



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: AP000000022248

[REDACTED]

Dear [REDACTED],

On November 2, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 21, 2017 disenrollment, September 7, 2017 eligibility determination and September 8, 2017 enrollment confirmation notices.

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 24, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022248



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 children were disenrolled from their Child Health Plus plan effective August 31, 2017?

Did NY State of Health provide a timely determination of your children's Medicaid eligibility as of September 7, 2017?

Did NY State of Health properly determine that your children's Child Health Plus plan was effective October 1, 2017?

Procedural History

On April 10, 2017, NY State of Health (NYSOH) received your household's initial application for financial assistance with health insurance.

On April 11, 2017, NYSOH issued an eligibility determination notice stating that your children were eligible for Child Health Plus, effective May 1, 2017.

Also on April 11, 2017, NYSOH issued an enrollment confirmation notice, stating that your children were enrolled in a Child Health Plus plan as of May 1, 2017.

On July 20, 2017, NYSOH received your household's updated application for financial assistance. Specifically, the amount of income your household expects to receive was changed.

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On July 21, 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 August 4, 2017.

Also on July 21, 2017, NYSOH issued a disenrollment notice stating that your children's coverage through their Child Health Plus plan would end August 31, 2017 because they were no longer eligible to be enrolled.

On August 1, 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 August 4, 2017.

Also on August 1, 2017, income documentation was uploaded to your NYSOH account.

On August 2, 2017, NYSOH invalidated the income documentation you had submitted.

On August 3, 2017, NYSOH issued a notice stating that the documentation you submitted was not insufficient to prove your current income. You were asked to submit additional documentation of your income and your household's income to NYSOH by August 19, 2017.

On August 9, 2017, additional income documentation was uploaded to your NYSOH account.

On August 10, 2017, NYSOH invalidated the income documentation you had submitted.

On August 11, 2017, NYSOH issued a notice stating that the documentation you submitted was not insufficient to prove your current income. You were asked to submit additional documentation of your income and your household's income to NYSOH by September 3, 2017.

On August 14, 2017, NYSOH received your household's updated application for financial assistance. Specifically, the amount of income your household expects to receive was changed.

On August 15, 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 August 29, 2017.

Also on August 15, 2017, income documentation was uploaded to your NYSOH account.

On August 16, 2017, NYSOH issued a notice stating that the documentation you submitted was not insufficient to prove your current income. You were asked to submit additional documentation of your income by November 13, 2017 and your household's income to NYSOH by August 29, 2017.

Also on August 16, 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 August 29, 2017.

Finally, on August 16, 2017, NYSOH received your household's updated application for financial assistance. Specifically, the amount of income your household expects to receive was changed.

On August 17, 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 August 29, 2017.

On September 6, 2017, income documentation was uploaded to your NYSOH account.

Also on September 6, NYSOH verified the documentation you uploaded, updated the income information listed in your application based on that documentation, and a new application was submitted on your household's behalf.

On September 7, 2017, NYSOH issued an eligibility determination notice stating that your children were eligible for Child Health Plus, effective October 1, 2017. That notice stated that your children were not eligible for Medicaid because your household income was over the allowable limit for that program.

On September 8, 2017, NYSOH issued an enrollment confirmation notice, stating that your children were enrolled in a Child Health Plus plan as of May 1, 2017.

Also on September 8, 2017, you contacted the NYSOH Account Review Unit and requested an appeal of the start date of your children's Child Health Plus plan, requesting that it begin September 1, 2017.

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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 closed at the end of the hearing.

Findings of Fact

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

- 1) You testified, and the record reflects, that you are appealing your children not having coverage in a Child Health Plus plan for the month of September 2017.
- 2) Your April 10, 2017 application lists an annual household income of \$62,670.15.
- 3) Your application states that you will be filing your taxes as married filing jointly and claiming your four children as dependents on that tax return.
- 4) On July 20, 2017, your household's application was updated to indicate that you wanted your household's eligibility determined on the income you received that month. The application stated that in July your household received \$1,600.00. The application also listed an annual household income of \$79,800.00.
- 5) On August 1, 2017, income documentation was uploaded to your NYSOH account consisting of:
 - a. A letter from your employer stating that your yearly salary is paid in twenty installments from September 15th through July 1st
 - b. A letter from your spouse's former employer stating that he was terminated on March 21, 2017
- 6) On August 2, 2017, NYSOH invalidated the income documentation you submitted on August 1, 2017 because the letter you submitted from your employer did not include your gross pay and you did not submit current proof of income for your spouse within the last 30 days.
- 7) On August 9, 2017, income documentation was uploaded to your NYSOH account consisting of:
 - a. A letter from your employer stating that your annual salary is \$18,570.00
 - b. A letter from your spouse's former employer stating that he was terminated on March 21, 2017

