



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

Notice of Decision

Decision Date: November 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021514

[REDACTED]

[REDACTED],

On October 20, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 12, 2017 and August 16, 2017 eligibility determination notices.

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

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

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

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

Legal Authority

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

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

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

Decision

Decision Date: November 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021514



Issues

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

Did NY State of Health properly determine that you and your spouse were not eligible for Medicaid from July 1, 2017 to July 31, 2017?

Did NY State of Health properly determine that you and your spouse were eligible for up to \$564.00 per month in advanced payments of the premium tax credit, effective September 1, 2017?

Did NY State of Health properly determine that you and your spouse were ineligible for Medicaid?

Procedural History

On July 26, 2017, NY State of Health (NYSOH) received your application for financial assistance with health insurance. You also uploaded three documents to your NYSOH account that day.

On July 17, 2017, NYSOH issued a notice stating that the information you had entered into your application did not match what NYSOH received from state and federal data sources and that more information was needed to determine your and your spouse's eligibility. The notice directed you to submit household income documentation for you and your spouse by August 10, 2017.

On July 28, 2017, NYSOH invalidated the documentation you submitted on July 26, 2017.

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On July 29, 2017, NYSOH issued a notice stating that the income documentation you submitted was not sufficient to resolve the inconsistencies on your account. The notice directed you to submit additional income documentation by August 25, 2017.

On July 31, 2017, you faxed a nine-page document to your NYSOH account.

On August 3, 2017, you faxed a one-page document to NYSOH; which was uploaded to your account on August 4, 2017.

On August 4, 2017, NYSOH invalidated the income documentation that was faxed on August 3, 2017.

On August 5, 2017, NYSOH issued a notice stating that the income documentation you submitted was not sufficient to resolve the inconsistencies on your account. This notice directed you to submit additional income documentation by August 25, 2017.

On August 11, 2017, NYSOH uploaded the nine-page fax that was sent on July 31, 2017 to your NYSOH account.

Also on August 11, 2017, NYSOH validated your income documentation and an updated application was submitted on your behalf.

On August 12, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were newly eligible to purchase a qualified health plan at full cost through NYSOH, effective September 1, 2017. That notice also stated that you and your spouse were not eligible for Medicaid because your household income was over the allowable income limit for that program.

Also on August 12, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were not eligible for help paying medical bills for July 1, 2017 through July 31, 2017 because the program you were eligible for cannot pay for any care you receive in the past.

On August 15, 2017, NYSOH received your updated application for financial assistance with health insurance.

On August 16, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible for up to \$546.00 per month in advanced premium tax credits (APTC), effective September 1, 2017. That notice also stated that you and your spouse were not eligible for Medicaid because your household income was over the allowable income limit for that program.

Also on August 16, 2017, you spoke to NYSOH's Accounts Review Unit and appealed the eligibility determination insofar as you and your spouse were not eligible for Medicaid for the month of July 2017.

On October 20, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, the Hearing Officer amended the appeal to include the eligibility determination that was issued on August 16, 2017. The record was developed during the hearing and held open until November 6, 2017, to allow you time to submit supporting documentation.

On October 21, 2017, NYSOH's Appeals Unit received a four-page document from you. This four-page document was made part of the record as "Appellant's Exhibit #1". The record was left open until November 6, 2017 to allow you time to submit additional supporting documentation.

As of November 6, 2017, the NYSOH's Appeals Unit did not receive any additional documents from you and none were viewable in your NYSOH account. Therefore, the record was closed the same day and this Decision is based on the record as it was developed at the hearing and includes the documentation received on October 21, 2017.

Findings of Fact

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

- 1) You testified that you expect to file your 2017 taxes with a tax filing status of married filing jointly. You will claim no dependents on that tax return.
- 2) You are seeking insurance for yourself and your spouse.
- 3) You testified that your spouse was unable to continue his employment due to medical issues, and his last day of employment was July 12, 2017.
- 4) You testified that your spouse is ineligible for unemployment benefits.
- 5) According to documents you submitted, your spouse received four paystubs in the month of July 2017; which included a paystub dated July 6, 2017 for a gross income amount of \$1,500.00, a paystub dated July 13, 2017 for a gross income amount of \$1,500.00, a paystub dated July 20, 2017 for a gross income amount of \$1,500.00, and a paystub date July 27, 2017 for a gross income amount of \$1,500.00.
- 6) You testified that you believe that your spouse had to give back to his employer the last two paystubs that were issued in July 2017, since he did not actually work for that time period.

