



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

## Notice of Decision

Decision Date: November 01, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000022184

[REDACTED]

Dear [REDACTED],

On October 26, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's failure to issue a timely 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  
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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STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
P.O. Box 11729  
Albany, NY 12211

## Decision

Decision Date: November 01, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000022184

[REDACTED]

## Issue

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

Did NY State of Health provide a timely determination of your household's Medicaid eligibility?

## Procedural History

On June 6, 2017, NY State of Health (NYSOH) received your household's application for financial assistance with your health insurance.

On June 07, 2017, NYSOH issued a notice stating more information was needed to make a determination. The notice explained the income documentation you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by June 21, 2017.

On June 19, 2017, you faxed income documentation to NYSOH.

On June 22, 2017, NYSOH invalidated the income documentation you submitted on June 19, 2017 as insufficient proof of your household's income.

On June 23, 2017, NYSOH issued a notice stating more information was needed to make a determination. The notice explained the income documentation you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for yourself and your spouse by July 21, 2017 and for your children by July 22, 2017.

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Also on June 23, 2017, NYSOH issued a notice stating that the documentation they reviewed for your spouse did not confirm the information in your application. You were asked to submit additional proof for your spouse and daughter by July 21, 2017, and income documentation for you and your son by July 22, 2017.

On June 28, 2017, NYSOH issued a notice stating more information was needed to make a determination. The notice explained the income documentation you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for yourself and your spouse by July 12, 2017 and for your children by July 21, 2017.

On June 29, 2017, you faxed additional income documentation to NYSOH.

On July 5, 2017, NYSOH invalidated the income documentation you submitted on June 29, 2017 as insufficient proof of your household's income.

On July 6, 2017, NYSOH issued a notice stating more information was needed to make a determination. The notice explained the income documentation you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for yourself and your spouse by July 12, 2017 and for your children by July 21, 2017.

Also on July 6, 2017, NYSOH issued a notice stating that the documentation they reviewed for your spouse did not confirm the information in your application. You were asked to submit additional proof for your spouse and daughter by July 21, 2017, and income documentation for you and your son by July 27, 2017.

On July 8, 2017, you faxed additional income documentation to NYSOH.

Also on July 8, 2017, NYSOH issued a notice stating more information was needed to make a determination. The notice explained the income documentation you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your spouse and daughter by July 21, 2017, and yourself and your son by July 27, 2017.

On July 11, 2017, NYSOH issued a notice stating more information was needed to make a determination. The notice explained the income documentation you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for yourself and your spouse by July 27, 2017 and for your children by August 5, 2017.

Also on July 11, 2017, NYSOH invalidated the income documentation you submitted on July 8, 2017 as insufficient proof of your household's income.

On July 12, 2017, NYSOH issued a notice stating that the documentation they reviewed for your spouse did not confirm the information in your application. You were asked to submit additional proof for your spouse and daughter by August 5, 2017, and income documentation for you and your son by July 27, 2017.

On August 2, 2017, NYSOH again reviewed the income documentation you had previously submitted and determined it to be insufficient proof of your household's income.

On August 3, 2017, NYSOH issued a notice stating that the documentation they reviewed for your spouse did not confirm the information in your application. You were asked to submit additional proof for your spouse and daughter by August 20, 2017, and income documentation for you and your son by August 26, 2017.

On September 6, 2017, you contacted the NYSOH Account Review Unit and requested an appeal of NYSOH's failure to issue a timely determination of your household's Medicaid eligibility based on the documentation you had provided.

