



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

## Notice of Decision

Decision Date: December 01, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000022595

[REDACTED]

On November 21, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 26, 2017 eligibility determination notice, July 12, 2017 disenrollment notice, July 15, 2017 eligibility determination notice, and August 17, 2017 enrollment confirmation 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 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.

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DEPARTMENT OF HEALTH  
P.O. Box 11729  
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## Decision

Decision Date: December 01, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000022595



## Issues

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

Did NY State of Health (NYSOH) properly terminate your qualified health plan for non-payment of premium effective, April 30, 2017?

Did NYSOH properly determine that your eligibility for advance payments of the premium tax credit ended effective July 1, 2017?

Did NYSOH properly determine that your eligibility for advance payments of the premium tax credit was effective August 1, 2017?

## Procedural History

On December 12, 2016, NYSOH received you and your spouse's application for health insurance.

On December 13, 2016, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to receive an advance premium tax credit (APTC) of up to \$620.00 per month, effective January 1, 2017.

Also on December 13, 2016, NYSOH issued an enrollment confirmation notice stating that you and your spouse were enrolled in a couple qualified health plan, with a premium of \$354.00 after your APTC of \$620.00 was applied, effective January 1, 2017.

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On March 21, 2017, you contacted NYSOH and updated your account, specifically you indicated that your spouse was no longer seeking health insurance through NYSOH because he was [REDACTED] eligible for Medicare.

On March 22, 2017, NYSOH issued a notice of eligibility determination stating that your spouse was no longer eligible for health insurance through NYSOH, effective May 1, 2017. That same day, NYSOH issued a disenrollment notice stating that your spouse's coverage with his qualified health plan would end as of April 30, 2017. This was because he was no longer eligible to enroll in health insurance through NYSOH.

Also on March 22, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to receive up to \$167.00 per month in APTC for a limited time, effective May 1, 2017. The notice directed you to provide documentation of your household income before June 19, 2017 in order to confirm your eligibility for financial assistance.

Additionally, on March 22, 2017, NYSOH issued an enrollment confirmation notice stating that you were enrolled in an individual plan with a premium of \$320.00 after your APTC of \$167.00 was applied as of May 1, 2017.

On June 26, 2017, NYSOH issued an eligibility determination notice stating that you were newly eligible to purchase a qualified health plan at full cost. The notice stated that you were not eligible to receive APTC or cost-sharing reductions because NYSOH did not receive the income documentation needed to verify the income listed in your application. This eligibility was effective July 1, 2017.

Also on June 26, 2017, NYSOH issued an enrollment confirmation notice stating that you were enrolled in a qualified health plan with a premium of \$487.00 and \$0.00 of APTC applied to your premium.

On July 12, 2017, NYSOH issued a disenrollment notice stating that your enrollment in your qualified health plan was terminated, effective April 30, 2017, because a premium payment had not been received by the health plan.

On July 14, 2017, you updated your application for financial assistance.

On July 15, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to receive up to \$167.00 per month in APTC, effective August 1, 2017.

On August 17, 2017, NYSOH issued an enrollment confirmation notice stating that you were enrolled in a qualified health plan with a premium of \$487.00.

On August 18, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to receive up to \$167.00 per month in APTC, effective October 1, 2017.

On September 19, 2017, you updated your application for financial assistance. That day, a preliminary eligibility determination was prepared stating that you were eligible to receive up to \$167.00 per month in APTC, effective November 1, 2017.

Also on September 19, 2017, you spoke to NYSOH's Account Review Unit and appealed the termination of your APTC as of July 1, 2017.

On September 22, 2017, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in a qualified health plan with a premium of \$487.00 and \$0.00 of APTC applied to your premium.

On September 30, 2017, NYSOH issued a notice of eligibility determination, based on the September 19, 2017 application, stating that you were eligible to receive up to \$167.00 per month in APTC, effective November 1, 2017

On November 21, 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 were enrolled in a couple qualified health plan for the beginning of the 2017 coverage year with your spouse with a total monthly premium of \$974.00 less your APTC of \$620.00 for a monthly premium responsibility of \$354.00, effective January 1, 2017.
- 2) You testified, and your account reflects, that you contacted NYSOH on March 21, 2017 to update your account as your spouse had [REDACTED] and was eligible for Medicare.
- 3) Beginning as of May 1, 2017, you were enrolled in an individual qualified health plan with a total monthly premium of \$487.00 less your APTC of \$167.00 and a monthly premium responsibility of \$320.00.
- 4) You testified, and your account indicates, that you receive all of your notices from NYSOH by regular mail.