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- 7) The record has no documentation of the date that your spouse was separated from his employment nor is there any indication that he had to return any of the paystubs that were issued to him in the month of July 2017.
- 8) The submitted documentation indicates that your spouse's monthly gross income for the month of July 2017 was \$6,000.00.
- 9) You provided documentation that your monthly gross income for the month of July 2017 was \$1,012.62.
- 10) In the application submitted on August 11, 2017, you requested help paying for medical bills from the last three months.
- 11) The application that was submitted on August 15, 2017 listed annual household income of \$50,959.80, consisting of \$13,459.80 you earn from your employment and \$37,500.00 your spouse earned from his employment.
- 12) Your application states, and you testified, that you plan on taking a student loan interest deduction on your 2017 tax return in the amount of \$2,042.00.
- 13) Your application states that you and your spouse live in Orange County, New York.
- 14) You testified that you recently stopped working.
- 15) You testified that, before you stopped working, you were paid biweekly.
- 16) You provided documentation that your monthly gross income for the month of August 2017 was \$1,456.40.
- 17) You testified that you do not understand why you and your spouse are not eligible for Medicaid since your spouse had to stop his employment in July 2017.
- 18) You further testified that you would like you and your spouse to be found eligible for Medicaid for the month of July 2017 and moving forward.

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

Applicable Law and Regulations

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)).

Advance Payments of Premium Tax Credit

Advance payments of the premium tax credit (APTC) are generally available to a person who is eligible to enroll in a qualified health plan (QHP) and (1) expects to have a household income between 138% and 400% of the applicable federal poverty level (FPL), (2) expects to file a tax return and claim a personal exemption deduction for a person who meets the eligibility requirements to enroll in a QHP, and (3) is not otherwise eligible for minimum essential coverage except through the individual market (see 45 CFR § 155.305(f), 42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)).

The maximum amount of APTC that can be authorized equals:

- 1) the cost of the health insurance premium for the taxpayer's coverage family in the second lowest cost silver plan offered through NY State of Health in the county where the taxpayer resides

minus

- 2) the taxpayer's expected contribution amount

(see 26 USC § 36B, 26 CFR § 1.36B-3).

The taxpayer's expected contribution amount is the amount that the taxpayer is expected to spend on health insurance premiums. The expected contribution for 2017 is set by federal law at 2.04% to 9.69% of household income (26 USC § 36B(b)(3)(A), 26 CFR § 1.36B-3T(g)(1), IRS Rev. Proc.2016-24).

In an analysis of APTC eligibility, the determination is based on the FPL for the first day of the open enrollment period of the benefit year for which coverage is requested (45 CFR §§ 155.300(a), 155.305(f)(1)(i)). On the date of your application, that was the 2016 FPL, which is \$12,160.00 for a two -person household (81 Federal Register 4036).

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For annual household income in the range of at least 300% but less than 400% of the 2016 FPL, the expected contribution for 2017 is 9.69% of the household income (26 CFR § 1.36B-3T(g)(1), 45 CFR § 155.300(a), IRS Rev. Proc. 2016-24).

People who use the APTC to help pay health insurance premiums must file a federal tax return and reconcile their expected income (stated on NYSOH application) with their actual income (stated on their federal income tax return). Those who take less tax credit in advance than they claim on the tax return may get the rest of it as an income tax refund or have their tax bill reduced. Those who take more tax credit in advance than they can claim on their tax return will owe the difference as additional income taxes (26 CFR § 1.36B-4).

Medicaid

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

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 application, that was the 2017 FPL, which is \$16,240.00 for a two -person household (82 Fed. Reg. 8831).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

Modified Adjusted Gross Income

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

“Adjusted gross income” is the gross income of the taxpayer minus the deductions permitted (26 USC § 62). Subject to some limitations, interest on a qualified educational loan can be deducted from adjusted gross income in an amount up to \$2,500 in interest paid by taxpayers during the taxable year, whose yearly income does not exceed \$160,000 (26 USC § 221; see also 26 USC § 62 (17)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that you and your spouse were not eligible for Medicaid from July 1, 2017 through July 31, 2017.

You and your spouse are in a two-person household. This is because you testified, and your application states, that you and your spouse plan on filing your 2017 federal tax return with a tax filing status of married filing jointly, and you will claim no dependents on that tax return.

An updated application for financial assistance was submitted on you and your spouse’s behalf on August 11, 2017, in which you requested help in paying for medical bills for the last three months. Subsequently, NYSOH issued an eligibility determination stating that your and your spouse’s request for help paying medical bills from July 1, 2017 through July 31, 2017 had been denied because the program you and your spouse are eligible for cannot help pay for any care you and your spouse received in the past.

When an individual files an initial 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.

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 July 2017, you and your spouse would have needed to meet the non-financial criteria and have a monthly household income no greater than 138% of the FPL, which was \$1,868.00 per month for a two-person household. There is no indication in the record that you and your spouse

would have been ineligible for Medicaid based on non-financial criteria during July 2017.

You testified that your spouse had to stop working on July 12, 2017 due to a medical condition. However, the record contains four paystubs from the month of July 2017. You further testified that you believe that you spouse had to pay the last two paystubs back since he did not work for the pay period listed on the paystubs. Therefore, the Hearing Officer left the record open until November 6, 2017 to allow you time to submit supporting documentation to demonstrate that the amount your spouse earned in the month of July 2017. However, by the end of the business day on November 6, 2017, the only income documentation received by NYSOH's Appeals Unit was your paystubs from the month of August 2017.

