



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

Notice of Decision

Decision Date: December 08, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022749

[REDACTED]

[REDACTED]

On November 28, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's determination that you and your family were not eligible to enroll in a qualified health plan outside of the 2017 open enrollment period.

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

Decision

Decision Date: December 08, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022749

[REDACTED]

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 you and your family do not qualify to enroll in a qualified health plan (QHP) outside of the 2017 open enrollment period?

Procedural History

On December 9, 2016, NYSOH received your updated application for health insurance.

On December 10, 2016, NYSOH issued a notice of eligibility determination stating that you, your spouse, and your two children were eligible to purchase a QHP at full cost, effective January 1, 2017.

Also on December 10, 2016, NYSOH issued a notice of enrollment confirmation, confirming that you, your spouse, and your children were enrolled in a Fidelis bronze level QHP with an \$872.41 monthly premium, beginning January 1, 2017.

On June 6, 2017, you updated your NYSOH account.

On June 7, 2017, NYSOH issued a notice of eligibility determination stating that you, your spouse and your two children were eligible to enroll in a QHP at full cost, effective July 1, 2017. The notice stated that you and your family would need to find out if you qualified for a special enrollment period in which to enroll in coverage outside of the 2017 open enrollment period. The notice stated that

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you and your family would continue to receive services through your current health plan.

On June 7, 2017, you again updated your NYSOH account.

On June 8, 2017, NYSOH again issued a notice of eligibility determination stating that you and your family qualified to purchase a QHP at full cost, effective July 1, 2017. The notice also stated that you and your family did not qualify for a special enrollment period in which to select a health plan outside of the 2017 open enrollment period. The notice again stated that you and your family would continue to receive services through your current health plan

On September 5, 2017, NYSOH issued a disenrollment notice stating that you, your spouse, and your children were disenrolled from your QHP, effective July 31, 2017, because you did not pay your insurance bill by the payment deadline.

On September 23, 2017, you spoke to NYSOH's Account Review Unit and appealed, insofar as you wanted to disenroll your children from their QHP coverage for the period of January 1, 2017 through June 30, 2017, as you stated that your QHP did not actually provide them with coverage during that time period.

On November 28, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, the issue was amended, as you clarified that you were now looking to be able to re-enroll your family in coverage as of August 1, 2017. 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) On December 9, 2016, you submitted an updated application for health insurance.
- 2) You testified that, even though you and your family were set to be automatically re-enrolled into your Fidelis bronze QHP as of January 1, 2017, you had had a change in household income, so you met with a Navigator to see if it might make sense to enroll differently for 2017.
- 3) You testified that, after meeting with the Navigator, you concluded that it would be best to stay with your Fidelis bronze QHP, and that your Navigator re-enrolled you and your family in this plan.

- 4) Your NYSOH account confirms that an enrollment confirmation notice was issued on December 10, 2016 stating that you, your spouse and your two children would be enrolled in a Fidelis bronze level QHP, beginning January 1, 2017, with a monthly premium of \$872.41.
- 5) You testified that you received a bill for \$872.41 for the month of January 2017, and that you paid this bill.
- 6) You testified that you then received a bill from Fidelis for \$353.00 for the month of February, so you contacted Fidelis to find out why your premium payment had decreased.
- 7) You testified that Fidelis was unable to explain the new premium amount, but they did not indicate that there was any problem with your coverage.
- 8) You testified that you were billed \$612.00 for March and the following months, so you began to pay that amount.
- 9) You testified that you were, at all times, under the impression that you had coverage for your whole family.
- 10) You testified that your son had a [REDACTED] appointment [REDACTED], but that the claim was not submitted until June, so you did not find out at that point that there was a problem with the coverage.
- 11) You testified that, on [REDACTED], you went to the pharmacy to fill a prescription for [REDACTED], and you were told that she did not have active coverage. You testified that you asked the pharmacy to check if your son's coverage was active, and they told you that it was not.
- 12) You testified that you called Fidelis and they told you that your children had coverage, and that you should call NYSOH.
- 13) You testified that you then received a bill from Fidelis dated July 5, 2017 asking you to pay \$2,693.74. You testified that the bill did not come with any explanation as to what it was for.
- 14) You testified that your assumption was that, after you called Fidelis about the coverage, they confirmed that they had not been charging you for a family plan, and were now billing you the difference between a couple's and family plan for the months of January through June 2017.
- 15) You testified that this was very upsetting to you, as you never had the benefit of that coverage for your children for the first six months of the year.

