



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

Notice of Decision

Decision Date: December 11, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022635

[REDACTED]

[REDACTED]

On December 4, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 16, 2017 disenrollment notice and the September 23, 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.

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 11, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022635



Issues

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

Does the Appeals Unit of NY State of Health (NYSOH) have the authority to review whether NYSOH properly disenrolled your youngest child from her Child Health Plus(CHP) plan for non-payment of premium, effective March 1, 2017?

Did NYSOH properly determine that your child's reenrollment in her CHP plan was effective October 1, 2017?

Procedural History

On January 5, 2017, NYSOH issued a notice of renewal stating that it was time to update your application for financial assistance for 2017. The notice stated that, based on information available from state and federal data sources, your children continued to qualify for CHP. The notice further stated that your children would remain in their current plan and pay \$9.00 a month until February 28, 2017 and that their new premium of \$0.00 per month would begin on March 1, 2017. The notice also confirmed their re-enrollment in their Healthfirst CHP plan, beginning March 1, 2017.

On January 18 and January 30, 2017, NYSOH issued a notice of enrollment confirmation, confirming your children's enrollment in a Healthfirst CHP plan with a monthly premium of \$18.00 per month total, beginning March 1, 2017.

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On February 8, 2017, NYSOH issued a discontinuance notice, stating that, effective March 1, 2017, your family, including your two children, were no longer eligible to enroll in coverage through NYSOH because mail that was sent to you at the address in your NYSOH account was returned to NYSOH as undeliverable.

Also on February 8, 2017, NYSOH issued a disenrollment notice, stating that your children were disenrolled from their CHP plan, effective March 1, 2017.

On February 14, 2017, you updated your NYSOH account.

On February 15, 2017, NYSOH issued a notice of eligibility determination, stating that your children were eligible to enroll in CHP with a \$9.00 monthly premium each, effective March 1, 2017.

Also on February 15, 2017, NYSOH issued a notice of enrollment confirmation, confirming your children's enrollment in a Healthfirst CHP plan with a \$0.00 monthly premium, beginning March 1, 2017.

On July 22, 2017, NYSOH redetermined your household's eligibility for financial assistance.

On July 23, 2017, NYSOH issued a notice of eligibility determination, stating that your oldest daughter was now eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective September 1, 2017, and that she no longer qualified for CHP, effective August 31, 2017. The notice also stated that your youngest daughter qualified for CHP with a monthly premium of \$9.00 per month, effective September 1, 2017.

Also on July 23, 2017, NYSOH issued a disenrollment notice, stating that your oldest daughter was disenrolled from her CHP plan, effective August 31, 2017. This was because CHP is only available to individuals who are eighteen years old or younger.

That same day, NYSOH issued a notice of enrollment confirmation, confirming your oldest daughter's enrollment in a Healthfirst Essential Plan with a \$20.00 monthly premium, effective September 1, 2017. The notice stated that she had been enrolled into that plan by NYSOH because it was similar to the coverage she had before with Healthfirst. The notice also stated that your youngest daughter was enrolled in a Healthfirst CHP plan with a \$9.00 monthly premium, beginning March 1, 2017.

On August 22, 2017, you updated your NYSOH account.

On August 23, 2017, NYSOH issued a notice of eligibility determination stating that your oldest daughter was eligible for the Essential Plan with a \$20.00

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monthly premium, effective October 1, 2017. The notice also stated that your youngest daughter was eligible for CHP with a \$9.00 monthly premium, effective October 1, 2017.

Also on August 23, 2017, NYSOH issued a disenrollment notice stating that your oldest daughter was disenrolled from her Essential Plan as of September 1, 2017 because you asked for her coverage to end on August 22, 2017.

That same day, NYSOH issued a notice of enrollment confirmation, confirming your youngest daughter's enrollment in a Healthfirst CHP plan with a \$9.00 monthly premium, beginning March 1, 2017. The notice also advised you to select a plan for enrollment for your oldest daughter.

On August 29, 2017, you updated your NYSOH account.