- 5) You testified that you did receive the March 22, 2017 eligibility determination notice stating that your eligibility was limited. However, you further testified you did not read the portion of the eligibility determination directing you to submit documentation of your household income.
- 6) In the March 22, 2017 eligibility determination notice you were advised that you were “Eligible for the advance payment for a premium tax credit up to \$167.00 per month to help pay for your health coverage for a limited time.” “You are eligible for a limited time because more information is needed to confirm the information in your application. See the section ‘Request for Additional Information to Confirm Your Eligibility’ for what you need to send to NY State of Health to confirm your eligibility”. Under the section labeled “What you need to do next” on page two the March 22, 2017 eligibility determination notice indicates “**Provide additional information in order to confirm your eligibility** – More information about what documents you need to provide NY State of Health can be found in the ‘Request for Additional Information to Confirm Your Eligibility’ section of this letter”. On the bottom of the second page and top of the third page of this same eligibility determination notice under the section “**Request for Additional Information to Confirm your Eligibility**”, the notice indicates “NY State of health needs more information to confirm the information in your application. Additional information is required to confirm eligibility for members of your household. Please review the following table to determine what information is required for your household. Provide proof of **Income** by **June 19, 2017... PLEASE NOTE**: If you miss the due date, you may lose your insurance or receive less help paying for your coverage.” *Emphasis as per original document.*
- 7) No notices that were sent to the address listed on your NYSOH account have been returned as undeliverable.
- 8) You testified that you believe that the reason you stopped receiving your APTC was because you had been disenrolled from coverage by your qualified health plan for non-payment of premiums.
- 9) You were disenrolled from your qualified health plan, effective April 30, 2017.
- 10) You testified that you received a bill from your qualified health plan for January 2017 of \$354.00 and you paid \$354.00; that you received a bill for \$72.00 for February 2017 and paid \$354.00; that you received a bill for March 2017 for \$72.00 and paid \$354.00; that you received a bill for April 2017 of \$72.00 and paid \$72.00; that you received a bill for May 2017 of \$320.00 and paid \$320.00; that you received a bill for June 2017 of \$1,223.00 and paid \$320.00; that you received a bill for July 2017 of \$1,226.00 and paid \$184.00.

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- 11) Your NYSOH account indicates that on June 25, 2017 your application was run and you were found no longer eligible for APTC as of July 1, 2017.
- 12) You testified that on July 7, 2017 you spoke with your qualified health plan and were advised that your plan was showing within their system as active.
- 13) You updated the income information in your NYSOH account on July 14, 2017.
- 14) The events tab and the enrollment tab within your NYSOH account indicate that on August 16, 2017 NYSOH received information from your qualified health plan that your plan had initiated reinstatement into your plan as of May 1, 2017.
- 15) You testified that it is your understanding that you have continued to have coverage with your qualified health plan throughout 2017.
- 16) You testified that you received a premium bill from your qualified health plan for August 2017 of \$478.00 and you paid \$640.00.
- 17) You further testified that on August 17, 2017 you received a bill from your qualified health plan of \$1,795.00, of which you paid \$800.00 so that your qualified health plan would not cancel your coverage.
- 18) You went on to testify that you continue to be billed \$487.00 which is the full cost of your qualified health plan, without the application of APTC.
- 19) You also testified that you have made a premium payment of some sort each and every month for 2017.
- 20) You testified that you never told NYSOH that you did not want your APTC applied to your monthly premium.
- 21) During the hearing, you gave permission for the Hearing Officer to listen to recordings of phone calls you had with NYSOH.
- 22) The record reflects that on March 21, 2017, July 14, 2017, July 20, 2017, August 14, 2017, August 22, 2017, September 15, 2017, September 19, 2017, September 20, 2017, and October 13, 2017, you placed phone calls to NYSOH. A review of the recordings of those calls reflects that at no time during those phone calls did you request that your APTC not be applied to your monthly premium.

- 23) On March 21, 2017, you placed a phone call to NYSOH. The recording of this phone call reflects that you were updating your account to reflect that your spouse was eligible for Medicare. During that phone call, the NYSOH representative asked if you wanted to apply all of your APTC to the cost of your plan. You confirmed that you wanted all of the \$167.00 of APTC applied to the monthly cost of your plan.
- 24) On August 14, 2017, you placed a phone call to NYSOH. The recording of this phone call reflects that you requested that your APTC be applied to your monthly premium.
- 25) On September 15, 2017, you placed a phone call to NYSOH. The recording of this phone call reflects that you are seeking to have your APTC applied to your monthly premium.
- 26) On September 19, 2017, you placed a phone call to NYSOH. A review of the recording of this phone call reflects that you filed an appeal that day. While you were filing the appeal, you confirmed with the NYSOH representative that you were seeking to have your APTC applied to your monthly premiums.
- 27) You testified that you are seeking to have APTC applied to your premium for each month of 2017.