- 16) You testified that you paid the \$2,693.74 bill, and that you then began paying \$872.41 a month again, beginning with your premium payment for August 2017.
- 17) You testified that any time you tried to contact Fidelis about the bills you were receiving, you were told that they could not see the documents that were mailed to you, and could not explain where the amounts due were coming from.
- 18) You testified that, on September 3, 2017, you received a bill for \$75.92, that indicated it was due on June 30, 2017. You testified that you had no idea what this was for, but you remitted payment to Fidelis.
- 19) You testified that you then received the notice stating that you and your family were terminated for nonpayment. Your NYSOH account confirms that a disenrollment for nonpayment was issued on September 5, 2017.
- 20) You testified that, prior to your disenrollment, you were continuing to receive bills from Fidelis.
- 21) You testified that, by your calculations, you have overpaid Fidelis because you only received coverage in a couple's plan, and not a family plan, for the first half of the year.
- 22) You testified that Fidelis did end up paying the bill for your son's [REDACTED] appointment, and did pay for a prescription for your daughter in July 2017.
- 23) You testified that you filed a grievance with Fidelis that is still pending, as well as a complaint with the NY State Department of Financial Services.
- 24) You testified that you have spoken to the Navigator who assisted you in December 2016, and that she said that, based on the "ET" numbers, your entire family should have been enrolled in a plan for January 1, 2017.
- 25) You testified that, at some point in September or October, you were informed by a NYSOH representative that the error in your family's enrollment was caused by the fact that the enrollment was sent as a "change file" instead of a new enrollment, although you did not know what that means.
- 26) You testified that, at this point, you are seeking to reenroll your entire family in coverage as of August 1, 2017.

27) You testified that you are also concerned about incurring a tax penalty on your 2017 income taxes because you and your family have not had coverage for part of the year.

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

Applicable Law and Regulations

Enrollment in a Qualified Health Plan

NYSOH must provide annual open enrollment periods during which time qualified individuals may enroll in a QHP and enrollees may change QHPs (45 CFR § 155.410(a)(1)).

For the benefit year beginning on January 1, 2017, the annual open enrollment period began on November 1, 2016, and extended through January 31, 2017 (45 CFR § 155.410(e)(2)).

Special Enrollment Periods

After each open enrollment period ends, NYSOH provides special enrollment periods to qualified individuals. During a special enrollment period, a qualified individual may enroll in a QHP, and an enrollee may change their enrollment to another plan. This is generally permitted when one of the following triggering events occur:

- (1) The qualified individual or his or her dependent either:
 - (i) Loses minimum essential coverage.
 - (ii) Is enrolled in any non-calendar year group health plan or individual health insurance coverage, even if the qualified individual or his or her dependent has the option to renew such coverage.
 - (iii) Loses pregnancy-related coverage.
 - (iv) Loses medically needy coverage as described under section 1902(a)(10)(C) of the Social Security Act only once per calendar year.
- (2)(i) The qualified individual gains a dependent or becomes a dependent through marriage, birth, adoption, placement for adoption, or placement in foster care, or through a child support order or other court order.

