STATE OF NEW YORK
DEPARTMENT OF HEALTH
PO Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: December 22, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000021905

[redacted]

Dear [redacted]

On November 2, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 22, 2017 eligibility determination.

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
  PO 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(b).

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
PO Box 11729
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Decision

Decision Date: December 22, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000021905

[redacted]

Issues

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

> Did NY State of Health (NYSOH) properly determine you were eligible to receive up to $309.00 per month in advance payments of the premium tax credit (APTC), effective October 1, 2017?
>
> Did NYSOH properly determine that you were eligible for cost-sharing reductions (CSR)?
>
> Did NYSOH properly determine you were not eligible for the Essential Plan?
>
> Did NYSOH properly determine you were not eligible for Medicaid?

Procedural History

On August 3, 2017, NYSOH received your updated application for financial assistance with your health insurance.

On August 4, 2017, NYSOH issued a notice stating the income information in your application did not match information received from state and federal data sources. The notice directed you to submit proof of your income before NYSOH could determine your eligibility for health coverage.

On August 22, 2017, NYSOH issued a notice of eligibility determination, based on an August 21, 2017 systematic eligibility redetermination, stating you were

eligible to receive up to $309.00 in APTC and, if you enrolled in a silver-level qualified health plan (QHP), eligible to receive CSR, both effective October 1, 2017. That notice also stated you were not eligible for Medicaid or the Essential Plan, because your household income was over the allowable income limits for those programs.

On August 28, 2017, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination insofar as you were not eligible for more financial assistance.

On November 2, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open to allow you to submit supporting documents. On November 8, 2017, the Appeals Unit received the requested documentation which was incorporated into the record as Appellant's Exhibit #1. The record closed thereafter.

Findings of Fact

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

1) You testified, and your applications indicate, you expect to file your 2017 taxes with a tax filing status of single and you will claim no dependents on that tax return.

2) You are seeking insurance for yourself.

3) The application submitted on August 3, 2017, listed annual household income of $11,700.00, consisting of income earned from your employment at a rate of $7.50 per hour for 30 hours per week.

4) According to your account, NYSOH was unable to verify the income information in your application and you were directed to submit proof of your income before NYSOH could determine your eligibility.

5) On August 18, 2017, NYSOH received income documentation containing the following information:

    a. For pay date of July 20, 2017, gross hourly income at a rate of $7.50 per hour for 19.69 hours for a total of $147.68. Meal deduction in the amount of $8.55 and tips earned in the amount of $349.00.

    b. For pay date of July 27, 2017, gross hourly income at a rate of $7.50 per hour for 22.43 hours for a total of $168.23. Meal

deduction in the amount of $11.40 and tips earned in the amount of $330.00.

c. For pay date of August 3, 2017, gross hourly income at a rate of $7.50 per hour for 19.96 hours per week for a total of $149.70. Meal deduction in the amount of $8.55 and tips earned in the amount of $341.00.

d. For pay date of August 10, 2017, gross hourly income at a rate of $7.50 per hour for 23.24 hours for a total of $174.30. Meal deduction in the amount of $8.44, tips earned in the amount of $313.00, and a sales bonus of $27.10.

6) According to your account, NYSOH verified your income documentation on August 21, 2017 and recalculated your annual income as $25,518.48 based on the average gross weekly income in the documentation submitted.

7) Based on the recalculated income amount, NYSOH determined you eligible to receive up to $309.00 in APTC, effective October 1, 2017. You were not eligible for Medicaid or the Essential Plan, because your income exceeded the annual income limits for those programs.

8) You testified you do not agree with NYSOH's calculation of your annual income.

9) You testified you are [redacted] and you earn an hourly wage as well as tips. You further testified that you can also earn bonuses based on your sales, but that this extra income is not regularly occurring.

10) You testified your income is inconsistent, because you do not always work the same hours or earn the same amount of tips.

11) You testified that you have to "tip out" a portion of your tips each shift, so you do not actually bring home the full amount of tips listed in your paystubs.

12) You testified that it is not fair that NYSOH bases its eligibility determination on gross income rather than net income, because you do not actually receive your gross income amount.

13) You testified that you were currently earning less than the amount represented in the income documentation previously submitted. You further testified that your current paystubs showed your year-to-date income was only $15,000.00 not the $25,000.00 calculated by NYSOH.

