



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

## Notice of Decision

Decision Date: January 10, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000024051

[REDACTED]

On January 4, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's February 25, 2017 eligibility determination notice, April 6, 2017 eligibility determination notice, and April 6, 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 NY State of Health 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).

This page intentionally left blank.



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

## Decision

Decision Date: January 10, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000024051

[REDACTED]

## Issues

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

Was your appeal of NY State of Health's February 25, 2017 eligibility determination notice timely?

Did NY State of Health properly determine that you were eligible to receive up to \$174.00 per month in advance payments of the premium tax credit, effective April 1, 2017?

Did NY State of Health properly determine that you were eligible for and enrolled in the Essential Plan, effective May 1, 2017?

## Procedural History

On January 5, 2017, you submitted an application for financial assistance.

On January 6, 2017, NY State of Health (NYSOH) issued a notice stating that the income information in your application did not match what NYSOH had received from state and federal data sources and that additional information was needed to confirm the information in your application. This notice directed you to submit proof of your income by January 14, 2017 in order for your eligibility for financial assistance to be determined.

On January 11, 2017, you uploaded income documentation to your NYSOH account.

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 January 20, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient to resolve the inconsistency in your account.

On January 21, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application. This notice directed you to submit additional proof of your income by February 13, 2017.

On February 14, 2017 and February 22, 2017, you uploaded additional income documentation to your NYSOH account.

On February 24, 2017, NYSOH reviewed the income documentation you submitted, recalculated your income based on this documentation, and submitted an updated application on your behalf.

On February 25, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to receive up to \$174.00 per month in advance payments of the premium tax credit (APTC), effective April 1, 2017. That notice also stated that you were not eligible for the Essential Plan because your income was over the allowable income limit for that program.

On March 5, 2017, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in a qualified health plan with a plan enrollment start date of April 1, 2017.

Also on April 5, 2017, you spoke to NYSOH's Account Review Unit. As a result, incident [REDACTED] was created. Notes within this incident reflect that you were calling because the income listed in the February 25, 2017 eligibility determination notice was incorrect. The NYSOH representative assisted you in updating the income information in your application.

On April 6, 2017, NYSOH issued a notice of eligibility determination, based on the April 5, 2017 application, stating that you were eligible to enroll in the Essential Plan, effective May 1, 2017.

Also on April 6, 2017, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in an Essential Plan with a plan enrollment start date of May 1, 2017.

On May 1, 2017, you spoke to NYSOH's Account Review Unit. As a result, incident [REDACTED] was created. The notes within this incident reflect that you were seeking to be eligible for and enrolled in the Essential Plan as of April 1, 2017 and that you followed up on this request on June 1, 2017. The notes within this incident further reflect that NYSOH did not deny your request to be found eligible for the Essential Plan as of April 1, 2017 until September 6, 2017 and

NYSOH did not attempt to reach you to advise you of the outcome until September 7, 2017.

On November 4, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as you were not found eligible for the Essential Plan as of April 1, 2017.

On January 4, 2018, 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 testified that you expect to file your 2017 taxes with a tax filing status of single and you will not claim any dependents on that tax return.
- 2) You are seeking insurance for yourself.
- 3) In the application you submitted on January 5, 2017, you listed annual income of \$9,744.93 consisting of \$614.74 from [REDACTED] from June 15, 2016 to August 1, 2016; \$5,712.74 from [REDACTED] a from June 1, 2016 to October 28, 2016; \$2,056.55 from [REDACTED] from January 1, 2016 to June 1, 2016; and \$1,360.90 from [REDACTED] from October 28, 2016 to December 31, 2016. Your application stated that you will not be taking any deductions on your 2017 tax return.
- 4) On January 11, 2017, you uploaded four paystubs from [REDACTED]; the first is for pay date June 24, 2016 for a gross pay amount of \$109.65; the second is for pay date July 1, 2016 for a gross pay amount of \$94.64; the third is for pay date July 8, 2016 for a gross pay amount of \$103.22; the fourth is for pay date July 15, 2016 for a gross pay amount of \$129.25 and a gross year to date amount of \$614.74.
- 5) Also on January 11, 2017, you uploaded four paystubs from [REDACTED] the first is for pay date May 6, 2016 for a gross pay amount of \$643.25; the second is for pay date May 20, 2016 for a gross pay amount of \$701.54; the third is for pay date June 3, 2016 for a gross pay amount of \$672.96; the fourth is for pay date June 17, 2016 for a gross pay amount of \$302.16 and a gross year to date amount of \$7,338.03.
- 6) Additionally, on January 11, 2017, you uploaded eight paystubs from [REDACTED] also known as [REDACTED]; the first is for pay date July 22, 2016 for a gross pay amount of \$227.76; the second is for pay

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).