- (ii) the enrollee loses a dependent or is no longer considered a dependent through divorce or legal separation as defined by State law in the State in which the divorce or legal separation occurs, or if the enrollee, or his or her dependent, dies.
- (3) The qualified individual, or his or her dependent, becomes newly eligible for enrollment in a QHP because he or she gains citizenship, status as a national, or lawful present or is no longer incarcerated.
- (4) The qualified individual's or his or her dependent's, enrollment or non-enrollment in a QHP is unintentional, inadvertent, or erroneous and is the result of the error, misrepresentation, misconduct, or inaction of an officer, employee, or agent of NYSOH, its instrumentalities, or a non-NYSOH entity providing enrollment assistance or conducting enrollment activities.
- (5) The enrollee or, his or her dependent adequately demonstrates to NYSOH that the QHP in which he or she is enrolled substantially violated a material provision of its contract in relation to the enrollee;
- (6) The enrollee or enrollee's dependent is newly eligible or ineligible for advance payments of the premium tax credit, or has a change in eligibility for cost-sharing reductions.
- (7) The qualified individual or enrollee, or his or her dependent, gains access to a new QHP as a result of a permanent move and either—
 - (i) Had minimum essential coverage for one or more days during the 60 days preceding the date of the permanent move, or
 - (ii) Was living outside of the United States or in a United States territory at the time of the permanent move;
- (8) The qualified individual or dependent who gains or maintains status as an Indian may enroll in a QHP or change from one plan to another, once per month.
- (9) The qualified individual or enrollee, or his or her dependent, demonstrates to the Exchange, in accordance with guidelines issued by HHS, that the individual meets other exceptional circumstances as the Exchange may provide;
- (10) A qualified individual or enrollee—
 - (i) Is a victim of domestic abuse or spousal abandonment, including a dependent or unmarried victim within a household, is enrolled in

minimum essential coverage and seeks to enroll in coverage separate from the perpetrator of the abuse or abandonment; or

(ii) Is a dependent of a victim of domestic abuse or spousal abandonment, on the same application as the victim, may enroll in coverage at the same time as the victim;

(11) A qualified individual or dependent—

(i) Applies for coverage through NYSOH during the annual open enrollment period or due to a qualifying event, is assessed as potentially eligible for Medicaid or Child Health Plus and is determined ineligible for Medicaid or Child Health Plus either after open enrollment has ended or more than 60 days after the qualifying event; or

(ii) Applies for coverage at their Local Department of Social Services or Human Resources Administration during the annual open enrollment period, and is determined ineligible for Medicaid or Child Health Plus after open enrollment has ended;

(12) The qualified individual or enrollee, or his or her dependent, adequately demonstrates to NYSOH that a material error related to plan benefits, service area, or premium influenced the qualified individual's or enrollee's decision to purchase a QHP; or

(13) At the option of NYSOH, the qualified individual provides satisfactory documentary evidence to verify his or her eligibility for an insurance affordability program or enrollment following termination of enrollment due to a failure to verify such status within 90 days.

(45 CFR § 155.420(d)).

Generally, if a triggering life event occurs, the qualified individual or enrollee has 60 days from the date of a triggering event to select a QHP (45 CFR § 155.420(c)(1)).

Legal Analysis

The issue under review is whether NYSOH properly determined that you and your family do not qualify to enroll in a QHP outside of the 2017 open enrollment period.

NYSOH provided an open enrollment period from November 1, 2016 until January 31, 2017. On December 9, 2016, you submitted an application for health

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insurance and requested to enroll in a QHP. On December 10, 2016, NYSOH issued a notice of enrollment confirmation stating that you, your spouse, and your two children were enrolled in a Fidelis bronze level QHP with a monthly premium of \$872.41, beginning January 1, 2017.

However, you testified that, once you had paid the first month's premium of \$872.41, the premium decreased to \$353.00 for February 2017, and was \$612.00 a month after that. You testified that you were concerned about this change and called Fidelis, but Fidelis could not explain why the premium amount had fluctuated, so you went ahead and paid the bills and assumed that your family had coverage.

