



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

Notice of Decision

Decision Date: February 02, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023806



On December 20, 2017, you appeared by telephone on your appeal of NY State of Health's September 15, 2017 disenrollment notice and the October 24, 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
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Decision

Decision Date: February 02, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023806



Issues

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

Did NY State of Health (NYSOH) properly determine that your Essential Plan enrollment ended, effective September 30, 2017 and did not resume until December 1, 2017?

Did NYSOH properly determine that your child's Child Health Plus enrollment became effective no earlier than December 1, 2017?

Procedural History

On July 13, 2017, NYSOH received an application for financial assistance with health insurance submitted on behalf of you and your child.

On July 13, 2017, NYSOH issued an eligibility determination notice stating you were eligible to enroll in the Essential Plan, for a limited time, with no monthly premium, effective August 1, 2017. The notice directed you to submit proof of your household income by October 10, 2017 to confirm your eligibility or you might lose your insurance or receive less help paying for your coverage. The notice included a "Documentation List" indicating acceptable forms of documentation to prove different types on income. The list indicated that to prove wages an applicant must submit paystubs for the last four weeks or a letter from the employer(s).

Also on July 13, 2017, NYSOH issued an enrollment notice confirming your enrollment in an Essential Plan, effective August 1, 2017.

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Additionally, on July 13, 2017, NYSOH issued a notice stating the income information in your application did not match the information received from state and federal data sources. The notice directed you to submit proof of your household income by July 27, 2017 to confirm your child's eligibility.

On September 14, 2017, NYSOH issued a notice, based on a September 12, 2017 systematic eligibility redetermination, stating the income information in your application did not match the information received from state and federal data sources. The notice directed you to submit proof of your household income by September 10, 2017 to confirm your child's eligibility and by September 28, 2017 to confirm your child's eligibility. The notice contained a "Documentation List."

On September 15, 2017, NYSOH issued an eligibility determination notice, based on a September 14, 2017 systematic eligibility redetermination, stating you were eligible for the Essential Plan, for a limited time, with no monthly premium, effective October 1, 2017. The notice directed you to submit proof of your household income by December 13, 2017 or you might lose your insurance or receive less help paying for your coverage. The notice contained a "Documentation List."

Also on September 15, 2017, NYSOH issued a disenrollment notice stating your Essential Plan coverage would end on September 30, 2017, because you were no longer eligible to enroll in the plan.

Additionally, on September 15, 2017, NYSOH issued a notice, based on a September 14, 2017 systematic eligibility redetermination, stating the income information in your application did not match the information received from state and federal data sources. The notice directed you to submit proof of your household income by September 25, 2017 to confirm your child's eligibility.

On September 26, 2017 and October 17, 2017, NYSOH issued notices indicating the documentation received was insufficient to confirm the income information in your application. The notices directed you to submit additional documentation of your household income. The notices also included a "Documentation List."

On October 23, 2017, NYSOH systematically redetermined the eligibility of you and your child.

On October 24, 2017, NYSOH issued an eligibility determination notice stating you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, and your child was eligible to enroll in Child Health Plus with a \$9.00 monthly premium, all effective December 1, 2017.

Also on October 24, 2017, NYSOH issued an enrollment notice, based on your October 23, 2017 plan selections, confirming you were enrolled in an Essential

Plan and your child was enrolled in a Child Health Plus plan, effective December 1, 2017.

On October 30, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as your Essential Plan and your child's Child Health Plus plan were not effective earlier than December 1, 2017.

On December 20, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

Findings of Fact

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

- 1) You and your child were enrolled in Medicaid through your local department of social services until July 31, 2017.
- 2) On July 12, 2017, NYSOH received an initial application for health insurance on behalf of you and your child. That application indicated that both you and your child were earning income and that you also received unemployment insurance benefits in 2017.
- 3) According to your account, NYSOH was unable to verify the income information listed in your application.
- 4) You were determined conditionally eligible to enroll in the Essential Plan with no monthly premium pending receipt of income documentation to confirm your eligibility by October 10, 2017. You enrolled in a plan effective August 1, 2017.
- 5) Your child was placed into a pending Medicaid status with income documentation requested by July 27, 2017 to confirm her eligibility for health coverage.
- 6) The July 13, 2017 eligibility determination notice included a "Documentation List" providing the types of documents accepted to prove various kinds of income. The "Documentation List" also included the following language:
 - a. You must report all of the income for your household...If proof of income is requested for a child, please send in proof of income for parent/caretaker(s).