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

## **Applicable Law and Regulations**

### Appealable Issues

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) a failure by NYSOH to provide timely notice of an eligibility determination 45 CFR § 155.505; and (4) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

### Verification of Eligibility for Advance Payments of the Premium Tax Credit

APTC are generally available to a person who is eligible to enroll in a qualified health plan 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

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and claim a personal exemption deduction for a person who meets the eligibility requirements to enroll in a qualified health plan, 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)).

An applicant is required to attest to their household's projected annual income for purposes of determining their eligibility for APTC (45 CFR § 155.320(c)(3)(ii)(B)). For all individuals whose household income is needed, NYSOH must request tax return data from the Secretary of the Treasury and data regarding Social Security benefits from the Commissioner of Social Security in order to confirm that the information the applicant is attesting to is accurate (45 CFR § 155.320(c)(1)(i); 45 CFR § 155.320(c)(3)(ii)(A)).

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

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

Upon making an eligibility redetermination, NYSOH must notify the applicant and implement any changes in eligibility to APTC effective as of the first day of the month following the date of the notice (45 § 155.310(f), 45 CFR § 155.330(e), (f)(1)(i)).

## **Legal Analysis**

The first issue under review is whether NYSOH properly terminated your qualified health plan for non-payment of premium effective, April 30, 2017.

You were enrolled in a couple qualified health plan for the beginning of the 2017 coverage year with your spouse with a total monthly premium of \$974.00 less your APTC of \$620.00 and a monthly premium responsibility of \$354.00, effective January 1, 2017.

You testified that you paid your premiums to your qualified health plan for each month. However, you received inconsistent billing statements from your plan, which resulted in an underpayment to your qualified health plan.

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On July 12, 2017, NYSOH issued a notice stating that you were disenrolled from your health plan for non-payment of the premium, effective April 30, 2017.

NYSOH Appeals Unit only has the authority to review issues related to the following: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) a failure to provide timely notice of an eligibility determination, and (4) a denial of a special enrollment period.

Since the Appeals Unit is not given the authority to review termination of enrollment due to non-payment of premiums, we cannot reach the merits as to whether you were properly terminated from your health plan for non-payment of premiums. Furthermore, the record reflects that your qualified health plan reinstated you into coverage as of May 1, 2017. Therefore, your appeal of the July 12, 2017 disenrollment notice is **DISMISSED** as a non-appealable issue.

The second issue under review is whether NYSOH properly determined that your eligibility for APTC ended effective July 1, 2017.

An individual requesting financial assistance to help pay for the cost of coverage provided through NYSOH is required to attest to their household's projected annual income. For individuals seeking APTC, NYSOH must request income data from federal data sources in order to verify an individual's income attestation.

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

In the eligibility determination issued on March 22, 2017, you were advised that your eligibility for APTC was limited, and that you needed to confirm your household's income before June 19, 2017.

You testified that you did receive the March 22, 2017 eligibility determination notice stating that your eligibility was limited. However, you further testified that you did not read the portion of the eligibility determination directing you to submit documentation of your household income. You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

Therefore, NYSOH properly notified you of an inconsistency in your account and that documentation was needed to confirm the income you listed in the account.

If NYSOH remains unable to verify the attestation of the applicant, NYSOH must redetermine an individual's eligibility based on the information available from the data sources unless the applicant demonstrates that they are unable to provide the required documentation. Any changes in APTC are to be made effective the first of the month following the eligibility redetermination notice.

Accordingly, your eligibility for APTC should have ended as of July 1, 2017, the month following the June 26, 2017 eligibility redetermination.

Therefore, the June 26, 2017 eligibility determination notice is MODIFIED to state that you were ineligible to receive APTC because NYSOH did not receive the income documentation needed to verify the income listed in your application, effective July 1, 2017.

The third issue is whether NYSOH properly determined that your eligibility for advance premium tax credits was effective August 1, 2017.

On July 14, 2017, you updated the income information in your NYSOH account. On July 15, 2017, a notice of eligibility redetermination was issued stating that you were eligible to receive up to \$167.00 in APTC, effective August 1, 2017.