You testified that, [REDACTED], you tried to use your coverage to fill a prescription for your daughter, but were informed by the pharmacy that she did not have coverage. You testified that you asked the pharmacy to run your son's coverage to see whether it was active, and you were informed that it was not.

You testified that you called Fidelis and were informed that they were showing your children as having coverage, and advised you to call NYSOH. You testified that you spoke to both NYSOH and Fidelis, and no one could tell you what was going on. You testified that you then received a bill for \$2,693.74 from Fidelis with no explanation as to what it was for. You testified that you believe Fidelis must have realized that they had not been charging you for a family plan, and sent this bill to make up the difference between the cost of a couple's plan and a family plan. You testified that no one was ever able to explain definitively why your children did not have coverage.

On September 5, 2017, NYSOH issued a notice of disenrollment, stating that your family was disenrolled from your QHP coverage, effective July 31, 2017, for nonpayment of the premium. You testified that, on September 3, 2017, you had received a bill from Fidelis for \$75.92 – again with no explanation – stating that it was due on June 30, 2017. You testified that you did pay this amount, but you were disenrolled for nonpayment anyway. You testified that you began paying the \$872.41 premium again as of August 1, 2017, and also paid that amount for September 2017, even though you did not have coverage for those months.

You testified that you tried to re-enroll in coverage in September 2017, but were told by NYSOH that you did not qualify to do so.

Once the annual open enrollment period ends, a health plan enrollee must qualify for a special enrollment period to enroll in, or change to another health plan offered in NYSOH. To qualify for a special enrollment period, a person must experience a triggering event.

A special enrollment period can be granted if a qualified individual's enrollment or non-enrollment in a QHP is unintentional, inadvertent, or erroneous and is the

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result of the error, misrepresentation, misconduct, or inaction of an officer, employee, or agent of NYSOH, its instrumentalities, or a non-NYSOH entity providing enrollment assistance or conducting enrollment activities.

You testified that on December 9, 2016, you went to a Navigator to review your options for health insurance for your family. You testified that you concluded that you wanted the same coverage that you had in 2016, and informed the Navigator of this. You testified that you and the Navigator both believed that you and your family were enrolled in a Fidelis bronze family QHP as of January 1, 2017. However, you testified that, after you realized that your children did not have coverage and began to speak to NYSOH about the issue, you were eventually told that the error was caused because the enrollment was sent as a “change file” and not a new enrollment.

Since the record indicates that your children’s non-enrollment into a QHP was the direct result of the actions of your Navigator and/or NYSOH, and your family’s subsequent disenrollment for nonpayment was also a result of the errors that occurred when you were enrolled, you should have been granted a special enrollment period so that you could re-enroll your family in coverage through NYSOH.

Therefore, NYSOH’s verbal denial that you and your family were not eligible for a special enrollment period was not correct. Your case is RETURNED to NYSOH to assist you in enrolling into a QHP for 2017. You must choose one of the following options:

1. You may choose to enroll yourself, your spouse, and both of your children in your full cost bronze level Fidelis QHP for the period of January 1, 2017 through December 31, 2017;

OR

2. You may choose to retain your Fidelis bronze level couple’s QHP for the months of January through July 2017, and to re-enroll your entire family in a family QHP as of August 1, 2017 (or a later date of your choosing), through December 31, 2017.

Your case is also RETURNED to Plan Management to outreach Fidelis and reconcile the premiums you have paid so that, depending on which of the options above you decide to select, you will be accurately billed or credited, based on the payments you have made to date.

PLEASE NOTE: NYSOH’s failure to properly enroll your children in coverage as of January 1, 2017 may have left them without insurance coverage for part of the 2017 coverage year. During the hearing, you testified that you are concerned about receiving a tax penalty because of being without coverage.

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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 did not have health coverage while you were 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/2017/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.

Decision

NYSOH's verbal denial of your request for a special enrollment period was not correct.