On October 26, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

## Findings of Fact

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

- 1) According to your NYSOH account, NYSOH received your household's application for financial assistance on July 6, 2017.
- 2) Your June 6, 2017 application states that you expect to file your 2017 income tax return as married filing jointly and claim your two children as dependents.
- 3) At the time of your June 6, 2017 application, your daughter was [REDACTED] and your son was [REDACTED].
- 4) Your June 6, 2017 application stated the following income sources:
  - a. \$3,000.00 from [REDACTED] for your spouse with a job start date of 01/01/2017 and a job end date of 01/26/2017
  - b. \$6,000.00 from [REDACTED] for your spouse with a job start date of 04/24/2017 and a job end date of 12/31/2017
  - c. \$1,200.00 from [REDACTED] for your son with a job start date of 01/01/2017 and a job end date of 12/31/2017

- 5) Your June 6, 2017 application states, and you testified, that your spouse was awarded unemployment benefits however those benefits were rescinded.
- 6) Your June 6, 2017 application states that your son is a full-time student. You testified that his income comes from his part-time summer employment.
- 7) On June 19, 2017, you faxed income documentation to NYSOH consisting of the following:
  - a. Four partial paystubs for your son that do not list the name of his employer and only the year to date column is readable on each paystub. The corner of the paystubs state [REDACTED]
  - b. A letter from your spouse stating that he is head of household and that you and your daughter do not contribute any income to the household
  - c. A letter from the New York State Department of Labor showing a statement of overpayment
- 8) On June 22, 2017, NYSOH invalidated the income documentation because your son did not attest to income from [REDACTED] and your spouse did not submit any documentation from the employers listed on your application.
- 9) On June 30, 2017, you faxed income documentation to NYSOH consisting of the following:
  - a. A letter from [REDACTED] which states that your spouse's employment was terminated effective January 26, 2017.
  - b. Four paystubs for your son that list an employer name of [REDACTED]. The first paystub is for pay date June 1, 2017 for a gross pay amount of \$197.50 and a year to date of \$322.50. The second paystub is for pay date June 8, 2017 for a gross pay amount of \$95.00 and a year to date of \$417.50. The third paystub is for pay date June 15, 2017 for a gross pay amount of \$65.00 and a year to date of \$482.50. The fourth paystub is for pay date June 22, 2017 for a gross pay amount of \$147.50 and a year to date of \$630.00.
  - c. A letter from your spouse stating that he is head of household and that you and your daughter do not contribute any income to the household
  - d. A letter from the New York State Department of Labor showing a statement of overpayment
- 10) On July 5, 2017, NYSOH invalidated the income documentation because your son did not attest to income from [REDACTED] and your spouse did not submit any documentation of his income from [REDACTED].

- 11) On July 7, 2017, your application was updated to state the following income sources:
- a. \$3,000.00 from [REDACTED] for your spouse with a job start date of 01/01/2017 and a job end date of 01/26/2017
  - b. \$1,758.30 from [REDACTED] for your spouse with a job start date of 04/24/2017 and a job end date of 12/31/2017
  - c. \$1,447.50 from [REDACTED] for your son with a job start date of 05/15/2017 and a job end date of 08/15/2017
- 12) On July 8, 2017, you faxed additional income documentation to NYSOH consisting of the following:
- a. Five paystubs for your son that list an employer name of [REDACTED]. The first paystub is for pay date June 8, 2017 for a gross pay amount of \$95.00 and a year to date of \$417.50. The second paystub is for pay date June 15, 2017 for a gross pay amount of \$65.00 and a year to date of \$482.50. The third paystub is for pay date June 22, 2017 for a gross pay amount of \$147.50 and a year to date of \$630.00. The fourth paystub is for pay date June 29, 2017 for a gross pay amount of \$150.00 and a year to date of \$780.00. The fifth paystub is for pay date July 7, 2017 for a gross pay amount of \$180.00 and a year to date of \$960.00.
  - b. A letter from your spouse stating that he is head of household and that you and your daughter do not contribute any income to the household
  - c. A letter dated July 7, 2017 from [REDACTED] stating that your spouse had been paid a total of \$1,758.30 in gross pay and that he is paid by commissions only.
  - d. A letter dated July 7, 2017 from [REDACTED] stating that your spouse is employed as a [REDACTED] and as of the date on the letter he has not been paid.
  - e. A letter from the New York State Department of Labor showing a statement of overpayment.
  - f. A letter from [REDACTED] which states that your spouse's employment was terminated effective January 26, 2017.
- 13) On July 11, 2017 NYSOH invalidated the income documentation because two paystubs from your son were not within 30 days of July 11, 2017 and NYSOH requires four consecutive paystubs dated 30 days prior.

