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

Notice of Decision

Decision Date: January 31, 2018

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000023464

[redacted]

[redacted]

On December 8, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 10, 2017 and July 14, 2017 eligibility determination notices and the August 18, 2017 eligibility determination and enrollment confirmation notices.

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

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

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:

  NY State of Health Appeals
  P.O. Box 11729
  Albany, NY 12211

- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the Account ID at the top of this notice.

Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

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

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DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: January 31, 2018

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000023464

[redacted]

Issues

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

> Was your appeal of the June 10, 2017 and July 14, 2017 eligibility determination notices timely?
>
> Did NY State of Health (NYSOH) properly determine that your child was not eligible for retroactive Medicaid coverage for the month of May 2017?
>
> Did NYSOH properly determine your child was not eligible for retroactive enrollment in his Child Health Plus plan?

Procedural History

On June 9, 2017, NYSOH received your child's first application for financial assistance with health insurance.

On June 10, 2017, NYSOH issued a notice of eligibility determination stating your child was conditionally eligible for Medicaid, effective June 1, 2017. The notice directed you to submit proof of your child's Social Security number and citizenship status by September 7, 2017 to confirm his eligibility.

Also on June 10, 2017, NYSOH issued an enrollment notice, based on your June 9, 2017 plan selection, confirming your child was enrolled in a Medicaid Managed Care plan, effective July 1, 2017.

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).

On July 14, 2017, NYSOH issued an eligibility determination notice, based on your updated July 13, 2017 application, stating your child remained conditionally eligible for Medicaid, effective July 1, 2017.

On August 17, 2017, NYSOH received an updated application submitted on behalf of your child.

On August 18, 2017, NYSOH issued an eligibility determination notice stating your child was eligible for Child Health Plus (CHP) with a $30.00 monthly premium, effective September 1, 2017.

Also on August 18, 2017, NYSOH issued an enrollment notice, based on your August 17, 2017 plan selection, confirming your child was enrolled in a CHP plan, effective September 1, 2017.

Additionally, on August 18, 2017, NYSOH issued a notice stating it had denied your request for retroactive coverage for your child for the month of May 2017 on the grounds the program he was eligible for could not pay for any care he received in the past.

On October 19, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as your child was not eligible for coverage for the month of May 2017.

On December 8, 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) According to your account, [redacted]

2) NYSOH received several applications for health insurance for your child on June 9, 2017. Each application indicated you had no income for 2017.

3) The final two applications submitted on June 9, 2017 listed your annual household income for 2017 as $12,328.00 consisting solely of income earned by your spouse between January 1, 2017 and June 6, 2017.

4) The final application submitted on June 9, 2017 requested retroactive coverage for your child for the month of May 2017.

5) The June 10, 2017 eligibly determination indicated your child was conditionally eligible for Medicaid, effective June 1, 2017, pending proof of

his Social Security number and citizenship status. The notice stated that once the documentation was received to confirm your child's eligibility, a notice would be issued regarding his eligibility for retroactive coverage.

6) Your child was enrolled in a Medicaid Managed Care plan, effective July 1, 2017.

7) On June 23, 2017, [redacted] created regarding your request for retroactive coverage for your child for the month of May 2017. According to notes in that incident, you were advised that you had to submit your child's Social Security number and birth certificate before his eligibility for retroactive coverage could be determined.

8) On July 13, 2017, NYSOH received an updated application on behalf of your child. That application reported you would earn $340.00 in 2017 for one month of Social Security benefits.

9) NYSOH issued an eligibility determination notice on July 14, 2017 indicating your child remained conditionally eligible for Medicaid.

10) On August 17, 2017, your account was updated with your child's Social Security number.

11) That day, your application was updated listing your annual expected income for 2017 as $32,000.00 and your spouse's annual expected income as $25,000.00 for total household income of $57,000.00. That application also requested retroactive coverage for your child for the month of May 2017.

12) Based on the income information in the August 17, 2017 application, your child was determined eligible for CHP, effective September 1, 2017.

13) Your account confirms that a CHP plan was selected on behalf of your child on August 17, 2017. Coverage through that plan became effective on September 1, 2017.

14) On August 18, 2017, NYSOH issued a notice denying your request for retroactive coverage for your child for the month of May 2017 on the grounds the program he was eligible for could not pay for any care he received in the past.