On August 30, 2017, NYSOH issued a notice of eligibility determination, stating that your oldest daughter was eligible to enroll in the Essential Plan with a \$20.00 monthly premium, beginning October 1, 2017. The notice also stated that your youngest child was eligible for CHP with a \$0.00 monthly premium, beginning October 1, 2017.

Also on August 30, 2017, NYSOH issued a notice of enrollment confirmation, confirming your oldest daughter's enrollment in a Healthfirst Essential Plan, beginning October 1, 2017.

That same day, NYSOH issued a notice of enrollment confirmation, confirming your youngest daughter's enrollment in a CHP plan with a \$0.00 monthly premium, beginning March 1, 2017.

On September 16, 2017, NYSOH issued a disenrollment notice stating that your youngest daughter was disenrolled from her CHP plan as of March 1, 2017 because you did not pay your insurance premium by the payment deadline.

On September 22, 2017, you reselected a CHP plan for enrollment on behalf of your youngest daughter.

Also on September 22, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your youngest child's enrollment in her CHP plan, insofar as it did not begin on March 1, 2017.

On September 23, 2017, NYSOH issued a notice of enrollment confirmation, confirming your youngest child's enrollment in a Healthfirst CHP plan with a \$0.00 monthly premium, beginning October 1, 2017.

On December 4, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, a Spanish language interpreter, ID

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██████████, provided interpretation services. 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 that you are only appealing your child's disenrollment from her CHP plan for the months of March through September 2017.
- 2) You testified that you are also appealing to have your oldest child re-enrolled in her CHP coverage for that period, if she was disenrolled.
- 3) Your children were enrolled into a CHP plan, effective March 1, 2017.
- 4) You testified that you received a notice on February 15, 2017 stating that your children were enrolled in CHP with a \$0.00 monthly premium, effective March 1, 2017. Your NYSOH account confirms the existence and contents of this notice.
- 5) You testified that you never received any bills or invoices from Healthfirst.
- 6) Your NYSOH account reflects that, on February 14, 2017, you updated your NYSOH account twice. The second application update resulted in an eligibility determination notice stating that your children were eligible for CHP with a \$9.00 monthly premium each, effective March 1, 2017.
- 7) You testified that you never paid any CHP premiums to Healthfirst because you did not believe that you owed any premiums, and Healthfirst never billed you.
- 8) Your NYSOH account reflects that, on ██████████, your oldest daughter turned ██████████.
- 9) On July 23, 2017, NYSOH issued a notice of eligibility determination, stating that your oldest daughter was eligible for the Essential Plan, effective September 1, 2017. That same day, NYSOH issued a notice of enrollment confirmation, confirming that she had been enrolled in an Essential Plan beginning September 1, 2017 with a \$20.00 monthly premium.
- 10) You testified that you do not know whether you received these July 23, 2017 notices.

- 11) You testified that you were out of the country from [REDACTED] through [REDACTED] and that no one was checking your mail for you during that time.
- 12) You testified that you spoke with your Navigator to update your application in August 2017, and that your Navigator told you that both of your children's coverage was going to end as of August 31, 2017.
- 13) Your NYSOH account reflects that you updated your application on August 22, 2017, and your oldest daughter was again found eligible for the Essential Plan, effective October 1, 2017. The notice also stated that your youngest daughter was eligible for CHP with a \$9.00 monthly premium, effective October 1, 2017.
- 14) Your NYSOH account reflects that you updated your application again on August 29, 2017 and changed the household income.
- 15) On August 30, 2017, NYSOH issued a notice stating that your oldest daughter was eligible to enroll in an Essential Plan as of October 1, 2017 and your youngest daughter was eligible to enroll in CHP with a \$0.00 monthly premium, effective October 1, 2017.
- 16) That same day, NYSOH also issued a notice confirming that your oldest daughter was enrolled in an Essential Plan as of October 1, 2017, and your youngest daughter was still enrolled in her CHP plan.
- 17) You testified that you the received a notice from NYSOH stating that your daughter's coverage would be terminated effective March 1, 2017 because you did not pay her premium by the payment deadline.
- 18) Your NYSOH account reflects that a disenrollment notice was issued on September 16, 2017 stating that your youngest child was disenrolled from her CHP plan, effective March 1, 2017, for nonpayment of the insurance premium. The notice does not mention your oldest daughter.
- 19) You testified that you do not know if your oldest daughter was also retroactively disenrolled from her CHP coverage.
- 20) You testified that your oldest daughter did not have coverage in the month of September 2017, and that you did not pay any premium on her behalf for her Essential Plan coverage until October 1, 2017.
- 21) You testified that you called Healthfirst after you received the notice stating that your youngest daughter was disenrolled, but that they told you that they did not have any information for you.

