. The notice stated that you needed to submit documentation of your immigration status by March 29, 2017 in order to confirm your eligibility.

Also on December 30, 2016, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in the Essential Plan with a plan enrollment start date of January 1, 2017.

On January 5, 2017, a navigator updated your application for financial assistance on your behalf.

On January 6, 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 needed in order to confirm the information in your application. This notice directed you to submit documentation of your income by January 20, 2017 in order to determine your eligibility for financial assistance.

Also on January 6, 2017, NYSOH issued a disenrollment notice stating that your coverage with your Essential Plan would end effective January 31, 2017.

On January 9, 2017, a navigator updated your application for financial assistance on your behalf.

On January 10, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid coverage for the treatment of emergency medical conditions only, effective January 1, 2017. This was because, although your household income was at or below the allowable income limit for Medicaid, you are not a citizen, qualified alien, or permanently residing in the United States under color of law (PRUCOL).

On January 27, 2017, your attorney submitted a copy of your U.S. Department of Justice, Executive Office of Immigration Review Case Summary / Disposition Record regarding your immigration proceedings as well as a U.S. Department of Homeland Security, Immigration and Customs Enforcement, Case Summary.

On February 13, 2017, a navigator updated your application for financial assistance on your behalf.

Also on February 13, 2017, a February 8, 2017 letter from your attorney was uploaded to your NYSOH account. This letter requested review of the eligibility determination, requesting non-emergency Medicaid coverage. This included a resubmission of a copy of your U.S. Department of Justice, Executive Office of Immigration Review Case Summary / Disposition Record regarding your immigration proceedings as well as a U.S. Department of Homeland Security, Immigration and Customs Enforcement, Case Summary.

On February 14, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan for a limited time and that you also qualified for additional benefits through Medicaid, effective March 1, 2017. The notice stated that NYSOH was checking federal data sources to confirm your immigration status. The notice also stated that NYSOH would contact you if you needed to send in proof that you have an eligible immigration status.

On February 17, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan for a limited time and that you also qualified for additional benefits through Medicaid, effective March 1, 2017. The notice stated that you needed to submit documentation of your immigration status by May 14, 2017 in order to confirm your eligibility.

On February 18, 2017, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in an Essential Plan with a plan enrollment start date of March 1, 2017.

On February 22, 2017, NYSOH reviewed the immigration documentation you submitted and determined that this was insufficient proof of a valid immigration status.

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On February 23, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application and that you would need to submit additional documentation of your immigration status by May 14, 2017 in order to confirm your eligibility.

On April 6, 2017, NYSOH redetermined your eligibility for financial assistance.

On April 7, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan for a limited time and that you also qualified for additional benefits through Medicaid, effective May 1, 2017. The notice stated that you needed to submit documentation of your immigration status by May 14, 2017 in order to confirm your eligibility.

On April 25, 2017, a copy of your employment authorization card valid from March 12, 1993 to March 11, 1994 was uploaded to your NYSOH account.

On April 27, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid coverage for the treatment of emergency medical conditions only, effective April 1, 2017. This was because, although your household income was at or below the allowable income limit for Medicaid, you are not a citizen, qualified alien, or PRUCOL.

Also on April 27, 2017, NYSOH issued a notice stating that NYSOH had previously notified you that additional information was needed in order to confirm your eligibility for health insurance through NYSOH. Although you had since submitted documentation to resolve the inconsistency, this documentation was insufficient to resolve NYSOH's request. Additional proof of immigration was required in order for NYSOH to confirm your eligibility for health insurance.

On June 8, 2017, your attorney faxed a letter along with an appeal request form, appointment of appeal representative form, and medical records, to NYSOH. In the letter, your attorney requested an expedited appeal.

On August 10, 2017, NYSOH issued a denial of request for an expedited appeal.

On September 27, 2017, NYSOH issued a notice of eligibility determination stating that you were enrolled in the Essential Plan with a plan enrollment start date of October 1, 2017.

On October 1, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for the Essential Plan for a limited time, effective October 1, 2017. This was because you had been granted Aid to Continue until a decision is made on your appeal.