15) On August 29, 2017 the following documentation was posted to your NYSOH account:

    a. Your biweekly paystub for check date of May 5, 2017 showing gross income of $1,615.38 with deductions totaling $288.76 including

410K contribution, 401K loan repayment, and health insurance premium.

b. Your biweekly paystub for check date of May 19, 2017 showing gross income of $1,615.38 and year to date income of $16,153.80 as well $288.76 in deductions including 410K contribution, 401K loan repayment, and health insurance premium.

c. A letter from your spouse's employer dated June 27, 2017 indicating your spouse's "net" income for the month of May 2017 was $1,899.73.

16) On September 1, 2017, [redacted] was created regarding your request for retroactive coverage for your child for the month of May 2017. According to notes in that incident, you submitted income documentation for determination of your child's eligibility for retroactive coverage, but NYSOH took no action, because your child had already been determined ineligible.

17) On October 10, 2017, [redacted] was created regarding your request to back date your child's CHP coverage to May 1, 2017. Notes from that incident indicate that your request was denied on October 17, 2017, because "Child wasn't enrolled in CHP within 60 days of birth."

18) On October 18, 2017, an appeal was filed on your behalf regarding your child's CHP effective date of coverage.

19) You testified you are seeking coverage for your child for the month of May 2017.

20) You testified that at the time of your child's birth, you were enrolled in health coverage through your employer which covered the expenses from the birth of your child, but it did not cover your child's medical expenses.

21) You testified you are seeking review of the June 10, 2017 and July 14, 2017 eligibility determinations insofar as your child was not found eligible for CHP.

22) You testified the information in your June 9, 2017 and July 13, 2017 applications was not accurate, because you had earned income in 2017. You testified that you did not know what you were doing when you initially applied for health insurance for your child.

23) You testified those applications only listed your spouse's income as $12,328.00, because his income is inconsistent and that was what he had earned to date at the time of the application.

24) You testified that you reported you had income in 2017, but that you were on unpaid maternity leave at the time of the June and July applications.

25) You testified you did not file an appeal until October 18, 2017, because you believed you had already appealed on September 1, 2017. You testified you were not advised you had to file an appeal until October 2017.

26) Your applications indicate you will file your 2017 tax return with a tax filing status of married filing jointly and you will claim one dependent.

27) Your applications indicate you will not take any deductions on your 2017 tax return.

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

Applicable Law and Regulations

Valid Appeal Requests

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)).

Individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notice of eligibility determination by NYSOH (45 CFR § 155.520(b)(2); 18 NYCRR 358-3.5(b)(1)).

Medicaid for Infants

A child who is under one year of age is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 223% of the federal poverty level (FPL) for the applicable family size (42 CFR § 435.118(c); New York State Department of Social Services Administrative Directive 13 OHIP/ADM-03).

In an analysis of Medicaid eligibility, the determination is based on the FPL "for the applicable budget period used to determine an individual's eligibility" (42 CFR § 435.4). On the date of your application, that was the 2017 FPL, which is $20,420.00 for a three-person household (82 Federal Register 8831, 8832).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

Retroactive Medicaid

The Department of Health must make Medicaid coverage start retroactively for up to three months prior to the month of an initial application if the individual received medical services that would have been covered under Medicaid and the individual would have been eligible for Medicaid at the time he received the services if he had applied (42 USCA § 1396A(34); 42 CFR § 435.915(a)). The Department of Health may make eligibility effective for fee-for-service Medicaid on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b)).

Child Health Plus – Effective Dates of Enrollment

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

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

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

On December 22, 2015, the Governor of New York signed into law an amendment to NY Public Health Law § 2511(2)(g) stating that in the case of a newborn enrolled into CHP, the date of enrollment shall be the date of the child's birth if the parent applied for insurance prior to the child's birth or within 60 days

after the child's birth. This amendment was scheduled to take effect as of January 1, 2016 (S04745B, Chap 577, Laws of New York, 2015). However, on April 8, 2016, the Governor of New York signed an amendment to chapter 577 of the Laws of 2015, which delayed the effective date to January 1, 2017. (S06421A, Chap 27, Laws of New York, 2016; NY Public Health Law § 2511(2)(i)).

Legal Analysis

The first issue under review is whether your appeal of NYSOH's June 10, 2017 and July 14, 2017 eligibility determinations was timely.