- 7) On July 28, 2017, NYSOH received one weekly paystub submitted on behalf of your child. That documentation was invalidated by NYOSH.
- 8) On September 12, 2017, NYSOH received four weekly paystubs submitted on behalf of your child. No documentation of your income was received at that time.
- 9) According to your account, on September 13, 2017, NYSOH reduced your household income based on the information in your child's paystubs.
- 10) NYSOH systematically redetermined the eligibility of you and your child based on the recalculated income amount and placed you and your child in a pending Medicaid status requesting proof of your household income before the eligibility of you or your child could be determined.
- 11) You were disenrolled from your Essential Plan, effective September 30, 2017.
- 12) According to notes in your account from September 14, 2017, NYSOH determined that your application had been improperly updated on September 13, 2017 based on your child's paystubs. NYSOH invalidated the income documentation, purportedly because you failed to submit any documentation of your own income. NYSOH systematically redetermined the eligibility of you and your child based on the information listed in your previous application and found you conditionally eligible for the Essential Plan, effective October 1, 2017. Your child remained in a pending Medicaid status. Additional documentation of your household income was requested to confirm the eligibility of you and your child.
- 13) On September 22, 2017, NYSOH received two weekly paystubs submitted on your behalf as well as a letter indicating that you had just returned to work after being on unemployment and that the two paystubs submitted were the only ones you had.
- 14) According to your account, NYSOH invalidated your income documentation, because you did not submit four consecutive paystubs.
- 15) On October 14, 2017, NYSOH received two weekly paystubs submitted on behalf of your child. That documentation was invalidated purportedly because NYSOH was not in receipt of four consecutive weeks of current paystubs for your child.

- 16) On October 20, 2017, NYSOH received four weekly paystubs submitted on your behalf. According to your account, NYSOH verified your income documentation on October 23, 2017.
- 17) NYSOH recalculated your annual income based on the income documentation received and redetermined the eligibility of you and your child on October 23, 2017 finding you eligible for the Essential Plan with a \$20.00 monthly premium and your child eligible for Child Health Plus with a \$9.00 monthly premium, effective December 1, 2017.
- 18) According to your account, you selected health plans for you and your child on October 23, 2017 and coverage through those plans became effective on December 1, 2017.
- 19) You testified you are seeking to backdate your child's coverage to August 1, 2017, because she has an outstanding medical bill from that month. You testified you are seeking to backdate your own coverage to November 1, 2017, because you had to pay out of pocket for a prescription in that month.
- 20) You testified that you only submitted income documentation for your child at first, because you did not know that the household income included your income as well as your child's.
- 21) According to your account, NYSOH issued several notices between July and October 2017 requesting income documentation and including a "Documentation List" with language specifying that household income includes income for all household members and that proof of parent's income is required for children. The "Documentation List" also specified that to prove wages, an application must submit four weeks of paystubs or a letter from the employer.
- 22) You testified that you received the multiple notices requesting documentation of your household income, but you do not recall if you received or read the attached "Documentation Lists."
- 23) You testified that you were confused, because the notices requesting income documentation had different due dates for you and your child. You testified that you thought you had until October to submit your income documentation, because that was the deadline provided in the various notices.
- 24) According to your account, your child was [REDACTED] at all times relevant.

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

Applicable Law and Regulations

Verification Process

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income (45 CFR §155.320(c)(1)(i)). If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f)).

Medicaid Eligibility for Children

A child who is at least one year of age but younger than nineteen 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 154% of the FPL for the applicable family size (42 CFR § 435.118(c); New York State Department of Social Services Administrative Directive 13 OHIP/ADM-03).

Essential Plan Effective Date

For individuals seeking enrollment in an Essential Plan, New York State has elected to follow the same rules that NYSOH uses in determining effective dates for individuals seeking enrollment in qualified health plans (NY Social Services Law § 369-gg(4)(c); New York's Basic Health Plan Blueprint, p. 16, as approved January 2016; see www.medicaid.gov/basic-health-program/downloads/ny-blueprint.pdf).

The effective date of coverage by an Essential Plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i); *see also* 42 CFR § 600.320). For selections received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

Child Health Plus

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

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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).

Legal Analysis

The first issue under review is whether NYSOH properly determined that your Essential Plan enrollment ended, effective September 30, 2017 and did not resume until December 1, 2017.

On July 12, 2017, NYSOH received an initial application for health insurance on behalf of you and your child. That application indicated that both you and your child were earning income. According to your account, NYSOH was unable to verify the income information listed in that application.

Pursuant to the regulations, for all individuals whose income is needed to calculate the household’s eligibility, NYSOH must request data that will allow NYSOH to verify the household’s income. If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence.

Following the July 12, 2017 application, your child was placed in a pending Medicaid status because, due to her age, she income qualified for Medicaid based on the income information in that application. Documentation of your household income was requested by July 27, 2017 prior to NYSOH determining your child’s eligibility for health coverage. However, because you qualified as an “adult,” your eligibility was determined based on different criteria and you were

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found conditionally eligible to enroll in the Essential Plan, effective August 1, 2017. The eligibility determination notice issued by NYSOH on July 13, 2017 requested documentation of your household income by October 10, 2017 to confirm your eligibility. You enrolled into an Essential Plan, effective August 1, 2017.

According to your account, NYSOH received paystubs for your child on September 12, 2017 and reduced your household income amount based on that documentation. On September 13, 2017, NYSOH systematically redetermined the eligibility of you and your child based on the recalculated income amount and placed you both in a pending Medicaid status. As a result, you were disenrolled from your Essential Plan, effective September 30, 2017.