14) On November 8, 2017, the Appeals Unit received your updated income information. The most recent paystubs submitted was for the pay period ending October 22, 2017 containing the following year to date amounts:

    a. Hourly earnings of $7,693.37.

    b. Meal deductions in the amount of $446.75.

    c. “Sales Cont” of $303.64.

    d. Tips in the amount of $15,422.00.

15) You testified, and your applications indicate, you will not be taking any deductions on your 2017 tax return.

16) Your applications indicate you live in Bronx County.

17) As of December 1, 2017, you have been determined ineligible for financial assistance, because notices issued to you by NYSOH have been returned as undeliverable. Your mailing address has subsequently been marked as invalid.

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

Applicable Law and Regulations

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 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 NYSOH 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), IRS Revenue Procedure (RP) 2016-24).

In an analysis of APTC eligibility, the determination is based on the applicable 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 $11,880.00 for a one-person household (81 Federal Register 4036).

For annual household income in the range of at least 200% but less than 250% of the 2016 FPL, the expected contribution is between 6.43% and 8.21% of the household income (26 CFR § 1.36B-3, IRS RP 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 federal income tax return). Those who take less tax credit in advance than they can 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).

Cost-Sharing Reductions

Cost-sharing reductions (CSR) are available to a person who (1) is eligible to enroll in a QHP through NYSOH, (2) meets the requirements to receive APTC, (3) is expected to have an annual household income that does not exceed 250% of the FPL for the first day of the open enrollment period of the benefit year for which coverage is requested, and (4) is enrolled in a silver-level QHP (45 CFR § 155.300(a), 45 CFR § 155.305(g)(1)).

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 Federal Register 4036).

The Essential Plan is considered minimum essential coverage therefore, a person who is eligible for the Essential Plan is not eligible for any premium tax credit because they are eligible for minimum essential coverage through the individual market (*see* 26 CFR § 1.36B-2(c)(1), 26 USC § 5000A(f)(1)(C)).

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 $12,060.00 for a one-person household (82 Federal Register 8831, 8832).

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” means, in the case of an individual taxpayer, gross federal taxable income minus certain specific deductions, such as expenses reimbursed by an employer, losses from sale or exchange of property, losses from premature withdrawal of finds from time savings accounts, deductions attributable to royalties, and certain retirement savings (26 USC § 62(a)). Living

expenses, such as rent and utilities, are not an allowable deduction in computing adjusted gross income (*id*.).

Legal Analysis

The first issue is whether NYSOH properly determined you were eligible to receive up to $309.00 per month in APTC.

The updated application submitted on your behalf on August 3, 2017 listed an annual household income of $11,700.00 consisting of income earned from your employment at a rate of $7.50 per hour for 30 hours per week. According to your account, NYSOH was unable to verify the income information in your application and you were directed to submit proof of your income before NYSOH could determine your eligibility.

You testified that you are [redacted] and you earn an hourly wage as well as tips and periodic sales bonuses. Based on the evidence, including your own testimony, it is concluded that the income information listed in the August 3, 2017 application was inaccurate.

You submitted income documentation to NYSOH on August 18, 2017 for the pay period between July 10, 2017 and August 6, 2017. That documentation showed the amount of gross weekly hourly income you earned, as well as the amount of weekly meal deductions, tips earned, and a sales bonus earned in the final pay period. Your account confirms that NYSOH verified this documentation on August 21, 2017 and recalculated your annual income as $25,518.48 based on the average gross weekly income listed in the documentation submitted. Although you testified that NYSOH's calculation of your income was high, it is concluded that the calculation was consistent with the income documentation you submitted. Thus, NYSOH correctly based your eligibility determination on a household annual income amount of $25,518.48.

It is noted that during the hearing, you contended that your net income should be used to determined your eligibility for financial assistance, rather than your gross, because you do not actually receive the gross income amount. However, pursuant to the above cited regulations, NYSOH bases its eligibility determinations on modified adjusted gross income as defined in the federal tax code. 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. There is no provision to decrease income based on payroll withholdings.

The evidence establishes that you are in a one-person household, because you expect to file your 2017 income taxes as single and you will claim no dependents on that tax return.

You reside in Bronx County, where the second lowest cost silver plan available for an individual through NYSOH costs $456.46 per month.