- 22) Your NYSOH account reflects that you re-enrolled your youngest daughter in coverage as of October 1, 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; 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)).

Child Health Plus

A child who meets the eligibility requirements for CHP may be eligible to receive a subsidy payment if the child resides in a household with a household income at or below 400% of the federal poverty level (FPL) (NY Public Health Law § 2511(2)(a)(iii)).

To be eligible for Child Health Plus, the child:

- Must be under 19 years of age;
- Must be a New York State Resident;
- Must not have other health insurance coverage; and
- Must not be eligible for, or enrolled in, Medicaid

(NY Public Health Law § 2511(2)(a)-(e)).

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 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 State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

Legal Analysis

The first issue under review is whether the Appeals Unit of NYSOH has the authority to review whether NYSOH properly terminated your youngest daughter’s enrollment in her CHP plan for non-payment of premium effective March 1, 2017.

On February 14, 2017, you updated your NYSOH account. On February 15, 2017, NYSOH issued a notice of eligibility determination, based on your February 14, 2017 application, stating that your children were eligible for CHP with a \$9.00 monthly premium each, effective March 1, 2017. However, for reasons that are unclear, NYSOH also issued a notice of enrollment confirmation stating that your children were enrolled in a CHP plan with a \$0.00 monthly premium, effective March 1, 2017.

You testified that you received the notice stating that your children were enrolled with no monthly premium, and you never received any bills from their plan – Healthfirst. You testified that you also do not recall receiving the July 23, 2017 eligibility determination and enrollment confirmation notices that were issued to inform you that your oldest daughter was newly eligible for the Essential Plan ([REDACTED]), and your youngest daughter was eligible for, and enrolled in, her CHP plan with a \$9.00 monthly premium. You testified that you were out of the country when this notice was issued.

On August 29, 2017, you updated your NYSOH account, and your oldest daughter was again found eligible for the Essential Plan, effective October 1, 2017, and your youngest daughter was again found eligible for CHP with a \$9.00 monthly premium, effective October 1, 2017. However, on September 16, 2017, NYSOH issued a notice of disenrollment stating that your youngest daughter was disenrolled from her CHP plan, effective March 1, 2017, because you did not pay her premium payment by the payment deadline. You testified that you never

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made any premium payments because you never received any bills, and you received the February 15, 2017 enrollment confirmation notice stating that your children's monthly premium was \$0.00.

NYSOH's 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 your child was properly terminated from her CHP plan for non-payment of premiums. Therefore, your appeal of the September 16, 2017 disenrollment notice is DISMISSED as a non-appealable issue.

The second issue under review is whether NYSOH properly determined that your youngest daughter's re-enrollment in her CHP plan was effective October 1, 2017.

You contacted NYSOH on September 22, 2017 to reenroll your child into her CHP plan.

The date on which a CHP 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 from the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

As you contacted NYSOH to reenroll your child into a CHP plan on September 22, 2017, her reenrollment should have taken effect the first day of the second month following September 22, 2017; that is, on November 1, 2017.

However, NYSOH modified her enrollment to be effective earlier, on October 1, 2017, apparently with your consent; the Appeals Unit will therefore not review this backdate regardless of the legal basis for such a decision.

Therefore, the September 23, 2017 enrollment confirmation notice stating that your child's reenrollment in her CHP plan with a \$0.00 monthly premium was effective no earlier than October 1, 2017 is AFFIRMED.

However: It appears that although you should have been paying \$9.00 per month for each of your daughters to cover their CHP premium, as stated in the February 15, 2017 eligibility determination notice, NYSOH issued an enrollment

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confirmation notice stating that they were enrolled for \$0.00 per month instead. Additionally, you credibly testified that you never received any invoices or bills for your daughters' coverage from Healthfirst.

