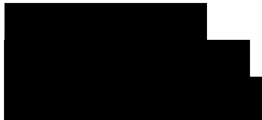
STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: December 20, 2017

NY State of Health Account ID:
Appeal Identification Number: AP000000022156



Dear

On November 30, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 8, 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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Decision Date: December 20, 2017

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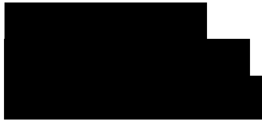

Issue

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

> Did NY State of Health properly determine that you, your spouse, and your oldest child were eligible to receive up to $1,136.00 per month in advance payments of the premium tax credit and eligible for cost-sharing reductions, effective September 1, 2017?

Procedural History

On March 22, 2017, you submitted an application for financial assistance for your household.

On March 23, 2017, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you, your spouse, and your oldest child were eligible to enroll in the Essential Plan for a limited time, effective May 1, 2017. This notice directed you to submit documentation of your household's income by June 20, 2017 in order to confirm your household's eligibility for financial assistance.

On March 23, 2017, NYSOH issued a notice of enrollment confirmation stating that you, your spouse, and your oldest children were enrolled in the Essential Plan.

On June 17, 2017 and June 19, 2017, you uploaded income documentation to your NYSOH account.

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Also on June 19, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient to resolve the inconsistency in your account.

On June 20, 2017, NYSOH issued a notice advising you that the income documentation you submitted did not confirm the information in your application. This notice directed you to submit additional documentation of your household's income by July 20, 2017.

On July 23, 2017, you uploaded additional income documentation to your NYSOH account.

On July 24, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient to resolve the inconsistency in your account.

On July 25, 2017, NYSOH issued a notice advising you that the income documentation you submitted did not confirm the information in your application. This notice directed you to submit additional documentation of your household's income by August 4, 2017.

On August 4, 2017, you uploaded additional income documentation to your NYSOH account.

On August 7, 2017, NYSOH reviewed the income documentation you submitted and determined that this was sufficient proof of your household income. NYSOH recalculated your household income based on this documentation, updated the information in your application, and submitted an application on your behalf.

On August 8, 2017, NYSOH issued a notice of eligibility determination stating that you, your spouse, and your oldest child were eligible to receive up to $1,136.00 per month in advance payments of the premium tax credit (APTC) and eligible to receive cost-sharing reductions if you enrolled in a silver level qualified health plan, effective September 1, 2017. That notice also stated that you, your spouse, and your oldest child were not eligible for the Essential Plan because your income was over the allowable income limits for that program.

On August 8, 2017, NYSOH issued a disenrollment notice stating that your, your spouse's, and your oldest child's enrollment in your Essential Plan would end on August 31, 2017. This was because you, your spouse, and your oldest child were no longer eligible to enroll in the Essential Plan.

On September 6, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as you, your spouse, and your oldest child were no longer eligible for the Essential Plan.

On September 12, 2017, NYSOH issued a notice of eligibility determination stating that you, your spouse, and your oldest child were eligible for the Essential Plan for a limited time, effective September 1, 2017. This was because you, your spouse, and your oldest child had been granted Aid to Continue until a decision was made on your appeal.

Also on September 12, 2017, NYSOH issued a notice of enrollment confirmation stating that you, your spouse, and your oldest child were enrolled in an Essential Plan with a plan enrollment start date of September 1, 2017.

On November 30, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and left open for fourteen days to allow you to submit supporting documents.

On December 11, 2017, you uploaded two of your paystubs, one of your oldest child's paystubs, and a denial of unemployment benefits letter from the NYS Department of Labor. These documents are hereby incorporated into the record. The record is now closed.

Findings of Fact

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

1) You testified that you expect to file your 2017 taxes with a tax filing status of married filing jointly. You will claim your two children as dependents on that tax return.

2) You testified that you are seeking for yourself, your spouse, and your oldest child to be found eligible for the Essential Plan. You explained that your younger child has coverage outside of NYSOH.

3) The application that was submitted on March 22, 2017 listed annual household income of $47,032.96, consisting of $39,999.96 you earn from your employment, $38,480.00 your spouse receives from employment, $19.00 in taxable interest, $11,125.00 in IRA distributions, $352.00 from a pension, $12,797.00 from partnership, less deductions of $35,000.00 for business expenses and $602.00 for the deductible part of the self-employment tax and $20,138.00 in business losses. You testified that your annual expected income for 2017 has changed since you submitted this application.

4) On June 17, 2017 and June 19, 2017, you uploaded your and your spouse's 2016 tax return. The from 1040 indicates that you and your spouse had wages of $19,296.00, IRA distributions of $13,342.00,

pension payments of $1,594.00, partnership income of $10,970.00, and farm losses of $22,813.00, for an adjusted gross income of $22,389.00.

5) Also on June 19, 2017 you uploaded two of your paystubs from your employer [redacted]; the first is for pay date June 2, 2017 for a gross pay amount of $1,538.46; the second is for pay date June 16, 2017 for a gross pay amount of $1,538.46 and a gross year to date amount of $18,461.52.