- 8) On August 10, 2017, NYSOH invalidated the income documentation you had submitted because you did not submit current proof of income for your spouse within the last 30 days.
- 9) On August 14, 2017, your household's application was updated to indicate that you wanted your household's eligibility determined on your annual household income of \$45,400.00.
- 10) On August 15, 2017, income documentation was uploaded to your NYSOH account consisting of:
 - a. A letter from your employer stating that your annual salary is \$18,570.00
 - b. A letter from your spouse's former employer stating that he was terminated on March 21, 2017
 - c. Two paystubs dated 6/30/2017 for your spouse
- 11) On August 15, 2017, NYSOH invalidated the income documentation you had submitted because you did not submit two bi-weekly paystubs from your spouse's employer.
- 12) On August 16, 2017, your household's application was updated to indicate that you wanted your household's eligibility determined on your annual household income of \$50,370.00.
- 13) On September 6, 2017, income documentation was uploaded to your NYSOH account consisting of a letter from your spouse's employer stating that he is a per-diem employee and works when shifts are available. The letter also lists the pay he received on checks dated August 11, 2017 and August 25, 2017.
- 14) On September 6, 2017, NYSOH validated the income documentation you had submitted and updated your annual household income to be \$67,752.00.
- 15) On September 7, 2017, your children were reenrolled into a Child Health Plus plan.

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

Applicable Law and Regulations

Medicaid for Children

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).

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 federal poverty level (FPL) for the applicable family size (42 CFR § 435.118(c); New York State Department of Social Services Administrative Directive 13 OHIP/ADM-03).

In the case of an individual who expects to file a tax return and does not expect to be claimed by another taxpayer, the household consists of the taxpayer and all persons whom such individual expects to claim as a tax dependent (42 CFR § 435.603(f)(1)).

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 was \$32,960.00 for a six-person household (81 Federal Register 4036).

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 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)).

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Child Health Plus

To be eligible to enroll in Child Health Plus with subsidy payments, a child must not be “eligible for medical assistance”; that is, must not be eligible for Medicaid (NY Public Health Law § 2511(2)(b)).

The “period of eligibility” for Child Health Plus is “that period commencing on the first day of the month during which a child is an eligible child and enrolled or recertified for enrollment on an annual basis based on all required information and documentation and ending on the last day of the twelfth month following such date,” unless the CHP premiums are not timely paid, or the child no longer resides in New York State, gains access to or obtains other health insurance coverage, or becomes eligible for Medicaid (NY Public Health Law § 2510(6)).

“A State must specify a method for determining the effective date of eligibility for [Child Health Plus], which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between [Child Health Plus] and other insurance affordability programs as family circumstances change and avoids gaps or overlaps in coverage” (42 CFR § 457.340(f)).

The State of New York has provided that a child’s period of eligibility for Child Health Plus begins on the first day of the month during which a child is eligible. A child will become eligible on the first day of the next month, if the application is received by the 15th of the month; applications received after the 15th day of the month will be processed for the first day of the second following month (see State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

Legal Analysis

The first issue whether NYSOH properly determined that your children were disenrolled from their Child Health Plus plan effective August 31, 2017

On April 10, 2017, NYSOH received your household’s initial application listing an annual household income of \$62,670.15. As a result, your children were found eligible for Child Health Plus and enrolled in a plan as of May 1, 2017.

On July 20, 2017, your household’s application was updated to indicate that you wanted your household’s eligibility determined on the income received that month. The application stated that in July your household received \$1,600.00.

According to the record, you expect to file a joint federal income tax return for the 2017 tax year and claim your four children as dependents. Therefore, your children are in a six-person household.

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Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size.

To be eligible for Medicaid, your children would need to meet the non-financial criteria and have an income no greater than 154% of the FPL, which is \$4,182.00 per month. Since you attested to a monthly household income of \$1,600.00 in the month of July 2017, your children would be Medicaid eligible if you provided sufficient documentation to confirm your attestation.

Under New York State's Public Health Law, a Medicaid-eligible child does not qualify to enroll in health insurance through Child Health Plus. Therefore, since you had updated your application to reflect income that was within the Medicaid limit, your children would be no longer eligible for Child Health Plus. Your children were subsequently disenrolled from their Child Health Plus plan effective August 31, 2017, because they were no longer eligible to remain enrolled in that plan.

