



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

## Notice of Decision

Decision Date: November 16, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000021772

[REDACTED]

[REDACTED]

On November 2, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's May 29, 2017 eligibility determination notice, May 29, 2017 disenrollment notice, June 8, 2017 eligibility determination notice, June 8, 2017 enrollment confirmation notice, August 13, 2017 eligibility determination notice, August 13, 2017 disenrollment notice, August 24, 2017 eligibility determination notice, and August 24, 2017 enrollment confirmation notice.

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

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

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

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

### Legal Authority

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

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

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DEPARTMENT OF HEALTH  
P.O. Box 11729  
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## Decision

Decision Date: November 16, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000021772



## 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 her Child Health Plus plan terminated effective June 30, 2017?

Did NYSOH properly determined that your child's eligibility for and reenrollment in her Child Health Plus plan was effective July 1, 2017?

Did NYSOH properly determine that your child's eligibility for and enrollment in her Child Health Plus plan terminated effective August 31, 2017?

Did NYSOH properly determine that your child's eligibility for and reenrollment in her Child Health Plus plan was effective October 1, 2017?

## Procedural History

On March 23, 2017, you updated your household's application for financial assistance.

On March 24, 2017, NYSOH issued a notice of eligibility determination stating that your child was eligible for Child Health Plus for a limited time, effective May 1, 2017. This notice directed you to produce proof of your household's income by May 22, 2017 in order to confirm your child's eligibility for financial assistance.

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Also on March 24, 2017, NYSOH issued a notice of enrollment confirmation stating that your child was enrollment in a Child Health Plus plan with a plan enrollment start date of May 1, 2017.

On April 3, 2017, you uploaded medical documentation to your NYSOH account.

On April 7, 2017, NYSOH reviewed the documentation you submitted and determined that this was insufficient to resolve the inconsistency in your account.

On April 8, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the income information in your application. This notice directed you to submit additional proof of your household's income by May 22, 2017 in order to confirm your child's eligibility for financial assistance.

On April 26, 2017, you uploaded income documentation to your NYSOH account.

Also on April 26, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient to resolve the inconsistency in your account.

On April 27, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the income information in your application. This notice directed you submit proof of your household's income by May 22, 2017 in order to confirm your child's eligibility for financial assistance.

No additional income documentation was received by May 22, 2017.

On May 28, 2017, NYSOH redetermined your child's eligibility for financial assistance.

On May 29, 2017, NYSOH issued a notice of eligibility determination stating that your child was eligible to purchase a qualified health plan at full cost through NYSOH, effective July 1, 2017.

Also on May 29, 2017, NYSOH issued a disenrollment notice stating that your child's coverage with her Child Health Plus plan would end on June 30, 2017. This was because she was no longer eligible to enroll in a Child Health Plus plan.

On June 7, 2017, you updated your household's application for financial assistance.

Also on June 7, 2017, you uploaded income documentation to your NYSOH account.

Additionally, on June 7, 2017, NYSOH reviewed income documentation you submitted and determined that this was insufficient to resolve the inconsistency in your account.

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On June 8, 2017, NYSOH issued a notice of eligibility determination stating that your child was eligible for Child Health Plus for a limited time, effective July 1, 2017. This notice directed you to submit proof of your household's income by August 6, 2017 in order to confirm your child's eligibility for financial assistance.

On June 8, 2017, NYSOH issued a notice of enrollment confirmation stating that your child was enrolled in a Child Health Plus plan with a plan enrollment start date of July 1, 2017.

No additional income documentation was received by August 6, 2017.

On August 12, 2017, NYSOH redetermined your child's eligibility for financial assistance.

On August 13, 2017, NYSOH issued a notice of eligibility determination stating that your child was newly eligible to purchase a qualified health plan at full cost through NYSOH, effective September 1, 2017.

Also on August 13, 2017, NYSOH issued a disenrollment notice stating that your child's coverage in her Child Health Plus plan would end effective August 31, 2017. This was because your child was no longer eligible to enroll in a Child Health Plus plan.