6) On July 23, 2017, you uploaded a letter dated July 20, 2017 from one of the partners in your spouse's partnership stating that your spouse receives a draw of $1,480.00 every two weeks as a partner and that he does incur additional expenses.

7) On August 4, 2017, you uploaded two paystubs from oldest child's employer; the first is for pay date July 10, 2017 for a gross pay amount of $300.00; the second is for pay date July 24, 2017 for a gross pay amount of $399.75 and a gross year to date amount of $1,314.75.

8) Also on August 4, 2017, you uploaded a letter from your oldest child's employer stating that your oldest child's employment was to be from May 17, 2017 to August 19, 2017 as this was a summer position.

9) On August 7, 2017, NYSOH reviewed the income documentation you submitted and calculated your annual household income to be $56,129.71, consisting of $39,999.96 you earn from employment, $38,480.00 your spouse earns from employment, $9,096.75 your oldest child earns from employment, $19.00 in taxable interest, $11,125.00 in IRA distributions, $352.00 in pension income, $12,797.00 from a partnership, less deductions of $35,000.00 for business expenses and $602.00 for the deductible part of the self-employment tax, and $20,138.00 for business losses.

10) On August 15, 2017, you faxed a letter to NYSOH disputing NYSOH's recalculation of your household income as $56,129.71.

11) On November 5, 2017, you submitted paystubs from your employer [redacted]; the first is for pay date October 19, 2017 for a gross pay amount of $923.40; the second is for pay date November 2, 2017 for a gross pay amount of $627.00 and a gross year to date amount of $6,295.65.

12) On November 20, 2017, you uploaded an unemployment insurance monetary benefit determination for the NYS Department of Labor stating that if you were eligible for unemployment benefits, your weekly benefit rate would be $414.00.

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13) You testified that in 2017 you worked for two employers, [redacted] [redacted] and [redacted]. You testified that you worked from [redacted] from January 2017 to October 27, 2017 and received gross income of $33,000.00. You further testified that you worked from [redacted] from July 2017 until November 2017 and received gross income of $6,500.00. You went on to testify that you have applied for and have been denied, unemployment benefits.

14) You testified that your spouse's only source of income is his partnership. You explained that his income from the partnership for 2017 will be the same as of 2016. You noted that the partnership income listed on your 1040 represents the income from the partnership after expenses are deducted.

15) You testified that your household has farm loses for 2017, which will be approximately the same as for 2016.

16) You testified that in 2016 you had distributions from an IRA and from a pension which you will not have in 2017, you also do not anticipate receiving any interest for 2017.

17) You testified that your oldest child worked a summer job from May 2017 through August 2017. This was her only job for 2017, from which she received approximately $1,500.00 in gross income. You explained that you do not believe that she will file a tax return in 2017.

18) You testified that your younger child does not have any income.

19) You testified that you and your spouse will not claim a self-employment tax deduction on your 2017 tax return, however, you have paid $12,000.00 for tuition and fees as your oldest child is enrolled in college full-time and will claim a deduction associated with that tuition.

20) Your application states, and you confirmed, that you live in Delaware County.

21) You testified that you believe that your farm losses were not properly considered when determining your household's income and that your oldest child's income was miscalculated as she did not work for 52 weeks in 2017.

22) On December 11, 2017, you uploaded your final paystub from [redacted] [redacted] for pay date November 3, 2017 stating that your gross pay was $316.80 and your gross year to date pay was $32,947.51,

as well as your final paystub from [redacted] for pay date November 2, 2017 stating that your gross pay was $627.00 and your gross year to date pay was $6,295.65.

23) Also on December 11, 2017, you uploaded a letter from the NYS Department of Labor dated November 22, 2017 stating that your claim for unemployment benefits had been denied.

24) Additionally, on December 11, 2017, you uploaded a paystub for your oldest child, however, the paystub is illegible.

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

Applicable Law and Regulations

<u>Advance Payments of Premium Tax Credit</u>

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).

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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 $24,300.00 for a four-person household (81 Fed. Reg. 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-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 (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 $24,300.00 for a four-person household (81 Fed. Reg. 4036.).

A person who has a household income that is at or below 150% of the FPL has a $0.00 premium contribution (New York's Basic Health Plan Blueprint, p. 21, as approved January 2016; see https://www.medicaid.gov/basic-health-program/basic-health-program.html).

A person who has a household income greater than 150% of the FPL or below 200% of the FPL has a $20.00 per month premium contribution (New York's Basic Health Plan Blueprint, as approved January 2016).

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 $24,600.00 for a four-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

The Marketplace bases its eligibility determinations on modified adjusted gross income (MAGI) as defined in the federal tax code (45 CFR § 155.300(a), 42 CFR § 603(e), *see* 26 USC § 36B(d)(2)(B)).

