



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

Notice of Decision

Decision Date: November 24, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021926

[REDACTED]

Dear [REDACTED],

On November 2, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 24, 2017 eligibility determination and disenrollment notices and the August 30, 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 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
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Decision

Decision Date: November 24, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021926



Issues

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

Did NY State of Health properly determine that your eligibility for the Essential Plan ended effective September 30, 2017?

Did NY State of Health properly determine that you were eligible to receive up to \$216.00 per month in advance payments of the premium tax credit, effective October 1, 2017?

Did NY State of Health properly determine that you were not eligible for cost-sharing reductions?

Did NY State of Health properly determine that you were not eligible for the Essential Plan?

Procedural History

On May 20, 2017, NY State of Health (NYSOH) issued an eligibility determination notice, based on your May 19, 2017 application, stating that you were eligible to enroll in the Essential Plan for a limited time with a monthly premium of \$20.00, effective July 1, 2017. The notice directed you to provide documentation confirming your income by August 17, 2017.

Also on May 20, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in an Essential Plan with a premium of \$20.00 per month, effective July 1, 2017.

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No income documentation was submitted by August 17, 2017.

On August 24, 2017, NYSOH issued an eligibility determination notice stating that, if you qualified for a special enrollment period, you were newly eligible to purchase a qualified health plan at full cost, effective October 1, 2017. The notice further stated that you did not qualify for Medicaid, Child Health Plus, or the Essential Plan, and were not eligible to receive the advance payment of the premium tax credit or cost-sharing reductions to help pay for the cost of coverage through NYSOH. This was because NYSOH did not receive the income documentation needed to verify the income listed in your application, the date to send in this information had passed, and your eligibility for help paying for health coverage could not be confirmed without this information

Also on August 24, 2017, NYSOH issued a disenrollment notice stating that your Essential Plan would end effective September 30, 2017 because you were no longer eligible for that plan.

On August 29, 2017, you updated your application for financial assistance. That day, NYSOH prepared a preliminary eligibility determination finding you eligible to receive an advanced payment of the premium tax credit (APTC) of up to \$216.00 per month for a limited time as of October 1, 2017.

Also on August 29, 2017, you spoke to NYSOH's Account Review Unit and appealed the termination of your Essential Plan.

On August 30, 2017, NYSOH issued an eligibility determination notice, consistent with the August 29, 2017 preliminary eligibility determination, stating that you were eligible to receive APTC of up to \$216.00 per month for a limited time as of October 1, 2017. The notice directed you to provide documentation confirming your income before November 27, 2017. The notice further stated that you were ineligible for cost-sharing reductions and ineligible for the Essential Plan because your income is over the allowable income limits for those programs.

On September 2, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan for a limited time with a monthly premium of \$20.00, effective October 1, 2017. The notice further stated you have been granted Aid to Continue until a decision is made on your appeal.

Also on September 2, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in an Essential Plan with a premium of \$20.00 per month, effective October 1, 2017.

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 November 17, 2017 to allow you time to submit supporting documents.

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On November 17, 2017, you submitted a letter of attestation, dated November 17, 2017, a letter from your employer, dated November 16, 2016, a payroll statement, dated October 1, 2017 through November 16, 2017, and a student loan summary sheet. These documents were made part of the record as "Appellant's Exhibit A." The record closed that day.

Findings of Fact

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

- 1) According to your NYSOH account and testimony, you receive all your notices from NYSOH via regular mail.
- 2) You testified that, when you updated your account on May 19, 2017, a NYSOH representative did notify you that proof of income was needed, however, you did not receive the May 20, 2017 notice stating that your eligibility was only conditional and that you needed to provide documentation of your household's income by August 17, 2017.
- 3) You testified that your mail often gets delivered to an incorrect mailbox, and you have had numerous issues with the U.S. Postal Service.
- 4) You did not submit proof of income documentation by the August 17, 2017 deadline.
- 5) Your NYSOH account indicates that, on March 20, 2017, your eligibility was systematically run and you were found no longer eligible for financial assistance as of October 1, 2017. You were dis-enrolled from your Essential Plan as of September 30, 2017. The basis for your ineligibility was that you had not provided proof of your household income.
- 6) You testified that you realized you were disenrolled when you received NYSOH's disenrollment notice stating the same via regular mail.
- 7) On August 29, 2017, you updated your application for financial assistance and were found eligible to receive APTC of up to \$216.00 per month and ineligible for cost-sharing reductions as of October 1, 2017.
- 8) You testified that you are seeking enrollment in the Essential Plan because you cannot afford to pay the qualified health plan premiums offered to you.