However, according to notes in your account from September 14, 2017, NYSOH determined that your application had been improperly updated the previous day based on your child's paystubs, because no documentation of your income had been received. According to those notes, NYSOH invalidated that income documentation, and NYSOH reinstated your previous conditional Essential Plan eligibility. However, you had already been disenrolled from your Essential Plan as a result of NYSOH's admittedly erroneous September 13, 2017 eligibility determination. Your account confirms that although NYSOH reinstated your previous eligibility, they failed to reinstate your enrollment.

Given the apparent concessions by NYSOH that you should not have been placed in a pending Medicaid status on September 13, 2017, it is concluded that the resulting September 30, 2017 disenrollment was improper. Therefore, the September 15, 2017 disenrollment notice stating your Essential Plan enrollment would end on September 30, 2017, because you were no longer eligible for that plan was not correct and must be RESCINDED.

Your case is RETURNED to NYSOH to reinstate you in your Essential Plan for the months of October and November 2017.

The second issue under review is whether NYSOH properly determined that your child's enrollment in her Child Health Plus plan was effective no earlier than December 1, 2017.

Although, you testified that you only submitted income documentation for your child at first, because you did not know that the household income included both your income as well as your child's, multiple notices issued to you between July and October 2017 included a "Documentation List" with language specifying that household income includes income for all household members and that proof of parent's income is required for children. You testified that you received the multiple notices from NYSOH requesting documentation of your household income, but you do not recall if you received or read the attached "Documentation Lists." However, your account confirms that no notices issue to

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you by NYSOH have been returned as undeliverable. Thus, it is concluded that NYSOH properly provided you with adequate notice that documentation of your income as well as your child was required to confirm the eligibility of both you and your child.

Furthermore, the "Documentation List", included in the multiple documentation requests issued by NYSOH, also specified that to prove wages, an application must submit four weeks of paystubs or a letter from the employer.

According to your account, NYSOH did not receive documentation of your income until September 22, 2017. However, that documentation only consisted of two weekly paystubs and was invalidated by NYSOH because it did not comply with the documentation requests. Although you testified that you work for [REDACTED] and had only received two paystubs for [REDACTED] at the time you submitted the documentation, the multiple documentation requests issued by NYSOH indicated that if an applicant could not produce four weeks of paystubs to prove wages, an employer letter was required. Since the income documentation submitted on September 22, 2017 failed to comply with the documentation requests, NYOSH properly invalidated it.

The evidence established that NYSOH did not receive sufficient documentation of your household income until October 20, 2017, when you submitted four weekly paystubs. This documentation was verified by NYSOH on October 23, 2017, your household income was recalculated, and you were found eligible for the Essential Plan with a \$20.00 monthly premium and your child eligible for Child Health Plus with a \$9.00 monthly premium, effective December 1, 2017.

According to your account, you selected a health plan for your child on October 23, 2017 and coverage through that plan became effective on December 1, 2017. You appealed insofar as your child's coverage was not effective August 1, 2017.

According to the regulations, the date a Child Health Plus becomes effective depends on the date on which it is selected. A plan that is selected from the first day to the fifteenth day of any month will be effective on the first day of the following month. However, plans selected from the sixteenth to the last day of any month, will not be effective until the first day of the second following month.

Since your account confirms that you did not select a Child Health Plus plan for enrollment for your child until October 23, 2017, after the fifteenth day of the month, it properly became effective on the first day of the second following month; that is, on December 1, 2017.

Therefore, the October 24, 2017 enrollment confirmation notice stating your child was enrolled in a Child Health Plus plan, effective December 1, 2017, is correct and is **AFFIRMED**.

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Decision

The September 15, 2017 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate you in your Essential Plan for the months of October and November 2017.

The October 24, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: February 02, 2018

How this Decision Affects Your Eligibility

You should not have been disenrolled from your Essential Plan on September 30, 2017.

Your case is being sent back to NYSOH to reinstate you in your Essential Plan for the months of October and November 2017.

Your child's coverage in her Child Health Plus plan became effective on December 1, 2017.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the Federal Marketplace. This must be done within 30 days of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596

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- By mail at:
Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

If You Have Questions about this Decision (Customer Service Resources):

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

The September 15, 2017 disenrollment notice is **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate you in your Essential Plan for the months of October and November 2017.

The October 24, 2017 enrollment confirmation notice is **AFFIRMED**.

You should not have been disenrolled from your Essential Plan on September 30, 2017.

Your child's coverage in her Child Health Plus plan became effective on December 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).

Legal Authority

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

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A Copy of this Decision Has Been Provided 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).

Getting Help in a Language Other than English

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

Español (Spanish)

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

中文 (Traditional Chinese)

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

Kreyòl Ayisyen (Haitian Creole)

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

中文 (Simplified Chinese)

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

Italiano (Italian)

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

한국어 (Korean)

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

Русский (Russian)

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

العربية (Arabic)

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

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

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Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मददत चाहन्छिन् भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोलने 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)

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