With regard to eligibility for financial assistance through the Marketplace, a tax filer's household income includes the MAGI of all the individuals in the taxpayer's household who are required to file a federal tax return for the taxable year (26 CFR § 1.36B-1(e)(1); 42 CFR § 435.603(d)(1)). The MAGI-based income of a

child who is not required to file a tax return is not included in household income (42 CFR § 435.603(d)(2)).

A person is not required to file a tax return if their gross income is less than the sum of the exemption amount plus the basic standard deduction allowable for that person (26 USC § 6012(1)(A)). For the 2017 year, a dependent who had yearly gross earned income greater than $6,350.00 or gross unearned income greater than $1,050.00 would be required to file a tax return (see IRS Revenue Procedure 2016-55).

Unearned income is generally all income other than salaries, wages and other amounts received as pay for work actually performed, including the taxable part of Social Security and pension payments (IRS Publication 929, pg 15).

For the purposes of determining a person's eligibility for financial assistance for health insurance through the Marketplace, the term "MAGI" 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)).

The Internal Revenue Service rules allow a tax paper to deduct from adjusted gross income the tuition and fees for a dependent's higher education in the amount of $4,000.00 if the tax payer's yearly income does not exceed $160,000.00 when the tax payer files their taxes as married filing jointly (IRS Publication 970, pg. 37).

Legal Analysis

The issue is whether NYSOH properly determined that you, your spouse, and your oldest child were eligible to receive up to $1,136.00 per month in advance payments of the premium tax credit and eligible for cost-sharing reductions, effective September 1, 2017.

You and your spouse expect to file your 2017 income taxes as married filing jointly and will claim your two children as dependents on that tax return. Therefore, you, your spouse, and your oldest child are in a four-person household.

The application that you submitted on March 22, 2017 listed annual household income of $47,032.96. Following submission of this application, NYSOH requested that you submit documentation of your household income.

On August 4, 2017, you uploaded two paystubs from oldest child's employer showing gross income of $699.75 over four weeks as well as letter from your oldest child's employer stating that your oldest child's employment was to be from May 17, 2017 to August 19, 2017 as this was a summer position.

On August 7, 2017, NYSOH validated your oldest child's paystubs as satisfactory documentation of her income and an application for financial assistance was run on your household's behalf by an NYSOH representative. The NYSOH representative entered into your application additional earned income of $9,097.71 ($699.75 over four weeks for a weekly average of $174.94 multiplied by 52 weeks) for your oldest child.

However, the letter from your oldest child's employer reflects that her employment was only to last for 13 weeks. Therefore, your oldest child only had a projected annual income of $2,274.19 ($699.75 divided by four weeks for an annual weekly income of $174.94 multiplied by 13 weeks) as of the income information that was available in your NYSOH at the time of the August 7, 2017 eligibility determination.

Household income for the purposes of calculating a person's eligibility for financial assistance to help pay for the costs of health insurance through the NYSOH, consists of the Modified Adjusted Gross Income of all tax filers in a household who are required to file a tax return.

A dependent will be required to file a tax return in 2017 if their earned income is greater than $6,350.00.

Based on the paystubs you submitted as well as your testimony, the record reflects that your oldest child had earned income of less than $6,350.00 for 2017. Therefore, your oldest child is not required to file a tax return on the basis of her earned income and her income should not be included in the household's income for the purposes of determining your household's eligibility through NYSOH.

Therefore, the income amount that was relied upon in the August 8, 2017 eligibility determination notice is not supported by the record and the eligibility determination is RESCINDED.

Following the hearing, you submitted additional income documentation.

Therefore, your case is RETURNED to NYSOH to redetermine your household's eligibility as of August 7, 2017, based on a four-person household, residing in Delaware County, with an expected annual household income of $23,400.16 (your total gross income from each of your employers of $39,243.16 and your spouse's partnership income of $10,970.00 less farm losses of $22,813.00 and $4,000.00 in deductions for tuition and fees).

Decision

The August 8, 2017 eligibility determination notice is RESCINDED.

Your case is RETURNED to NYSOH to redetermine your household's eligibility as of August 7, 2017, based on a four-person household, residing in Delaware County, with an expected annual household income of $23,400.16.

Effective Date of this Decision: December 20, 2017

How this Decision Affects Your Eligibility

This is not a final determination of your, your spouse's, and your oldest child's eligibility.

Your case is being sent back to NYSOH to redetermine your, your spouse's, and your oldest child's eligibility for financial assistance with health insurance based on information you provided during the hearing.

If You Disagree with this Decision (Appeal Rights)

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

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the Federal Marketplace. This must be done within 30 days of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:

Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061

- By fax: 1-877-369-0129

If you 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 8, 2017 eligibility determination notice is RESCINDED.

This is not a final determination of your, your spouse's, and your oldest child's eligibility.

Your case is RETURNED to NYSOH to redetermine your household's eligibility as of August 7, 2017, based on a four-person household, residing in Delaware County, with an expected annual household income of $23,400.16.

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.

□□□□□ (Bengali)

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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 महत्त्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

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.

(Urdu)اردو

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)

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)

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.

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).