On October 18, 2017, your attorney faxed a copy of your U.S. Department of Justice, Executive Office of Immigration Review Case Summary / Disposition Record regarding your immigration proceedings; a U.S. Department of Homeland

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Security, Immigration and Customs Enforcement, Case Summary; and the [REDACTED] Decision of the Immigration Judge.

On October 25, 2017, your attorney represented you at a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was left open for fifteen days at the request of your attorney. On November 9, 2017, the NYSOH Appeals Unit received via fax a twenty-six page memorandum of law from your attorney. This document is marked as appellant's exhibit #1 and hereby incorporated into the record. The record is now closed.

Findings of Fact

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

- 1) Your attorney submitted a copy of your U.S. Department of Justice, Executive Office of Immigration Review Case Summary / Disposition Record regarding your immigration proceedings. This documentation shows the following:
 - a. [REDACTED]
 - b. [REDACTED]
 - c. [REDACTED]
 - d. [REDACTED]

- 2) Your attorney submitted your U.S. Department of Homeland Security, Immigration and Customs Enforcement, Case Summary. This documentation shows the following:
 - a. [REDACTED]
 - b. [REDACTED]
 - c. [REDACTED]
 - d. [REDACTED]

- 3) Your attorney submitted the [REDACTED] Decision of the Immigration Judge. The written decision of the immigration judge reads as follows:

[REDACTED]

[REDACTED]

[REDACTED]

Section 240(b)(5)(C) of the Act provides that an in absentia removal order may be rescinded by the Immigration Judge only:

- (A) Upon motion to reopen filed within 180 days after the date of the order of removal if the alien demonstrates that the failure to appear was because of exceptional circumstances (as defined in INA §240(e)(1), or
- (B) Upon motion filed at any time if the alien demonstrates that the alien did not receive notice in accordance with paragraph (1) or (2) of section 239(a) or the alien demonstrates that the alien was in Federal or State custody and did not appear through no fault of the alien.

[REDACTED]

- 4) You submitted a copy of your employment authorization card which was valid from March 12, 1993 to March 11, 1994.
- 5) Your attorney stated that you initially entered the United States with a visitor Visa. You then applied for asylum [REDACTED]. Thereafter, you filed a motion to set aside, which was granted in 1998, [REDACTED].

- 6) Your attorney stated that your last contact with any immigration agency was in 1999 when an order was issued by an Immigration Judge.
- 7) Your attorney stated that the last decision made by an Immigration Judge in your case was the [REDACTED] decision.
- 8) Your attorney stated that you are married and have one child. However, your account states that you will file your 2017 tax return as single and claim no dependents.
- 9) Your attorney stated that you are no longer working, and have been out of work for at least the last six months due to [REDACTED].
- 10) On July 5, 2017, a letter dated June 20, 2016 from your employer was uploaded to your NYSOH account stating that you have a monthly salary of \$900.00.
- 11) Your attorney asserted that you should be determined to be PRUCOL and granted New York State Medicaid.
- 12) Your attorney noted that in the evidence packet submitted by NYSOH, in the appeal summary section, under the note [REDACTED] NYSOH indicates "Based on the submitted immigration documentation the appellant does meet the criteria for PRUCOL".
- 13) On September 17, 2017, NYSOH uploaded an evidence packet to your NYSOH account. Contained within that evidence packet are, among other documents, the January 10, 2017 eligibility determination stating that you were eligible for Medicaid coverage for the treatment of emergency medical conditions only, effective January 1, 2017, because, although your household income was at or below the allowable income limit for Medicaid, you are not a citizen, qualified alien, or PRUCOL, as well as the April 27, 2017 eligibility determination notice stating that you were eligible for Medicaid coverage for the treatment of emergency medical conditions only, effective April 1, 2017, because, although your household income was at or below the allowable income limit for Medicaid, you are not a citizen, qualified alien, or PRUCOL.

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

Applicable Law and Regulations

Medicaid

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Medicaid 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 that is at or below 138% of the federal poverty level for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.603(d)(4)), N.Y. Soc. Serv. Law § 366(1)(b)).