14) You live in Suffolk County.

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

## Applicable Law and Regulations

### 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)), N.Y. Soc. Serv. 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 2015 FPL, which is \$ 11,770.00 for a one-person household (80 Fed. Reg. 3236, 3237).

A child who is at least one year of age but younger than nineteen is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 154% of the FPL for the applicable family size (42 CFR § 435.118(c); New York Department of Social Services Administrative Directive 13ADM-03).

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).

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010, 13ADM-03(III)(F)).

Medicaid Managed Care plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H-6(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; see 42 USC § 1315; § 364-j(1)(c); 18 NYCRR § 360-10.3(h), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010, 13ADM-03(III)(F)).



### Verification Process

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income (45 CFR §155.320(c)(1)(i), 42 CFR § 435.945).

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f) 42 CFR § 435.952).

### Timely Notice of Medicaid Eligibility

When an individual applies for insurance through NYSOH, NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of application to the date NYSOH notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for NYSOH to make an eligibility determination, then NYSOH must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

NYSOH must provide Medicaid applicants who are an infant older than one year of age but younger than nineteen years of age notice of their eligibility determination within 30 days from the date of the application (18 NYCRR §360-2.4(a)(3)(ii)).

### 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)).

With regard to eligibility for financial assistance through NYSOH, 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

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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 \$6,200.00 or gross unearned income greater than \$1,000.00 would be required to file a tax return (see IRS Publication 929).

## **Legal Analysis**

The issue is whether NYSOH's provided you with a timely determination of your household's Medicaid eligibility.

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income.

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence.

You updated your NYSOH account on June 6, 2017, the income in that application consisted of \$3,000.00 from [REDACTED] for your spouse, \$6,000.00 from [REDACTED] for your spouse, and \$1,200.00 from [REDACTED] for your son.

However, the income amounts that were entered into this application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your income.

On June 19, 2017, you faxed income documentation to NYSOH consisting of for incomplete paystubs for your son, a letter from your spouse stating that he is head of household and that you and your daughter do not contribute any income to the household, and a letter from the New York State Department of Labor showing a statement of overpayment.

On June 22, 2017, NYSOH properly invalidated your income documentation submission because it did not include income documentation to support your spouse's income.

On June 29, 2017, you faxed additional income documentation to NYSOH. In addition to complete paystubs for your son, you also submitted a letter from

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██████████ which states that your spouse's employment was terminated effective January 26, 2017.

On July 5, 2017, NYSOH properly invalidated your income documentation submission because your spouse did not submit any documentation of his income from ██████████.

On July 7, 2017, the income information was updated in your application to consist of \$3,000.00 from ██████████ for your spouse with a job start date of 01/01/2017 and a job end date of 01/26/2017, \$1,758.30 from ██████████ for your spouse with a job start date of 04/24/2017 and a job end date of 12/31/2017, and \$1,447.50 from ██████████ for your son with a job start date of 05/15/2017 and a job end date of 08/15/2017.

On July 8, 2017, you faxed additional income documentation to NYSOH consisting of paystubs for your son dated June 8, 2017, June 15, 2017, June 22, 2017, June 29, 2017, and July 7, 2017, a letter from your spouse stating that you and your daughter do not contribute any income to the household, two letters from ██████████, a letter from the New York State Department of Labor showing a statement of overpayment, and a letter from ██████████.