The first application for health insurance received by NYSOH on behalf of your child was on June 9, 2017. Subsequently, you filed an updated application on behalf of your child on July 13, 2017. Following those applications, NYSOH issued eligibility determination notices on June 10, 2017 and July 14, 2017 stating your child was conditionally eligible for Medicaid, effective June 1, 2017 and July 1, 2017, respectively. You testified you are seeking review of those two determinations insofar as your child was not eligible for Child Health Plus and, thereby, eligible for retroactive enrollment in his Child Health Plus plan to his date of birth. You testified the two subject eligibility determinations were based on inaccurate income information.

Pursuant to the above cited regulations, individual applicants and enrollees must request a hearing within 60 days of the date of their notice of eligibility determination by NYSOH.

For an appeal to have been valid on the issue of your child's eligibility for Medicaid as stated in the June 10, 2017 eligibility determination notice, an appeal should have been filed by August 9, 2017. Furthermore, for an appeal to have been valid on the issue of your child's eligibility for Medicaid as stated in the July 14, 2017 eligibility determination notice, an appeal should have been filed by September 12, 2017. The record reflects that the appeal in this matter was not filed until October 19, 2017, after the 60-day timeframe in which to appeal the June 10, 2017 and July 14, 2017 eligibility determination notices had passed.

Although, the evidence establishes that you contacted NYSOH on June 23, 2017 and September 1, 2017 regarding your child's eligibility for retroactive coverage for the month of May 2017, there is no evidence to establish that you indicated you were contesting your child's Medicaid eligibility for June or July 2017. Thus, the record is insufficient to justify tolling the regulatory deadline for appeal. As such there has been no timely appeal of the June 10, 2017 or July 14, 2017 eligibility determination notices, and your appeal on those issues must be DISMISSED.

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).

The second issue under review is whether NYSOH properly determined your child was not eligible for retroactive Medicaid coverage for the month of May 2017.

You requested retroactive coverage for your child for the month of May 2017 in the June 9, 2017, July 13, 2017, and August 17, 2017 applications. NYSOH issued a notice on August 18, 2017 denying your request on the grounds the program he was eligible for could not pay for any care he received in the past. You are seeking review of that determination.

Pursuant to the regulations, when an individual files an initial application for Medicaid, his or her eligibility for retroactive Medicaid depends on the date of application. To this end, it does not matter whether that initial application resulted in Medicaid going forward. Instead, an individual, who has filed an initial application for Medicaid through NYSOH, has the right to be evaluated for Medicaid for the three months before the month of his or her application.

Therefore, the basis for the denial of retroactive coverage for your child for the month of May 2017, as stated in the August 18, 2017 notice, is not supported by the regulations. However, notwithstanding, the record establishes that your child was not eligible for retroactive Medicaid coverage for the month of May 2017.

On August 29, 2017, NYSOH received two biweekly paystubs for you for check dates in the month of May 2017. Both paystubs showed gross income of $1,615.38 and pre-tax deductions totaling $288.76. Thus, the record establishes you had gross taxable income of $2,653.24 in May 2017.

On the same day, NYSOH received a letter from your spouse's employer indicating his "net" income for the month of May 2017 was $1,899.73. It is noted that NYSOH bases its eligibility determination on modified adjusted *gross* income (MAGI), thus your spouse's employment letter was insufficient evidence of his MAGI for the month of May 2017, as it only provided his net income. However, even utilizing your spouse's net income, the evidence establishes that your household income for the month of May 2017 exceeded the limit that would allow your child to qualify for Medicaid in that month.

The evidence establishes your child is in a three-person household, because you will file your 2017 tax return with a tax filing status of married filing jointly and you will claim your child as a dependent. Additionally, the evidence establishes your child was under the age of one at all relevant times.

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size. To be eligible for Medicaid in May 2017, your child would have needed to meet the non-financial criteria and have a household income no greater than 223% of the applicable FPL, which is $3,795.00.00 per month. It is noted that there is no

indication in the record that your child would have been ineligible for Medicaid based on non-financial criteria during May 2017. Based on the evidence that your gross taxable household income for May 2017 was $2,653.24 and your spouse's was, at least, $1,899.73, your total monthly household income of $4,552.97 exceeded the monthly income limit to qualify your child for retroactive Medicaid coverage for the month of May 2017. Thus, the record establishes he was not eligible for retroactive Medicaid coverage for May 2017.