- 9) You testified that you expect to file your 2017 taxes with a tax filing status of single. You will claim no dependents on that tax return.
- 10) You are seeking health insurance for yourself.
- 11) The application that was submitted on August 29, 2017 listed annual household income of \$32,440.00 in earnings from your employment. You testified that this amount was incorrect and that you gross \$510.00 weekly for a gross annual household income of \$26,520.00.
- 12) You provided documentation that your gross weekly pay was \$901.25.
- 13) Your application states that you will be taking a student loan interest deduction in the amount of \$5,000.00 per year. You testified that this is correct and that you have \$234.00 payments taken out of your paycheck each week to pay off your student loans.
- 14) You provided documentation showing that between October 1, 2017 and November 16, 2017, you have had \$200.00 per weekly pay period taken out of your paycheck as a miscellaneous deduction. It does not state what the deduction is.
- 15) Your documentation further shows that you have student loans with a 9% interest rate. It does not show how much interest was paid in 2017 for those loans.
- 16) According to your NYSOH account and your testimony, you live in Kings County, New York.

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

Applicable Law and Regulations

Verification of Eligibility for the Essential Plan

NYSOH must verify the eligibility of an applicant for the Essential Plan consistent with the standards set in 45 CFR § 155.315 and § 155.320 (New York's Basic Health Plan Blueprint, pgs. 16-17, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>; 42 CFR § 600.345(a)(2)).

An applicant is required to attest to their household's projected annual income. (45 CFR § 155.320(c)(3)(ii)(B)). For all individuals, whose household income is needed, NYSOH must request tax return data from the Secretary of the Treasury

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and data regarding Social Security benefits from the Commissioner of Social Security to confirm that the information the applicant is attesting to is accurate (45 CFR § 155.320(c)(1)(i); 45 CFR § 155.320(c)(3)(ii)(A)).

If income data is unavailable, or if an applicant's attestation is not reasonably compatible with the income data NYSOH obtains, NYSOH must request additional information from the applicant to resolve the inconsistency (45 CFR § 155.320 (c)(3)(iii), (iv)).

NYSOH must provide the applicant with notice of the inconsistency in their account and 90 days to provide satisfactory documentary evidence to resolve the inconsistency (45 CFR § 155.315 (f)(2)). If NYSOH remains unable to verify the attestation of the applicant, NYSOH must re-determine the applicant's eligibility based on the information available from the data sources unless the applicant demonstrates that they are unable to provide the required documentation (45 CFR § 155.315(f)(2), (g)).

Upon making an eligibility redetermination, NYSOH must notify the applicant and implement any updates in eligibility to the Essential Plan effective the first day of the following month for changes received by NYSOH from the first to the fifteenth of any month (45 CFR § 155.420(b)(1)(i); see *also* 42 CFR § 600.320(c)). For updates received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR § 155.420(b)(1)(ii); see *also* 42 CFR § 600.320(c)).

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

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(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 \$11,880.00 for a one-person household (81 Federal Register 4036.).

For annual household income in the range of at least 250% but less than 300% of the 2016 FPL, the expected contribution for 2017 is between 8.21% and 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).

Cost-Sharing Reductions

Cost-sharing reductions 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

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§ 435.603(d)(4), 45 CFR § 155.305(e), NY Social Services Law § 369-gg(3), 42 USC § 18051).

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

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)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that your eligibility for and enrollment in the Essential Plan through NYSOH ended effective September 30, 2017.

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 the Essential Plan, NYSOH is required to determine whether individuals are eligible to enroll in coverage through NYSOH and must confirm, among other things, that their income information is accurate.

If NYSOH cannot verify an individual's attestation, it must provide the individual with notice of the inconsistency and provide a period of 90 days from the date notice is received to resolve the inconsistency.

In the eligibility determination issued on May 20, 2017, you were advised that you were eligible for the Essential Plan for a limited time, and that you needed to confirm your income with documentary proof by August 17, 2017.

The record reflects that NYSOH did not receive the income documentation by the August 17, 2017 deadline.

You testified that when you updated your account on May 19, 2017, a NYSOH representative did notify you that proof of income was needed.

Notwithstanding the fact that you were advised by the NYSOH representative that proof of income was required to confirm your eligibility for the Essential Plan, you testified that you did not receive the May 20, 2017 notice from NYSOH telling you that you needed to provide income documentation to confirm your eligibility. You further testified, and your NYSOH account confirms, that you elected to

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receive notifications by regular mail. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

Therefore, it is concluded that NYSOH did properly notify you of an inconsistency in your account and provided you with 90 days to resolve the inconsistency in your income, as stated in the May 20, 2017 eligibility determination notice.