A person who meets certain nonfinancial criteria and has a household income that is at or below the applicable Medicaid income standard is eligible for Medicaid benefits (45 CFR § 155.305(c)). One of the non-financial criteria for Medicaid eligibility is the immigration status of the person applying for health insurance.

Generally, no person except a United States citizen, naturalized citizen, qualified alien, or person permanently residing in the United States under color of law (PRUCOL) is eligible for full Medicaid benefits (NY Soc. Serv. Law § 122(1); 18 NYCRR § 360-3.2(j)).

An applicant of, or recipient of, medical assistance must provide “evidence of his or her citizenship status as a qualified immigrant or PRUCOL alien”. (18 NYCRR §360-3.2(j)(3)).

In an analysis of Medicaid financial 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 applications, that was either the 2016 FPL, which is \$20,160.00 for a three-person household (81 Fed. Reg. 4036) or the 2017 FPL, which is \$20,420.00 for a three-person household (82 Fed. Reg. 8831).

Clarification on PRUCOL Status for Medicaid Eligibility

An alien is considered PRUCOL if they are “residing in the United States with the knowledge and permission or acquiescence of the Federal Immigration Agency and who departure from the U.S. such agency does not contemplate enforcing. An alien will be considered as one who departure the Federal Immigration Agency does not contemplate enforcing if, based on all the facts and circumstances in a particular case, it appears that the Federal Immigration Agency is otherwise permitting the alien to reside in the United States indefinitely or it is the policy or practice of such agency not to enforce the departure of aliens in a particular category” (18 NYCRR § 360-3.2(j)(1)(ii)).

The following categories of aliens are considered PRUCOL:

- (a) aliens paroled into the United States pursuant to section 212(d)(5) of the Immigration and Nationality Act for less than one year;

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- (b) aliens residing in the United States pursuant to an order of supervision;
- (c) deportable aliens residing in the United States pursuant to an indefinite stay of deportation;
- (d) aliens residing in the United States pursuant to an indefinite voluntary departure;
- (e) aliens on whose behalf an immediate relative petition has been approved, and members of their families covered by the petition, who are entitled to voluntary departure and whose departure the Federal Immigration Agency does not contemplate enforcing;
- (f) aliens who have filed an application for adjustment to lawful permanent resident status pursuant to section 245 of the Immigration and Nationality Act, whose application the Federal Immigration Agency has accepted as properly filed or has granted, and whose departure the Federal Immigration Agency does not contemplate enforcing;
- (g) aliens granted stays of deportation by court order, statute or regulation or by individual determination of the Federal Immigration Agency pursuant to section 243 of the Immigration and Nationality Act, whose departure the Federal Immigration Agency does not contemplate enforcing;
- (h) aliens granted voluntary departure status pursuant to section 242(b) of the Immigration and Nationality Act whose departure the Federal Immigration Agency does not contemplate enforcing;
- (i) aliens granted deferred action status;
- (j) aliens who entered and have continuously resided in the United States since before January 1, 1972;
- (k) aliens granted suspension of deportation pursuant to section 244 of the Immigration and Nationality Act whose departure the Federal Immigration Agency does not contemplate enforcing; and
- (l) any other alien living in the United States with the knowledge and permission or acquiescence of the Federal Immigration Agency and whose departure such agency does not contemplate enforcing. (18 NYCRR § 360-3.2(j)(1)(ii)).

Some aliens are PRUCOL because the federal immigration agency has granted them a status. Other aliens are PRUCOL because they have applied for a particular immigration status which has not yet been granted or denied. If an alien seeking Temporary Protected Status has an application before USCIS which remains pending the Medicaid worker must find the individual PRUCOL. However, if USCIS has denied the alien's application or otherwise indicates that it is not permitting the alien to reside in the U.S. indefinitely, the Medicaid worker must find that individual is not PRUCOL. In such cases, the alien if otherwise eligible may receive Medicaid only for care and services necessary to treat an emergency medical condition (NYS Department of Health Informational Letter "Clarification of PRUCOL Status for Purposes of Medicaid Eligibility" 07 OHIP/INF-2, pg. 2-3, March 15, 2007).