Accordingly, the August 18, 2017 notice denying your child retroactive coverage for the month of May 2017 is MODIFIED only for clarity, to reflect he was not eligible for retroactive coverage, because the monthly household income exceeded the Medicaid income limit.

The third issue under review is whether NYSOH properly determined your child was not eligible for retroactive enrollment in his Child Health Plus plan.

On August 17, 2017, an updated application for health insurance was submitted on behalf of your child providing his Social Security number. That application indicated, for the first time, that you had expected income in 2017 of $32,000.00. The application also increased your spouse's attested annual income for 2017 to $25,000.00 for total household income of $57,000.00. Based on the updated income information in the August 17, 2017 application, NYSOH determined your child eligible for Child Health Plus with a $30.00 monthly premium, effective September 1, 2017. Your account confirms, you selected a Child Health Plus plan for your child the same day, August 17, 2017, and his coverage through that plan became effective on September 1, 2017.

You appealed the effective date of your child's Child Health Plus coverage insofar as it did not become retroactively effective to his date of birth.

Although NY Public Health Law §2511(2)(i) allows for retroactive enrollment in Child Health Plus to the date of a newborn's birth, that provision is only applicable in situations where "the applicant for insurance submits a completed and signed application and required information and documentation within sixty days of the child's birth."

The evidence establishes that the June 9, 2017 and July 13, 2017 applications were filed within 60 days of your child's birth; however, neither contained your child's Social Security number, thus, the applications were not complete. Moreover, the applications indicated your annual household income was less than $13,000.00, thereby resulting in a conditional Medicaid eligibility for your child. The completed application resulting in your child's eligibility for Child Health Plus was not filed until August 17, 2017, after the allowable 60-day timeframe to backdate his coverage to his date of birth. Therefore, your child was not eligible for retroactive enrollment in his Child Health Plus plan.

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).

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

Although according to the regulations, your child's Child Health Plus enrollment should not have become effective until October 1, 2017, because it was not selected until after the fifteenth day of August 2017, the record confirms that NYSOH agreed to make that coverage effective one month earlier, as of September 1, 2017. Accordingly, the Appeals Unit will not disturb the effective date assigned by NYSOH.

Since the record establishes that your child was not eligible for retroactive enrollment in his Child Health Plus plan, the August 18, 2017 enrollment notice confirming your child's enrollment in his Child Health Plus plan, effective September 1, 2017, is AFFIRMED.

Decision

Your appeal of the June 10, 2017 and July 14, 2017 eligibility determination notices is untimely and is DISMISSED.

The August 18, 2017 notice denying your child retroactive coverage for the month of May 2017 is MODIFIED only for clarity, to reflect he was not eligible for retroactive coverage, because the monthly household income exceeded the Medicaid income limit.

The August 18, 2017 enrollment notice confirming your child's enrollment in his Child Health Plus plan, effective September 1, 2017, is AFFIRMED.

Effective Date of this Decision: January 31, 2018

How this Decision Affects Your Eligibility

This decision does not change your child's eligibility or effective dates of coverage.
Your child was not eligible for retroactive Medicaid coverage for the month of May 2017.

Your child's Child Health Plus coverage was effective September 1, 2017.

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).

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 a portion of 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 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).

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 June 10, 2017 and July 14, 2017 eligibility determination notices is untimely and is DISMISSED.

The August 18, 2017 notice denying your child retroactive coverage for the month of May 2017 is MODIFIED only for clarity to reflect he was not eligible for retroactive coverage, because the monthly household income exceeded the Medicaid income limit.

The August 18, 2017 enrollment notice confirming your child's enrollment in his Child Health Plus plan, effective September 1, 2017, is AFFIRMED.

This decision does not change your child's eligibility or effective dates of coverage.

Your child was not eligible for retroactive Medicaid coverage for the month of May 2017.

Your child's Child Health Plus coverage was effective September 1, 2017.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

[redacted]

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[redacted]

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Getting Help in a Language Other than English

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

Español (Spanish)

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

中文 (Traditional Chinese)

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

Kreyòl Ayisyen (Haitian Creole)

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

中文 (Simplified Chinese)

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

Italiano (Italian)

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

한국어 (Korean)

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

Русский (Russian)

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

العربية(Arabic)

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

বাংলা (Bengali)

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 महत्त्वपूर्ण 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 yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yƐbƐtumi ama wo obi a ɔkyerƐ kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم1-855-355-5777 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).