You subsequently updated your application on August 14, 2017 to request that your household's eligibility be determined on an annual income basis. Two applications were submitted with different expected annual household incomes of \$45,400.00 and \$50,370.00. To be eligible for Medicaid on an annual basis, your children would need to meet the non-financial criteria and have an income no greater than 154% of the FPL, which is \$50,759.00. Since your children still appeared to be Medicaid eligible pending submission of income documentation based on the annual household income you had listed on your applications, they remained ineligible to enroll into Child Health Plus.

Therefore, the July 21, 2017 disenrollment notice stating that your children were no longer enrolled in a Child Health Plus plan effective August 31, 2017, is **AFFIRMED**.

The second issue is whether NYSOH's provided you with a timely determination of your children's Medicaid eligibility as of September 7, 2017.

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.

As stated above, you updated your household's application for financial assistance on July 20, 2017. The income amount that was entered into this application did not match federal and state data sources. As a result, NYSOH

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asked that you submit additional documentation to confirm your household's income.

On August 1, 2017, a letter from your employer stating that your yearly salary is paid in twenty installments from September 15th through July 1st and a letter from your spouse's former employer stating that he was terminated on March 21, 2017 were uploaded to your NYSOH account. However, your application was not considered complete based on this submission because there was no statement of your gross pay and you did not submit current proof of income for your spouse within the last 30 days.

On August 9, 2017, a letter from your employer stating that your annual salary is \$18,570.00 was uploaded to your NYSOH account. However, your application was not considered complete based on this submission because you did not submit current proof of income for your spouse within the last 30 days.

On August 15, 2017, two paystubs dated 6/30/2017 for your spouse were uploaded to your NYSOH account. However, your application was not considered complete based on this submission because you did not submit two bi-weekly paystubs from your spouse's employer.

On September 6, 2017, a letter from your spouse's employer listing the pay he received on checks dated August 11, 2017 and August 25, 2017 was uploaded to your NYSOH account.

Therefore, your household's application was considered complete as of September 6, 2017 for purposes of issuing an eligibility determination.

NYSOH must provide Medicaid applicants who are under the age of 19, notice of their eligibility determination within 30 days from the date of the completed 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.

NYSOH issued an eligibility determination notice on September 7, 2017 that stated your children were not eligible for Medicaid, and eligible for Child Health Plus, effective October 1, 2017. Since NYSOH issued an eligibility determination one day from the date your household's application was considered complete, the September 7, 2017 eligibility determination was timely.

The third issue is whether NYSOH properly determined that your children's eligibility for and enrollment in their Child Health Plus plan was effective October 1, 2017.

Your children were reenrolled into a Child Health Plus plan on September 7, 2017.

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The date on which a Child Health Plus plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected between the first day and fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected between the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

Since the September 7, 2017 eligibility determination notice was timely issued, you were able to select a Child Health Plus plan for your children as of September 7, 2017. Your children's plan would therefore properly take effect on the first day of the next month following after September 2017; that is, on October 1, 2017.

Therefore, NYSOH's September 7, 2017 eligibility determination notice and the September 8, 2017 enrollment confirmation notices are AFFIRMED because they properly began your children's eligibility for and enrollment in Child Health Plus on October 1, 2017.

Decision

The July 21, 2017 disenrollment notice is AFFIRMED.

The September 7, 2017 eligibility determination was timely is AFFIRMED.

The September 8, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: November 24, 2017

How this Decision Affects Your Eligibility

This decision does not change your children's eligibility.

Your children were properly disenrolled from their Child Health Plus plan as of August 31, 2017.

Your children's reenrollment in their Child Health Plus plan was effective October 1, 2017.

If You Disagree with this Decision (Appeal Rights)

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).

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

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- By fax: 1-855-900-5557

Summary

The July 21, 2017 disenrollment notice is AFFIRMED.

Your children were properly disenrolled from their Child Health Plus plan as of August 31, 2017.

The September 7, 2017 eligibility determination was timely is AFFIRMED.

The September 8, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not change your children's eligibility.

Your children's reenrollment in their Child Health Plus plan was effective October 1, 2017.

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 مجانًا.

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

(Urdu) اردو

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

Tiếng Việt (Vietnamese)

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

שׂוֹדִישׁ (Yiddish)

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

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