On August 23, 2017, you updated your household's application for financial assistance. That day, a preliminary eligibility determination was prepared with regard to that application, stating that your child was eligible for Child Health Plus as of October 1, 2017.

Also on August 23, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as your child had been disenrolled from her Child Health Plus plan.

On August 24, 2017, NYSOH issued a notice of eligibility determination stating that your child was eligible for Child Health Plus for a limited time, effective October 1, 2017. This notice directed you to submit proof of your household's income by October 22, 2017 in order to confirm your child's eligibility for financial assistance.

Also on August 24, 2017, NYSOH issued a notice of enrollment confirmation stating that your child was enrolled in a Child Health Plus plan with a plan enrollment start date of October 1, 2017.

On November 2, 2017, you had a telephone hearing with a Hearing Officer from the NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

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## Findings of Fact

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

- 1) You testified that you receive notices from NYSOH both by regular mail and electronic mail, however your NYSOH account indicates that you receive all of your notices from NYSOH by electronic mail.
- 2) Your account reflects that on March 23, 2017 you contacted NYSOH and updated your account.
- 3) You testified that you believe you did receive an electronic alert regarding the March 24, 2017 eligibility determination notice which stated that your child's eligibility for Child Health Plus was limited and that you needed to provide documentation of your household's income.
- 4) Your NYSOH account reflects that on April 3, 2017 you uploaded a letter from your child's doctor regarding her medical condition.
- 5) On April 7, 2017, NYSOH reviewed the documentation you submitted on April 3, 2017 and determined that this was insufficient proof of your household's income.
- 6) On April 26, 2017, you uploaded your 2015 1099 form to your NYSOH account.
- 7) On April 26, 2017, NYSOH reviewed the 2015 1099 form you uploaded and determined that this was insufficient proof of your household's income.
- 8) You testified that you believe that you did receive an electronic alert regarding the April 8, 2017 and April 27, 2017 notices advising you that the income documentation you submitted did not match what was in your application and that additional income documentation was needed.
- 9) Your NYSOH account indicates that on May 28, 2017 your household's application was run and your child was found no longer eligible for Child Health Plus as of July 1, 2017.
- 10) Your NYSOH account reflects that on June 7, 2017 you contacted NYSOH and updated your account.

- 11) On June 7, 2017, you uploaded a letter from your employer dated June 6, 2017 stating that your commissions earned in the past thirty days were \$4,654.70 received on May 10, 2017.
- 12) Also on June 7, 2017, NYSOH reviewed the documentation you submitted on June 7, 2017 and determined that this was insufficient proof of your household's income.
- 13) You testified that you believe you received an electronic alert regarding the June 8, 2017 eligibility determination notice which stated that your child's eligibility for Child Health Plus was limited and that you needed to provide documentation of your household's income.
- 14) You testified that you believe you probably received an electronic alert regarding the June 8, 2017 notice advising you that the income documentation you submitted did not match what was in your application and that additional income documentation was needed.
- 15) Your NYSOH account indicates that on August 12, 2017 your household's application was run and your child was found no longer eligible for Child Health Plus as of August 31, 2017.
- 16) Your NYSOH account reflects that you contacted NYSOH on August 23, 2017 and updated your account. That day, you selected a Child Health Plus plan for your child for reenrollment.

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

## **Applicable Law and Regulations**

### Child Health Plus

The "period of eligibility" for Child Health Plus 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 [Child Health Plus], which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between [Child Health Plus] and other insurance affordability programs

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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 Child Health Plus 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).

#### Child Health Plus – Income Verification

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 – Proper Notice

NYSOH may not deny or terminate eligibility or reduce benefits for any individual on the basis of the information received, unless NYSOH has sought additional information from the individual and provided proper notice and hearing rights to the individual (42 CFR § 457.380(d); 42 CFR § 435.952(d)).