Since the requested income documentation was not received within the 90-day period, NYSOH was required to re-determine your eligibility without verification of your income. As such, NYSOH properly determined that you were no longer eligible for financial assistance to help pay for the cost of health insurance but that you could purchase a qualified health plan at full cost through NY State of Health, effective September 30, 2017, if you qualified for a special enrollment period, as stated in the August 24, 2017 eligibility determination notice.

NYSOH also issued a corresponding disenrollment notice on August 24, 2017, stating that, since you no longer qualified for the Essential Plan, your coverage would end September 30, 2017.

Therefore, NYSOH's August 24, 2017 eligibility determination and disenrollment notices are correct and must be AFFIRMED.

The second issue under review is whether NYSOH properly redetermined that you were eligible for an APTC of up to \$216.00 per month as of October 1, 2017.

The application that was submitted on August 29, 2017 listed an annual household income of \$32,440.00 and the eligibility determination relied upon that information.

You expect to file your 2017 income taxes as single and will claim no dependents on that tax return. Therefore, for purposes of this analysis, you are in a one-person household.

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

An annual income of \$32,440.00 is 273.06% of the 2016 FPL for a one-person household. At 273.06% of the FPL, the expected contribution to the cost of the health insurance premium in 2017 is 8.89% of income, or \$240.33 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 (\$240.33 per month), which equals \$216.13 per month. Therefore, rounding to the nearest

dollar, NYSOH correctly determined you to be eligible for up to \$216.00 per month in APTC, based on the income you attested to in your application.

The third issue under review is whether you were properly determined that you were not eligible for cost-sharing reductions. Cost-sharing reductions are available to a person who has a household income no greater than 250% of the FPL. Since a household income of \$32,440.00 is 273.06% of the applicable FPL, NYSOH correctly found you to be ineligible for cost sharing reductions, based on the income you attested to in your application.

The fourth issue under review is whether NYSOH properly determined that you were not eligible 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 \$32,440.00 is 273.06% of the 2016 FPL, NYSOH properly found you to be ineligible for the Essential Plan, based on the income you attested to in your application.

Since the August 30, 2017 eligibility determination properly stated that, based on the information you provided, you were eligible to receive up to \$216.00 per month in APTC for a limited time, ineligible for cost-sharing reductions, and ineligible for the Essential Plan, it is correct and must be AFFIRMED.

However, since the record now contains documentation to confirm your 2017 expected gross annual household income, your case is RETURNED to NYSOH to verify your income documentation and redetermine your eligibility for financial assistance in 2017, based on a one-person household with an annual income as determined by NYSOH, for an individual residing in Kings County. NYSOH will inform you if additional proof to document your student loan interest deduction for 2017 is required.

Decision

The August 24, 2017 eligibility determination and disenrollment notices are AFFIRMED.

The August 30, 2017 eligibility determination notice is AFFIRMED.

Your case is RETURNED to NYSOH to verify your income documentation and redetermine your eligibility for financial assistance in 2017, based on a one-person household with an annual income as determined by NYSOH, for an

individual residing in Kings County. NYSOH will inform you if additional proof to document your student loan interest deduction for 2017 is required.

Effective Date of this Decision: November 24, 2017

How this Decision Affects Your Eligibility

NYSOH properly found you ineligible for financial assistance to help pay for the cost of health insurance and disenrolled you from your Essential Plan, effective September 30, 2017, because you did not provide income documentation to confirm your eligibility by the required deadline.

Your case is being sent back to NYSOH to redetermine your eligibility for financial assistance in 2017 as noted above. NYSOH will notify of its redetermination or, if applicable, what additional information is needed to do so

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

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- 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 24, 2017 eligibility determination and disenrollment notices are **AFFIRMED**.

The August 30, 2017 eligibility determination notice is **AFFIRMED**.

Your case is **RETURNED** to NYSOH to verify your income documentation and redetermine your eligibility for financial assistance in 2017, based on a one-person household with an annual income as determined by NYSOH, for an individual residing in Kings County. NYSOH will inform you if additional proof to document your student loan interest deduction for 2017 is required.

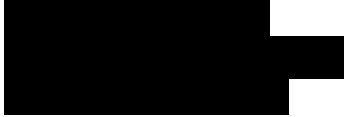
NYSOH properly found you ineligible for financial assistance to help pay for the cost of health insurance and disenrolled you from your Essential Plan, effective September 30, 2017, because you did not provide income documentation to confirm your eligibility by the required deadline.

Your case is being sent back to NYSOH to redetermine your eligibility for financial assistance in 2017 as noted above. NYSOH will notify of its redetermination or, if applicable, what additional information is needed to do so

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.

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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 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 b e tumi ama wo obi a okyer e 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.