Emergency Medicaid

In some cases, Medicaid will pay for emergency medical treatment for a person who does not have evidence of citizenship or immigration status, even if the person cannot get full Medicaid coverage (NY Soc. Serv. Law § 122(1)(e); 18 NYCRR § 360-3.2(j)(3)(ii)(a)).

The term "emergency medical condition" means:

A medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- (a) Placing the patient's health in serious jeopardy;
- (b) Serious impairment of bodily functions; or
- (c) Serious dysfunction of any bodily organ or part

(18 NYCRR § 360-3.2 (iii)(a)-(c)).

To get treatment for an emergency medical condition, an undocumented alien who is not a temporary non-immigrant must meet all of the other Medicaid eligibility requirements, including proof of identity, income, and State residence (GIS 13 MA/09: Changes to Medicaid Coverage for the Treatment of an Emergency Medical Condition, (2/25/2013)).

Legal Analysis

The issue under review is whether NYSOH properly determined that you were eligible for Medicaid coverage for the treatment of emergency medical conditions only.

On January 10, 2017 and April 27, 2017, NYSOH issued eligibility determination notices stating that you were eligible for Medicaid coverage for the treatment of emergency medical conditions only, effective January 1, 2017 and April 1, 2017 respectively. This was because, although your household income was at or below the allowable income limit for Medicaid, you are not a citizen, qualified alien, or PRUCOL.

In submissions received by NYSOH on February 13, 2017 and June 8, 2017 your attorney, appealed those determinations, stating that you should be found fully eligible for Medicaid.

To be eligible for full Medicaid through NYSOH, you must submit documentation to prove that you are a United States citizen, naturalized citizen, qualified alien, or PRUCOL.

The record indicates that you entered the United States on or around March 1, 1990. Your attorney testified that you originally entered the United States with a visitor Visa. At some point, you were granted an employment authorization card which expired on March 11, 1994.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

This document is inconsistent with the [REDACTED] decision by an Immigration Judge as well as the [REDACTED] decision by an Immigration Judge referenced in the [REDACTED] decision. There is no indication that your case is currently under adjudication by an Immigration Judge as is noted in the Immigration and Customs Enforcement Case Summary. [REDACTED]

Additionally, there is no explanation in the Immigration and Customs Enforcement Case Summary which explains what is meant by “B-Relief Granted”. Furthermore, your attorney stated that your last contact with any immigration agency was in 1999 when an order was issued by an Immigration Judge.

[REDACTED]

Furthermore, although it does appear that you are residing in the United States with the knowledge of the Federal Immigration Agency; the record is devoid of any evidence that you are residing in the United States with the permission or acquiescence of the Federal Immigration Agency and that the Federal Immigration Agency does not contemplate enforcing your departure.

Although in the evidence packet, in the appeal summary section, under the note [REDACTED] NYSOH indicates “Based on the submitted immigration documentation the appellant does meet the criteria for PRUCOL”. Documents within this same evidence packet, specifically the January 10, 2017 eligibility determination notice and the April 27, 2017 eligibility determination notice, indicate that NYSOH has determined that you do not meet the criteria for PRUCOL. Therefore, the statement under note [REDACTED]” that you meet the criteria for PRUCOL is insufficient to find that NYSOH has conceded that you are PRUCOL given contradictory information contained within that same evidence packet.

Therefore, the record reflects that you do not meet the criteria to be considered PRUCOL.

Since you are an undocumented alien residing in the state of New York with an income of \$10,800.00, you are an otherwise eligible undocumented alien. Therefore, you qualify for Emergency Medicaid. The January 10, 2017 and April 27, 2017 eligibility determination notices are AFFIRMED.

Decision

The January 10, 2017 eligibility determination notice is AFFIRMED.

The April 27, 2017 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: December 04, 2017

How this Decision Affects Your Eligibility

NYSOH properly found that you are eligible for Medicaid coverage for the treatment of emergency medical conditions only.

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 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 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 January 10, 2017 eligibility determination notice is AFFIRMED.

The April 27, 2017 eligibility determination notice is AFFIRMED.

NYSOH properly found that you are eligible for Medicaid coverage for the treatment of emergency medical conditions only.

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)

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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।

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 महत्त्वपूर्ण 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.

Twí (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.

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).

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.