As stated above, any changes in APTC are to be made effective the date following the eligibility redetermination notice.

Since you updated your application on July 14, 2017, any changes in APTC should have been made effective as of August 1, 2017.

Therefore, NYSOH's July 15, 2017 eligibility determination is correct and is AFFIRMED.

However, the August 17, 2017 enrollment confirmation notice indicates that no tax credit was to be applied to your monthly premium.

As you never advised NYSOH that you did not want your APTC applied to your monthly premium, and in fact, repeatedly requested that your APTC be applied to your monthly premium, the August 17, 2017 enrollment confirmation notice is MODIFIED to reflect that your APTC of \$167.00 per month is to be applied to your monthly premium effective August 1, 2017.

Your case is RETURNED to NYSOH to apply your APTC of \$167.00 per month to your monthly premium effective August 1, 2017.

During the hearing, you testified that you were incorrectly billed for your premiums throughout 2017. The NYSOH Appeals Unit does not have authority to hear issues involving qualified health plan billing and payments. Therefore, your case is RETURNED to Plan Management in order to investigate whether or not your plan is incorrectly billing you for premiums in 2017.

As you have used APTC to help pay health insurance premiums in 2017, you must file a federal tax return. Your APTC, regardless of whether correctly or incorrectly determined by NYSOH, will be reconciled on your 2017 tax return by the IRS.

## **Decision**

Your appeal of the July 12, 2017 disenrollment notice is DISMISSED as a non-appealable issue.

The June 26, 2017 eligibility determination notice is MODIFIED to state that you were ineligible to receive APTC, effective July 1, 2017.

The July 15, 2017 eligibility determination is AFFIRMED.

The August 17, 2017 enrollment confirmation notice is MODIFIED to reflect that your APTC of \$167.00 per month is to be applied to your monthly premium effective August 1, 2017.

Your case is RETURNED to NYSOH to apply your APTC of \$167.00 per month to your monthly premium effective August 1, 2017.

Your case is RETURNED to Plan Management in order to investigate whether or not your plan is incorrectly billing you for premiums in 2017.

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

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

NYSOH properly found you ineligible to receive APTC effective July 1, 2017 because you did not provide documentation of your household's income.

NYSOH properly found that your redetermination for APTC was effective August 1, 2017.

Your APTC of \$602.00 per month should have been applied to your and your spouse's monthly premium from January 1, 2017 through April 30, 2017.

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Your APTC of \$167.00 per month should have been applied to your monthly premium from May 1, 2017 through June 30, 2017.

Your APTC of \$167.00 per month should have been applied to your monthly premium as of August 1, 2017.

Your case is being sent back to NYSOH to apply your APTC of \$167.00 per month to your premium as of August 1, 2017.

Your case is also being sent back to Plan Management to investigate your claim that your qualified health plan improperly billed you for premiums throughout 2017.

As you have used APTC to help pay health insurance premiums in 2017, you must file a federal tax return. Your APTC, regardless of whether correctly or incorrectly determined by NYSOH, will be reconciled on your 2017 tax return by the IRS.

### **If You Disagree with this Decision (Appeal Rights)**

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Insofar as your case was decided, the 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)).

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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**

Your appeal of the July 12, 2017 disenrollment notice is **DISMISSED** as a non-appealable issue.

The June 26, 2017 eligibility determination notice is **MODIFIED** to state that you were not eligible to receive, effective July 1, 2017.

NYSOH properly found you ineligible to receive APTC effective July 1, 2017 because you did not provide documentation of your household's income.

The July 15, 2017 eligibility determination is **AFFIRMED**.

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NYSOH properly found that your redetermination for APTC was effective August 1, 2017.

The August 17, 2017 enrollment confirmation notice is MODIFIED to reflect that your APTC of \$167.00 per month is to be applied to your monthly premium effective August 1, 2017.

Your case is RETURNED to NYSOH to apply your APTC of \$167.00 per month to your monthly premium effective August 1, 2017.

Your case is RETURNED to Plan Management in order to investigate whether or not your plan is incorrectly billing you for premiums in 2017.

As you have used APTC to help pay health insurance premiums in 2017, you must file a federal tax return. Your APTC, regardless of whether correctly or incorrectly determined by NYSOH, will be reconciled on your 2017 tax return by the IRS.

## **Legal Authority**

We are issuing this determination in accordance with 45 CFR § 155.545.

**A Copy of this Decision Has Been Provided To:**





## Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

### Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

### 中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

### Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

### 中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

### Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

### 한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

### Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

### العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

### 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 okyerε 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 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).