



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

Notice of Decision

Decision Date: December 15, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022532

[REDACTED]

[REDACTED]

On November 30, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 18, 2017 eligibility determination.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:
NY State of Health Appeals
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: December 15, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022532



Issue

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

Did NY State of Health (NYSOH) properly determine that your youngest child's eligibility for, and enrollment in, her Child Health Plus (CHP) plan was effective March 1, 2017?

Procedural History

On April 17, 2017, your newborn child was added to your NYSOH account.

On April 18, 2017, NYSOH issued a notice of eligibility determination, based on your April 17, 2017 application, stating that your youngest child was eligible for CHP for a limited time at full cost, effective March 1, 2017.

Also on April 18, 2017, NYSOH issued a notice of enrollment, based on your plan selection on April 17, 2017, stating that your youngest child was enrolled in a CHP plan with a \$209.57 monthly premium, beginning June 1, 2017.

That same day, NYSOH issued a notice stating that changes were made to your insurance coverage. The notice stated that your youngest child's insurance coverage would start on March 1, 2017 and end on May 31, 2017. The notice further stated that this was because newborns who qualified for CHP coverage and selected a plan within 60 days of their date of birth could choose the start date of their coverage, and that coverage could start as early as the first of the month of the date of birth.

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On June 1, 2017, you updated your NYSOH account.

On June 2, 2017, NYSOH issued a notice of eligibility determination stating that your children were eligible for CHP with a monthly premium of \$30.00 each, effective July 1, 2017.

Also on June 2, 2017, NYSOH issued a notice of enrollment confirmation, confirming your children's enrollment in their CHP plan, beginning July 1, 2017.

On August 3, 2017, NYSOH issue a disenrollment notice stating that your children's coverage in their CHP plan was ending effective July 31, 2017 because you did not pay your insurance bill by the payment deadline.

On August 11, 2017, you updated your NYSOH account.

On August 12, 2017, NYSOH issued a notice of eligibility determination stating that your children were eligible for CHP with a monthly premium of \$30.00 each, effective September 1, 2017.

Also on August 12, 2017, NYSOH issued a notice of enrollment confirmation, confirming your children's enrollment in their CHP plan, beginning July 1, 2017.

On September 18, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your youngest child's CHP coverage, insofar as it began on March 1, 2017, and not June 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 closed at the end of the hearing.

Findings of Fact

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

- 1) You testified that you are appealing only your youngest child's eligibility and enrollment start date.
- 2) You testified, and your NYSOH account reflects, that your youngest child was born [REDACTED].
- 3) Your NYSOH account reflects that on April 17, 2017, you updated your NYSOH account to include your youngest child, and you were able to select a CHP plan for enrollment for your youngest child that day.

- 4) You testified that your spouse is enrolled in health coverage through her employer, and that your youngest child was covered through your spouse's insurance for the thirty-day period following the child's birth.
- 5) You testified that when you updated your application and added your child to your NYSOH account on April 17, 2017, you did so online.
- 6) You testified that, when you completed the application, you thought your child's coverage would begin right away, after her coverage through your spouse ended.
- 7) You testified that you believe you did receive a notice that mentioned a March 1, 2017 start date, but that you also received a notice that mentioned a June 1, 2017 start date.
- 8) You testified that you tried to make a premium payment to Fidelis for your newborn after you enrolled her in coverage, but you were unable to find her in Fidelis' system.
- 9) You testified that you spoke to Fidelis, and were told that your newborn did not have any coverage until [REDACTED].
- 10) You testified that you spoke to NYSOH as well, and were told that coverage would start after your child's coverage through your spouse ended.
- 11) You testified that you were never able to resolve the issue with Fidelis and NYSOH, so you minimized any appointments that your child had and paid out of pocket when necessary, after your spouse's coverage stopped paying.
- 12) After the hearing, the Hearing Officer listened to several recordings of phone calls that you had with NYSOH's general Customer Service line and Account Review Unit (ARU) in the month of April 2017. The following findings are from these calls:
 - a. April 17, 2017:
 - i. You asked when your youngest child's coverage would start, as the system was reflecting a June 1, 2017 start date to her coverage through Fidelis, and you were concerned about this;
 - ii. The NYSOH agent told you that your newborn was eligible as of March 1, 2017, and that maybe the system was not reflecting that yet, in terms of the plan start date;
 - iii. You asked about getting an ID number to use for your newborn's upcoming doctor visit, and the NYSOH agent said to use the ID number that you already had.