Therefore, your case is RETURNED to Plan Management to re-enroll your youngest daughter in her Healthfirst CHP plan from March 1, 2017 through September 30, 2017 with a monthly premium of \$9.00. NYSOH is directed to contact you first to find out whether you wish to re-enroll her for that time period.

Your case is also RETURNED to Plan Management to determine whether your oldest daughter's CHP coverage was retroactively terminated to March 1, 2017. If it was, then NYSOH is directed to contact you to inquire as to whether you want to re-enroll her in coverage for the period of March 1, 2017 through August 31, 2017, (when her eligibility for CHP ended), at a monthly premium of \$9.00.

Decision

Your appeal of the insurer's termination of your oldest daughter's enrollment in her CHP plan for non-payment of premiums, effective March 1, 2017, is DISMISSED as a non-appealable issue.

The September 23, 2017 enrollment confirmation notice is AFFIRMED.

Your case is RETURNED to NYSOH to:

1. Reach out to you to find out whether you want to re-enroll your youngest daughter in her CHP plan for the period of March 1, 2017 through September 30, 2017 at a monthly premium of \$9.00; AND
2. Determine whether your oldest daughter was retroactively disenrolled from her CHP coverage and, if so, reach out to you to inquire whether you want to re-enroll her in her CHP plan for the period of March 1, 2017 through August 31, 2017 at a monthly premium of \$9.00; AND
3. Re-enroll your children retroactively in their CHP coverage, as permitted above, if you decide you wish to reenroll one or both of them for the period in question.

Effective Date of this Decision: December 11, 2017

How this Decision Affects Your Eligibility

Your children were eligible for CHP with a \$9.00 monthly premium, effective March 1, 2017.

Your case is being sent back to NYSOH to contact you regarding whether you would like to re-enroll your youngest daughter in her CHP plan, for the period of March 1, 2017 through September 30, 2017, with a monthly premium of \$9.00.

Your case is also being sent back to NYSOH to determine whether your oldest daughter was also retroactively disenrolled from her CHP coverage. If she was, NYSOH will contact you regarding whether you would also like to reenroll her in her CHP plan for the period of March 1, 2017 through August 31, 2017 at a monthly premium of \$9.00.

Your youngest daughter's re-enrollment in her CHP plan with a monthly premium of \$0.00 was effective as of October 1, 2017.

IMPORTANT: You may owe additional premiums.

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 insurer's termination of your oldest daughter's enrollment in her CHP plan for non-payment of premiums, effective March 1, 2017, is **DISMISSED** as a non-appealable issue.

The September 23, 2017 enrollment confirmation notice is **AFFIRMED**.

Your case is **RETURNED** to NYSOH to:

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

1. Reach out to you to find out whether you want to re-enroll your youngest daughter in her CHP plan for the period of March 1, 2017 through September 30, 2017 at a monthly premium of \$9.00; AND
2. Determine whether your oldest daughter was retroactively disenrolled from her CHP coverage and, if so, reach out to you to inquire whether you want to re-enroll her in her CHP plan for the period of March 1, 2017 through August 31, 2017 at a monthly premium of \$9.00; AND
3. Re-enroll your children retroactively in their CHP coverage, as permitted above, if you decide you wish to reenroll one or both of them for the period in question

Your children were eligible for CHP with a \$9.00 monthly premium, effective March 1, 2017.

Your case is being sent back to NYSOH to contact you regarding whether you would like to re-enroll your youngest daughter in her CHP plan, for the period of March 1, 2017 through September 30, 2017, with a monthly premium of \$9.00.

Your case is also being sent back to NYSOH to determine whether your oldest daughter was also retroactively disenrolled from her CHP coverage. If she was, NYSOH will contact you regarding whether you would also like to reenroll her in her CHP plan for the period of March 1, 2017 through August 31, 2017 at a monthly premium of \$9.00.

Your youngest daughter's re-enrollment in her CHP plan with a monthly premium of \$0.00 was effective as of October 1, 2017.

IMPORTANT: You may owe additional premiums.

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 مجانًا.

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 srε wo, frε 1-855-355-5777. ye&εtumi 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.