#### Electronic Notices

Applicants may choose to receive notices and information from NYSOH either by electronic alerts or by regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant’s account (42 CFR § 600.330(e); 42 CFR § 435.918(b)(4)).

Additionally, if an electronic alert regarding a notice in an individual’s NYSOH account fails, NYSOH must send out the notice by regular mail within three days of the failed alert (42 CFR § 435.918(b)(5)).

### **Legal Analysis**

The first issue is whether NYSOH properly determined that your child’s eligibility for and enrollment in her Child Health Plus plan terminated effective June 30, 2017.

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An individual requesting financial assistance to help pay for the cost of coverage provided through NYSOH is required to attest to his or her household's projected annual income. For individuals seeking enrollment in Child Health Plus, NYSOH must request income data from federal data sources in order to verify an individual's income attestation.

If NYSOH cannot verify an individual's income documentation, it must provide the individual with notice of the inconsistency. NYSOH must then provide the individual with a period of two months from the date notice is received to resolve the inconsistency.

In the eligibility determination issued on March 24, 2017 you were advised that your child was eligible for Child Health Plus for a limited time, and that you needed to provide proof of your household's income before May 22, 2017.

On April 3, 2017, you uploaded medical documentation to your NYSOH account.

On April 7, 2017, NYSOH determined that the income documentation you provided was insufficient. On April 8, 2017, NYSOH issued a notice advising you that the income documentation you submitted was insufficient and that additional documentation was required.

On April 26, 2017, you uploaded income documentation to your NYSOH account.

Also on April 26, 2017, NYSOH determined that the income documentation you provided was insufficient. On April 27, 2017, NYSOH issued a notice advising you that the income documentation you submitted was insufficient and that additional documentation was required.

The record reflects that NYSOH did not receive sufficient income documentation before the deadline.

You testified, and the record reflects that you had elected to receive alerts regarding notices from NYSOH electronically. You testified that you believe you did receive an electronic alert regarding the March 24, 2017 eligibility determination advising you that your child's eligibility for Child Health Plus was limited and that you needed to submit documentation of your household's income as well as the April 8, 2017 and April 27, 2017 notices advising you that the income documentation you submitted was insufficient and that additional documentation was required.

Therefore, the record reflects that NYSOH properly notified you of the need to submit income documentation for your household in order to ensure your child's eligibility for financial assistance and enrollment in her Child Health Plus plan would continue.

As the record reflects that NYSOH properly notified you of the need to submit additional income documentation and you failed to submit such documentation before the May 22, 2017 deadline, NYSOH properly determined that your child was no longer eligible for Child Health Plus and disenrolled from her Child Health Plus plan effective June 30, 2017.

Therefore, the May 29, 2017 eligibility determination notice and the May 29, 2017 disenrollment notice are AFFIRMED.

The second issue is whether NYSOH properly determined that your child's eligibility for and reenrollment in her Child Health Plus plan was effective July 1, 2017.

On June 7, 2017, you updated your household's application for financial assistance. That day, you selected a Child Health Plus plan for your child.

The date on which a Child Health Plus 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.

As you selected a Child Health Plus plan for your child on June 7, 2017, your child's eligibility for and reenrollment in her Child Health Plus plan properly took effect on the first day of the first month following June 2017; that is, on July 1, 2017.

Therefore, the June 8, 2017 eligibility determination and the June 8, 2017 enrollment confirmation notice are correct and must be AFFIRMED.

The third issue is whether NYSOH properly determined that your child's eligibility for and enrollment in her Child Health Plus plan terminated effective August 31, 2017.

In the eligibility determination issued on June 8, 2017 you were advised that your child was eligible for Child Health Plus for a limited time, and that you needed to provide proof of your household's income before August 6, 2017.

On June 7, 2017, you uploaded income documentation to your NYSOH account.

Also on June 7, 2017, NYSOH determined that the income documentation you provided was insufficient. On June 8, 2017, NYSOH issued a notice advising you that the income documentation you submitted was insufficient and that additional documentation was required.

The record reflects that NYSOH did not receive sufficient income documentation before the deadline.