- b. April 18, 2017:
 - i. You spoke to a NYSOH agent and explained that your newborn's coverage through her mother had ended, as the child was now [REDACTED];
 - ii. You informed the NYSOH agent that your newborn was still not showing up in Fidelis' system, and you were concerned because she had a doctor's visit coming up [REDACTED];
 - iii. The NYSOH agent told you that you could give the ET number to Fidelis, and you informed her that you had already tried that, and Fidelis said that she was not in their system;
 - iv. The NYSOH agent told you that the system showed a March 1, 2017 start date for your newborn's eligibility;
 - v. You told the NYSOH agent that March 1 or April 1 would work for you, but that Fidelis was telling you that her enrollment did not begin until June 1, 2017;
 - vi. The NYSOH agent said that there was nothing more that she could do for you, and that she would transfer you to the ARU to discuss backdating your child's coverage.
- c. April 18, 2017, ARU:
 - i. You spoke to an ARU agent and explained that you wanted to make sure your child had coverage for her doctor's appointment, which was scheduled for [REDACTED];
 - ii. The ARU agent said that she saw a June 1, 2017 start date for your child's enrollment in her CHP plan;
 - iii. The ARU agent did further research, and told you that she saw a second enrollment for the period of March 1, 2017 through May 31, 2017 with Fidelis;
 - iv. You asked the ARU agent if you had to pay for March 2017 coverage, since your child had coverage through her mother, and the agent said "yes," or she could be disenrolled for nonpayment;
 - v. The ARU agent told you that you had to deal directly with Fidelis to work out issues regarding your premium payments.
- d. April 26, 2017:
 - i. You contacted NYSOH's customer service line and stated that your newborn's coverage was still not showing as active through Fidelis;
 - ii. You informed the agent that you made a premium payment utilizing the ET number you were given, but that Fidelis was still telling you that your newborn's coverage did not begin until June 1, 2017;
 - iii. The NYSOH agent said that it looked like the coverage should be backdated, but that you would need to speak to ARU about that;

- iv. You informed the agent that you spoke to ARU the prior week, and the NYSOH agent said that you needed to speak to them again, and that she would transfer you.
- e. April 26, 2017:
 - i. You called NYSOH's customer service line again and explained that you were supposed to be transferred to ARU, but that the call dropped;
 - ii. The NYSOH agent had you wait while she entered another note in your account, and then state that she would transfer you to ARU;
- f. April 26, 2017:
 - i. Your spouse called NYSOH and informed the agent that answered that you were still on the phone holding for an ARU agent, and that you had been on hold for an hour and a half;
 - ii. Your spouse informed the agent that you were trying to get coverage for your newborn child and that you had paid the premium, but she was still not being covered;
 - iii. The NYSOH agent told your spouse that she would have to transfer her to ARU;
 - iv. Your spouse said that she did not want to be transferred without first speaking to a supervisor because, so far, every time you had been transferred, no one picked up the call in ARU;
 - v. The NYSOH agent said that her supervisor could not do anything, and that she would have to transfer your spouse to ARU;
 - vi. The NYSOH agent made a note in her system and said that she would transfer your spouse to ARU;
- g. April 26, 2017:
 - i. Your spouse called NYSOH's customer service line and said that she was being transferred to ARU and the transfer did not go through;
 - ii. The agent told your spouse that she could not do anything for her, and that she would try transferring her to ARU.

13) There is no record of any completed transfer to ARU on April 26, 2017, nor any recordings of any phone calls with ARU on that date.

14) On September 11, 2017, documentation was uploaded to your NYSOH account, consisting of a receipt for a payment you made for a doctor's visit for your youngest child on [REDACTED], and several explanations of benefits from Cigna, your spouse's health insurance provider, showing that your spouse's insurance covered medical visits for your youngest [REDACTED].