As a result, NYSOH's Appeals Unit must rely upon the credible information in the record. You submitted income documentation which indicates that in the month of July 2017, you earned \$1,012.62 in monthly gross income. The paystubs in the record indicate that your spouse earned \$6,000.00 in monthly gross income for the month of July 2017. Therefore, the record indicates that your and your spouse's household monthly gross income for the month of July 2017 was \$7,012.62.

Therefore, the August 12, 2017 eligibility determination is correct and must be AFFIRMED.

The second issue under review is whether NYSOH properly determined that you and your spouse were eligible for an APTC of up to \$546.00 per month.

The application that was submitted on August 15, 2017 listed an annual household income of \$50,959.80, consisting of \$13,459.80 you earn from your employment and \$37,500.00 your spouse earned from his employment. Your application indicates, and you testified, that you also take a student loan interest deduction in the amount of \$2,042.00. Therefore, your and your spouse's annual household income is \$48,917.80, and the eligibility determination relied upon this information.

As already established, you and your spouse are in a two-person household.

You reside in [REDACTED], where the second lowest cost silver plan available for a couple through NYSOH costs \$941.33 per month.

An annual income of \$48,917.80 is 305.35% of the 2016 FPL for a two-person household. At 305.35% of the FPL, the expected contribution to the cost of the health insurance premium in 2017 is 9.69% of income, or \$395.01 per month.

The maximum amount of APTC that can be approved equals the cost of the second lowest cost silver plan available through NYSOH for a couple in your county (\$941.33 per month) minus your expected contribution (\$395.01 per month), which equals \$546.32 per month. Therefore, rounding to the nearest dollar, NYSOH correctly determined you and your spouse to be eligible for up to \$546.00 per month in APTC, based on the information provided in your application.

The third issue under review is whether NYSOH properly determined that you and your spouse were ineligible for Medicaid.

Medicaid can be provided through NYSOH to adults between the ages of 19 and 65 who meet the non-financial requirements and have a household modified adjusted gross income that is at or below 138% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$16,240.00 for a two-person household. Since \$48,917.80 is 301.22% of the 2017 FPL, NYSOH properly found you and your spouse to be ineligible for Medicaid on an expected annual income basis, using the information provided in your application.

However, financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size.

You provided income documentation which shows that you made a monthly gross income of \$1,456.40 for the month of August 2017.

You further testified that your spouse had stopped working due to a medical condition in July 2017 due to his medical conditions. There is no other credible evidence in the record which indicates when your spouse's last day of employment was, or how much he made in the month of August 2017.

Therefore, the Hearing Officer left the record open until November 6, 2017 to allow you time to submit a supporting income documentation, including a separation letter from your spouse's employer. However, by the end of the business day on November 6, 2017, the only income documentation received by NYSOH's Appeals Unit was your paystubs from the month of August 2017.

Since there is no other reliable income documentation in the record indicating the amount your spouse earned in August 2017, NYSOH's Appeals Unit must rely upon the system calculated income amount for this Decision.

To be eligible for Medicaid, you would need to meet the non-financial criteria and have an income no greater than 138% of the FPL, which is \$1,868.00 per month. Since the documentation you provided shows that you earned \$1,456.40 in August 2017 and the system calculated your spouse's monthly income for August 2017 to be \$3,125.00; your and your spouse's household income for

August 2017 was \$4,581.40. Therefore, you and your spouse do not qualify for Medicaid on the basis of monthly income as of the date of your application.

Since the August 16, 2017 eligibility determination properly stated that, based on the information you provided, you and your spouse were eligible for up to \$546.00 per month in APTC, and ineligible for Medicaid, it is correct and is AFFIRMED.

During the hearing, you testified that you have recently stopped working and that your spouse is still out of work. The record indicates that the last application that you submitted was on August 15, 2017. You may update your NYSOH account at any time to reflect any changes which may affect your and your spouse's eligibility; for example, proof of loss of employment and last day of work. NYSOH may ask that you submit additional supporting documentation.

Decision

The August 12, 2017 eligibility determination notice is AFFIRMED.

The August 16, 2017 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: November 13, 2017

How this Decision Affects Your Eligibility

NYSOH properly found you and your spouse to be ineligible for Medicaid for the month of July 2017, based on the current record.

NYSOH properly found you and your spouse to be eligible for up to \$546.00 in APTC, based on the information you provided in your application.

NYSOH properly found you and your spouse to be ineligible for Medicaid, based on the current record.

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

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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

Summary

The August 12, 2017 eligibility determination notice is **AFFIRMED**.

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

NYSOH properly found you and your spouse to be ineligible for Medicaid for the month of July 2017, based on the current record.

The August 16, 2017 eligibility determination notice is AFFIRMED.

NYSOH properly found you and your spouse to be eligible for up to \$546.00 in APTC, based on the information you provided in your application.

NYSOH properly found you and your spouse to be ineligible for Medicaid, based on the current record.

Legal Authority

We are sending you this notice 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 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.

אידיש (Yiddish)

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