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You testified, and the record reflects that you had elected to receive alerts regarding notices from NYSOH electronically. You testified that you believe you did receive an electronic alert regarding the June 8, 2017 eligibility determination advising you that your child's eligibility for Child Health Plus was limited and that you needed to submit documentation of your household's income as well as the June 8, 2017 notice advising you that the income documentation you submitted was insufficient and that additional documentation was required.

Therefore, the record reflects that NYSOH properly notified you of the need to submit income documentation for your household in order to ensure your child's eligibility for financial assistance and enrollment in her Child Health Plus plan would continue.

As the record reflects that NYSOH properly notified you of the need to submit additional income documentation and you failed to submit such documentation before the August 6, 2017 deadline, NYSOH properly determined that your child was no longer eligible for Child Health Plus and disenrolled from her Child Health Plus plan effective August 31, 2017.

Therefore, the August 13, 2017, 2017 eligibility determination notice and the August 13, 2017 disenrollment notice are AFFIRMED.

The fourth issue is whether NYSOH properly determined that your child's eligibility for and reenrollment in her Child Health Plus plan was effective October 1, 2017.

On August 23, 2017, you updated your household's application for financial assistance. That day, you selected a Child Health Plus plan for your child.

The date on which a Child Health Plus 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.

As you selected a Child Health Plus plan for your child on August 23, 2017, your child's eligibility for and reenrollment in her Child Health Plus plan properly took effect on the first day of the second month following August 2017; that is, on October 1, 2017.

Therefore, the August 24, 2017 eligibility determination and the August 24, 2017 enrollment confirmation notice are correct and must be AFFIRMED.

## **Decision**

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 May 29, 2017 eligibility determination notice is AFFIRMED.

The May 29, 2017 enrollment confirmation notice is AFFIRMED.

The June 8, 2017 eligibility determination notice is AFFIRMED.

The June 8, 2017 enrollment confirmation notice is AFFIRMED.

The August 13, 2017 eligibility determination notice is AFFIRMED.

The August 13, 2017 enrollment confirmation notice is AFFIRMED.

The August 24, 2017 eligibility determination notice is AFFIRMED.

The August 24, 2017 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** November 16, 2017

### **How this Decision Affects Your Eligibility**

The decision does not change your child's eligibility.

Your child's eligibility for and enrollment in her Child Health Plus plan properly terminated as of June 30, 2017.

Your child's eligibility for and reenrollment in her Child Health Plus plan properly began as of July 1, 2017.

Your child's eligibility for and enrollment in her Child Health Plus plan properly terminated as of August 31, 2017.

Your child's eligibility for and reenrollment in her Child Health Plus plan properly began as of October 1, 2017.

### **If You Disagree with this Decision (Appeal Rights)**

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

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This

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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 May 29, 2017 eligibility determination notice is **AFFIRMED**.

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The May 29, 2017 enrollment confirmation notice is AFFIRMED.

Your child's eligibility for and enrollment in her Child Health Plus plan properly terminated as of June 30, 2017.

The June 8, 2017 eligibility determination notice is AFFIRMED.

The June 8, 2017 enrollment confirmation notice is AFFIRMED.

Your child's eligibility for and reenrollment in her Child Health Plus plan properly began as of July 1, 2017.

The August 13, 2017 eligibility determination notice is AFFIRMED.

The August 13, 2017 enrollment confirmation notice is AFFIRMED.

Your child's eligibility for and enrollment in her Child Health Plus plan properly terminated as of August 31, 2017.

The August 24, 2017 eligibility determination notice is AFFIRMED.

The August 24, 2017 enrollment confirmation notice is AFFIRMED.

Your child's eligibility for and reenrollment in her Child Health Plus plan properly began as of October 1, 2017.

The decision does not change your 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)**

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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. ye&tumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

### **(Urdu) اردو**

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

### **Tiếng Việt (Vietnamese)**

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

### **אַײַדיש (Yiddish)**

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

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