- 15) You testified that you again tried to make a payment to Fidelis for your daughter's coverage in May 2017, as you were under the impression at that point that her coverage would begin on June 1, 2017.
- 16) You testified that, though you made a payment of \$209.57 it did not show up as credited to her June 2017 premium.
- 17) You testified that you made at least two other premium payments for \$209.57 before updating your account and finding out that you were eligible for premium assistance.
- 18) Your NYSOH account reflects that you updated your application on June 1, 2017, and your children were both found eligible for CHP with a \$30.00 monthly premium each, effective July 1, 2017.
- 19) You testified that you received an email from Fidelis in June 2017 stating that you had not made the necessary payments, and you found out that, when you made a payment for June, Fidelis applied it to March 2017.
- 20) You testified that you ended up paying the full premiums for March, April and May 2017, as you did not want to have a problem with your child's coverage.
- 21) You testified that you never received a bill or invoice from Fidelis for payment.
- 22) You testified that Fidelis did not cover any medical bills for your youngest child for the months of March, April, or May 2017.
- 23) You testified that you want to be reimbursed for the premiums you paid for March, April, and May 2017 for your youngest child, as you were unable to use that coverage.

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

Applicable Law and Regulations

Child Health Plus

CHP is a sliding-scale-premium program for children who are in a household that is over-income for regular Medicaid (see NY Public Health Law § 2510 et seq.). Eligibility rules are set out in NY Public Health Law § 2511(2).

The "period of eligibility" for CHP is "that period commencing on the first day of the month during which a child is an eligible child and enrolled or recertified for

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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 [CHP], which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between [CHP] 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 CHP 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 e.g. State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

On December 22, 2015, the Governor of New York signed into law an amendment to NY Public Health Law § 2511(2)(g) stating that in the case of a newborn enrolled into CHP, the date of enrollment shall be the date of the child’s birth if the parent applied for insurance prior to the child’s birth or within 60 days after the child’s birth. This amendment was scheduled to take effect as of January 1, 2016 (S04745B, Chap 577, Laws of New York, 2015). However, on April 8, 2016, the Governor of New York signed an amendment to chapter 577 of the Laws of 2015, which delayed the effective date to January 1, 2017. (S06421A, Chap 27, Laws of New York, 2016; NY Public Health Law § 2511(2)(i)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your youngest child’s eligibility for, and enrollment in, her CHP plan was effective March 1, 2017.

Your youngest child was born March 18, 2017, and on April 17, 2017, your youngest child was added to your NYSOH account. She was found eligible for enrollment in CHP, and a plan was selected on April 17, 2017. NYSOH issued a notice of eligibility determination stating that she was eligible for CHP at full cost, effective March 1, 2017, but issued an enrollment confirmation notice stating that she was enrolled in her CHP plan as of June 1, 2017. However, the same day that these notices were issued, NYSOH issued a third notice stating that your youngest child was enrolled in her Fidelis CHP plan for the period of March 1, 2017 through May 31, 2017 as well.

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In New York State, the date on which a CHP plan can take effect typically depends on the day a person selects the plan for enrollment. If an application for insurance coverage is received through NYSOH by the 15th of the month, benefits are provided on the first day of the next month. If an application is received after the 15th of the month, coverage begins the first day of the second following month.

However, section 2511 of the Public Health Law has been amended to provide that CHP coverage shall be retroactive to the first of the month of birth for newborns, effective January 1, 2017, provided that the application for coverage on behalf of the child was made prior to, or within sixty days of, the child's birth.

Your application and CHP enrollment selection for your youngest child were received by NYSOH on April 17, 2017, which was within sixty days of her birth. Therefore, it was proper for NYSOH to allow her coverage to be backdated to March 1, 2017, which was the first day of the month of her birth.

However, according to the notice issued on April 18, 2017 that informed you that your newborn had been placed into her plan for the period of March 1, 2017 through May 31, 2017, such backdating is permissive, not mandatory. The notice states, in relevant part, "Newborns who qualify for Child Health Plus and select a plan within the 60 days of their date of birth can choose the start date of their coverage. Coverage for the newborn can start as early as the first of the month of the date of birth" (emphasis added).

When you spoke with NYSOH on April 17 and April 18, 2017, you indicated that your newborn had coverage through her mother, and stated that you did not necessarily need her coverage to start on March 1, 2017. NYSOH should have offered you the opportunity to start her coverage on April or May 1, 2017, but no such offer was made, and the March 1, 2017 start date was instead presented as mandatory.

Moreover, you made numerous phone calls to NYSOH on April 26, 2017 because, though NYSOH was telling you that your child's coverage would start on March 1, 2017, you were unable to make a payment for her coverage to Fidelis, and Fidelis was insisting to you that her coverage did not start until June 1, 2017. When you spoke with NYSOH on April 26, 2017, the customer service agents you spoke with failed to adequately respond to your concerns in any way, and repeatedly tried to transfer you to ARU. You and your spouse made five separate phone calls to NYSOH's customer service line on that day, and NYSOH made five unsuccessful attempts to transfer you to ARU. During one of these attempts, you remained on hold for a period exceeding one and a half hours.