On July 11, 2017 NYSOH invalidated the income documentation you submitted because two paystubs from your son were not within 30 days of July 11, 2017. However, in your July 8, 2017 submission you clearly submitted sufficient documentation of your son's paystubs, four of which were well within 30 days of July 11, 2017. In addition, you submitted documentation from every employment source that was listed on your June 6, 2017 and July 7, 2017 applications for your spouse. Therefore, NYSOH incorrectly invalidated your income documentation submission and your household's application for health insurance should be considered complete as of July 8, 2017 for the purposes of making an eligibility determination.

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the completed application. NYSOH must provide Medicaid applicants who are an infant older than one year of age but younger than nineteen years of age notice of their eligibility determination within 30 days from the date of the application. To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of the completed application to the date NYSOH notifies the applicant of its decision.

Since your application was considered complete as of July 8, 2017 for the purposes of issuing an eligibility determination, NYSOH should have issued an eligibility determination notice by August 8, 2017 for your children, and by August 23, 2017 for you and your spouse.

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Therefore, NYSOH has failed to issue a timely determination notice of your household's eligibility based on your June 6, 2017 application, and your July 8, 2017 submission of sufficient income documentation.

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

Your June 6, 2017 application states that you expect to file your 2017 income tax return as married filing jointly with your spouse and claim your two children as dependents.

A dependent is required to file a tax return when their earned income is greater than \$6,200.00. Your daughter does not expect to earn any income in 2017. You submitted a letter from your spouse attesting to this fact. Your application states that your son will earn \$1,447.50 from [REDACTED] with a job start date of 05/15/2017 and a job end date of 08/15/2017. You submitted sufficient paystubs to support this amount. Therefore, your son is NOT required to file a tax return on the basis of his earned income and his income should not be included for the purposes of determining your household's eligibility through NYSOH.

Therefore, the only income that is counted towards your household's eligibility is your and your spouse's.

You do not expect to earn any income in 2017. You submitted a letter from your spouse attesting to this fact. Your June 6, 2017 application stated that for 2017 your spouse expects to earn \$3,000.00 from [REDACTED] and \$6,000.00 from [REDACTED]. You submitted a letter from [REDACTED] which states that your spouse's employment was terminated effective January 26, 2017. You submitted a letter from [REDACTED] stating that your spouse had been paid a total of \$1,758.30 in gross pay and that he is paid by commissions only.

Since NYSOH has failed to issue a timely determination of your household's eligibility for health insurance based on your completed application as of July 8, 2017, your case is RETURNED to NYSOH to issue an eligibility determination as of July 8, 2017 for a household of four people, residing in Suffolk County with an annual household income of \$9,000.00. NYSOH is directed to make sure the enrollment and eligibility start date of their determination is effective as if it were properly made on July 8, 2017.

## **Decision**

NYSOH has failed to issue a timely determination notice of your household's eligibility based on your June 6, 2017 application, and your July 8, 2017 submission of sufficient income documentation.

Your case is RETURNED to NYSOH to issue an eligibility determination as of July 8, 2017 for a household of four people, residing in Suffolk County with an annual household income of \$9,000.00. NYSOH is directed to make sure the enrollment and eligibility start date of their determination is effective as if it were properly made on July 8, 2017.

**Effective Date of this Decision:** November 01, 2017

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

This is not a final determination of your household's eligibility.

Your case is being sent back to NYSOH to determine your eligibility as of your completed application on July 8, 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 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

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).

- 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**

NYSOH has failed to issue a timely determination notice of your household's eligibility based on your June 6, 2017 application, and your July 8, 2017 submission of sufficient income documentation.

Your case is RETURNED to NYSOH to issue an eligibility determination as of July 8, 2017 for a household of four people, residing in Suffolk County with an annual household income of \$9,000.00. NYSOH is directed to make sure the enrollment and eligibility start date of their determination is effective as if it were properly made on July 8, 2017.

This is not a final determination of your household's eligibility.

Your case is being sent back to NYSOH to determine your eligibility as of your completed application on July 8, 2017.

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).

## **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 مجاناً.

### **(Bengali)**

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1-855-355-5777

### **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 bɛtumi ama wo obi a okyerɛ 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)**

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).

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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