An annual income of $25,518.48 is 214.8% of the 2016 FPL for a one-person household. At 214.8% of the FPL, the expected contribution to the cost of the health insurance premium is 6.96% of income, or $147.94 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 an individual in your county ($456.46 per month) minus your expected contribution ($147.94 per month), which equals $308.52 per month. Therefore, rounding to the nearest dollar, NYSOH correctly determined you eligible for up to $309.00 per month in APTC.

The second issue is whether you were properly found eligible for CSR. CSR are available to a person who has a household income no greater than 250% of the applicable FPL. Since a household income of $25,518.48 is 214.8% of the applicable FPL, NYSOH correctly found you eligible for CSR.

The third issue under review is whether NYSOH properly determined you were ineligible for the Essential Plan, effective October 1, 2017.

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 FPL was $11,880.00 for a one-person household. Since an annual household income of $25,518.48 is 214.8% of the 2016 FPL, over the 200% limit, NYSOH properly found you ineligible for the Essential Plan.

The fourth issue is whether NYSOH properly determined you 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 $12,060.00 for a one-person household. Since $25,518.48 is 211.6% of the 2017 FPL, NYSOH properly found you 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.

The income documentation submitted on August 19, 2017, showed an average gross monthly income of $2,126.54.

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 $1,387.00 per month. Since the documentation you provided at the time of the subject eligibility determination showed that you earned an average gross monthly income of $2,126.54, you would not qualify for Medicaid based on monthly income as of the date of your application.

Because the August 29, 2017 eligibility determination properly stated that, based on the information you provided, you were eligible for up to $309.00 per month in APTC, eligible for CSR, ineligible for the Essential Plan, and ineligible for Medicaid, effective October 1, 2017, it is correct and is AFFIRMED.

It is noted that as of December 1, 2017, you have been determined ineligible for financial assistance, because mail issued to you by NYSOH has been returned as undeliverable. Your mailing address has been marked invalid by NYSOH as a result. Accordingly, you are directed to update your NYSOH account with your correct mailing address to be redetermined for financial assistance with health coverage.

It is further noted that you submitted updated income documentation to the Appeals Unit on November 8, 2017. Although you testified that the updated income documentation showed your year to date earnings were only $15,000.00, review of that documentation establishes that your earnings exceed that amount. The most recent paystub submitted for the pay period ending October 22, 2017, shows year to date tips earned in the amount of $15,422.00. However, it also shows that your year to date hourly income earnings were $7,246.62 (after year to date meal deduction was subtracted). Furthermore, the paystub shows year-to-date sales bonuses in the amount of $303.64, for total year to date earnings, as of October 22, 2017, of $22,972.26.

Thus, based on your total year to date gross income through the first 42 weeks of 2017, it is concluded that your average gross weekly income is $546.96, resulting in an annual gross income of $28,441.85. Therefore, once your mailing address has been properly updated in your account, your case is RETURNED to NYSOH to redetermine your eligibility for financial assistance going forward, based on a one-person household and an annual income of $28,441.85.

Decision

The August 29, 2017 eligibility determination notice is AFFIRMED.

You are directed to update your NYSOH account with your correct mailing address to be redetermined for financial assistance with health coverage.

Once your mailing address has been properly updated, your case is RETURNED to NYSOH to redetemine your eligibility for financial assistance going forward, based on a one-person household and an annual income of $28,441.85.

Effective Date of this Decision: December 22, 2017

How this Decision Affects Your Eligibility

You remain eligible for up to $309.00 in APTC.

You are eligible for cost-sharing reductions.

You are ineligible for the Essential Plan.

You are ineligible for Medicaid.

You need to update your mailing address with NYSOH to have your eligibility redetermined.

If You Disagree with this Decision (Appeal Rights)

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Insofar as your appeal was decided, the 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):

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
  PO Box 11729
  Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The August 29, 2017 eligibility determination notice is AFFIRMED.

You are directed to update your NYSOH account with your correct mailing address to be redetermined for financial assistance with health coverage.

Once your mailing address has been properly updated, your case is RETURNED to NYSOH to redetermine your eligibility for financial assistance going forward, based on a one-person household and an annual income of $28,441.85.

You remain eligible for up to $309.00 in APTC.

You are eligible for cost-sharing reductions.

You are ineligible for the Essential Plan.

You are ineligible for Medicaid.

Legal Authority

We are sending you this notice in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

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).

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 مجانًا.

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।

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).

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 नि:शुल्क 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 yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yƐbƐtumi ama wo obi a ɔkyerƐ kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

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