Since you were unable to resolve the issue of when your newborn child's coverage started in such a manner that allowed you to utilize that coverage, due to multiple failings on the part of both NYSOH and Fidelis, it is not reasonable to

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expect you to now pay for coverage for a period when you were not able to use it.

Therefore, the April 18, 2017 eligibility determination notice is MODIFIED to state that your newborn's eligibility for CHP was effective June 1, 2017.

Likewise, the April 18, 2017 notice stating that your newborn's insurance coverage was changed so that she would be enrolled from March 1, 2017 through May 31, 2017 is RESCINDED.

Your case is RETURNED to NYSOH to retroactively disenroll your youngest child from her CHP plan for the months of March, April, and May 2017.

Your case is RETURNED to NYSOH's Plan Management to reach out to Fidelis and reconcile the premium payments you have made so that you are reimbursed for any premium payment on behalf of your youngest child for the months of March, April, and May 2017, and to ensure your child's coverage is in place.

Decision

The April 18, 2017 eligibility determination notice is MODIFIED to state that your youngest child was eligible for CHP, effective June 1, 2017.

The April 18, 2017 notice stating that your youngest child's insurance coverage was changed so that she would be enrolled for the period of March 1, 2017 through May 31, 2017 is RESCINDED.

Your case is RETURNED to NYSOH to disenroll your youngest child from her CHP coverage for the period of March 1, 2017 through May 31, 2017.

Your case is RETURNED to NYSOH's Plan Management to reach out to Fidelis and reconcile the premium payments you have made so that you are reimbursed for any premium payments you made on behalf of your youngest child for the months of March, April, and May 2017.

Effective Date of this Decision: December 15, 2017

How this Decision Affects Your Eligibility

Your youngest child's CHP eligibility was effective June 1, 2017.

The effective date of your youngest child's coverage in her CHP plan was June 1, 2017.

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Your case is being sent back to NYSOH to effectuate these changes, and also to reach out to Fidelis to arrange reimbursement of any CHP premiums you paid on behalf of your youngest child for the months of March, April, and May 2017.

PLEASE KEEP THIS DECISION in your tax records. Sometimes after an appeal decision, an appellant can claim an exemption from the requirement to have health insurance. You might qualify for a health coverage exemption in 2017 if you, or a member of your family, did not have health coverage while waiting for an appeal decision about coverage eligibility or savings and your appeal was eventually successful.

You must claim this exemption through the United States Department of Health and Human Services (HHS). Currently, NYSOH does not accept hardship exemption applications.

You will find the information you need to claim the exemption due to an appeal decision at <https://www.healthcare.gov/exemptions-tool/#/results/2016/details/eligible-based-on-appeal>. You can also call 1-800-318-2596.

Important: If you do not get a response from HHS to your exemption application in time to file your tax return, write the word “pending” in column “c” and file your return. If HHS does not approve your exemption, you will need to file an amended return later.

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

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- 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):

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- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The April 18, 2017 eligibility determination notice is MODIFIED to state that your youngest child was eligible for CHP, effective June 1, 2017.

The April 18, 2017 notice stating that your youngest child's insurance coverage was changed so that she would be enrolled for the period of March 1, 2017 through May 31, 2017 is RESCINDED.

Your case is RETURNED to NYSOH to disenroll your youngest child from her CHP coverage for the period of March 1, 2017 through May 31, 2017.

Your case is RETURNED to NYSOH's Plan Management to reach out to Fidelis and reconcile the premium payments you have made so that you are reimbursed for any premium payments you made on behalf of your youngest child for the months of March, April, and May 2017.

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Your youngest child's CHP eligibility was effective June 1, 2017.

The effective date of your youngest child's coverage in her CHP plan was June 1, 2017.

Your case is being sent back to NYSOH to effectuate these changes, and also to reach out to Fidelis to arrange reimbursement of any CHP premiums you paid on behalf of your youngest child for the months of March, April, and May 2017.

Please keep this notice in your tax records, in the event it is needed to avoid a tax penalty for 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، يرجى الاتصال بالرقم 1-855-355-5777. يمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

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।

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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&btumi 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.

אידיש (Yiddish)

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