Your case is RETURNED to NYSOH to assist you in enrolling into a QHP for 2017. You must choose from one of the following options:

1. You may choose to enroll yourself, your spouse, and both of your children in your full cost bronze level Fidelis QHP for the period of January 1, 2017 through December 31, 2017;
- OR
2. You may choose to retain your Fidelis bronze level couple's QHP for the months of January through July 2017, and to re-enroll your family in a family QHP as of August 1, 2017 (or a later date of your choosing), through December 31, 2017. Note that this option will leave your children without coverage during the months of January through July 2017, and could therefore result in bills that Fidelis covered on their behalf being charged back to you.

NYSOH is directed to contact you to facilitate your family's re-enrollment into coverage, based on the option you select.

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Your case is also RETURNED to Plan Management to outreach Fidelis to reconcile the premium payments you have made so that, depending on which option for enrollment you choose, you will be properly billed or credited, based on your premium payments to date.

Effective Date of this Decision: December 08, 2017

How this Decision Affects Your Eligibility

NYSOH improperly denied you a special enrollment period.

Your case is being sent back to NYSOH to allow you to enroll into coverage for 2017. You must choose one of the following options:

1. You may choose to enroll yourself, your spouse, and both of your children in your full cost bronze level Fidelis QHP for the period of January 1, 2017 through December 31, 2017;

OR

2. You may choose to retain your Fidelis bronze level couple's QHP for the months of January through July 2017, and to re-enroll your family in a family QHP as of August 1, 2017 (or a later date of your choosing), through December 31, 2017. Note that this option will leave your children without coverage during the months January through July 2017, and could therefore result in bills that Fidelis covered on their behalf being charged back to you.

Your case is also being sent back to NYSOH's Plan Management to reach out to Fidelis in order to reconcile the premiums you have already paid with what your 2017 total premium payments should be, after you have determined which of the above options you wish to take.

NYSOH will contact you to discuss which option you would like to select, and facilitate your family's enrollment into a QHP.

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

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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)).

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

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

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

Summary

NYSOH's verbal denial of your request for a special enrollment period was not correct.

Your case is RETURNED to NYSOH to assist you in enrolling into a QHP for 2017. You must choose from one of the following options:

3. You may choose to enroll yourself, your spouse, and both of your children in your full cost bronze level Fidelis QHP for the period of January 1, 2017 through December 31, 2017;

OR

4. You may choose to retain your Fidelis bronze level couple's QHP for the months of January through July 2017, and to re-enroll your family in a family QHP as of August 1, 2017 (or a later date of your choosing), through December 31, 2017.

NYSOH is directed to contact you to facilitate your family's re-enrollment into coverage, based on the option you select.

Your case is also RETURNED to Plan Management to outreach Fidelis in order to reconcile the premium payments you have made so that, depending on which option for enrollment you choose, you will be properly billed or credited, based on your premium payments to date.

NYSOH improperly denied you a special enrollment period.

Your case is being sent back to NYSOH to allow you to enroll into coverage for 2017. You must choose one of the following options:

3. You may choose to enroll yourself, your spouse, and both of your children in your full cost bronze level Fidelis QHP for the period of January 1, 2017 through December 31, 2017;

OR

4. You may choose to retain your Fidelis bronze level couple's QHP for the months of January through July 2017, and to re-enroll your family in a family QHP as of August 1, 2017 (or a later date of your choosing), through December 31, 2017. Note that this option will leave your children without coverage during the months January through July 2017, and could therefore result in bills that Fidelis covered on their behalf being charged back to you.

Your case is also being sent back to NYSOH's Plan Management to reach out to Fidelis in order to reconcile the premiums you have already paid with what your 2017 total premium payments should be, after you have determined which of the above options you wish to take.

NYSOH will contact you to discuss which option you would like to select, and facilitate your family's enrollment into a QHP.

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।

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).

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 אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.