- date July 29, 2016 for a gross pay amount of \$225.81; the third is for pay date August 5, 2016 for a gross pay amount of \$346.52; the fourth is for pay date August 12, 2016 for a gross pay amount of \$358.51; the fifth is for pay date October 14, 2016 for a gross pay amount of \$314.15; the sixth is for pay date October 21, 2016 for a gross pay amount of \$295.33; the seventh is for pay date October 28, 2016 for a gross pay amount of \$372.84; the eighth is for pay date November 4, 2016 for a gross pay amount of \$299.91 and a gross year to date pay amount of \$6,012.65.
- 7) Also on January 11, 2017, you uploaded four paystubs from [REDACTED] the first is for pay date December 16, 2016 for a gross pay amount of \$464.25; the second is for pay date December 23, 2016 for a gross pay amount of \$355.92; the third is for pay date December 30, 2016 for a gross pay amount of \$367.54; the fourth is for pay date January 6, 2017 for a gross pay amount of \$409.37.
  - 8) On December 14, 2017, you uploaded a letter from [REDACTED] indicating that you resigned from your employment on July 4, 2016 and a [REDACTED] dated January 30, 2017 indicating that you were no longer employed at [REDACTED].
  - 9) On February 22, 2017, you uploaded four paystubs from [REDACTED]; the first is for pay date January 27, 2017 for a gross pay amount of \$466.67; the second is for pay date February 3, 2017 for a gross pay amount of \$454.15; the third is for pay date February 10, 2017 for a gross pay amount of \$411.74; the fourth is for pay date February 17, 2017 for a gross pay amount of \$387.27.
  - 10) On February 24, 2017, NYSOH reviewed the income documentation you submitted and determined your annual expected income to be \$30,741.82 consisting of \$614.74 from [REDACTED], \$5,712.74 from [REDACTED], \$2056.55 from [REDACTED] and \$22,357.79 from [REDACTED].
  - 11) Your application states, and you confirmed, that you lived in Monroe County throughout 2017.
  - 12) You testified that your only employer at the time of your January 5, 2017 application was [REDACTED] as you had stopped working for [REDACTED] prior to the end of 2017.
  - 13) You went on to testify that [REDACTED] were all the [REDACTED], but the business changed hands multiple times in 2017. You further testified that you last worked for [REDACTED] or around [REDACTED] (October 31) 2017.

- 14) You testified that you may be claiming deductions for tuition and fees on your 2017 tax return, but you are not sure the amount of these deductions.
- 15) You testified that you are seeking to be found eligible for the Essential Plan as of April 1, 2017 as you have an outstanding medical bill that was not paid for by your qualified health plan which would be paid for by the Essential Plan. You went on to testify that you believe you should have been found eligible for the Essential Plan at the time of the February 25, 2017 eligibility determination as NYSOH incorrectly calculated your annual expected income.

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

## **Applicable Law and Regulations**

### Advance Payments of Premium Tax Credit

Advance payments of the premium tax credit (APTC) are generally available to a person who is eligible to enroll in a qualified health plan (QHP) and (1) expects to have a household income between 138% and 400% of the applicable federal poverty level (FPL), (2) expects to file a tax return and claim a personal exemption deduction for a person who meets the eligibility requirements to enroll in a QHP, and (3) is not otherwise eligible for minimum essential coverage except through the individual market (see 45 CFR § 155.305(f), 42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)).

The maximum amount of APTC that can be authorized equals:

- 1) the cost of the health insurance premium for the taxpayer's coverage family in the second lowest cost silver plan offered through NY State of Health in the county where the taxpayer resides

*minus*

- 2) the taxpayer's expected contribution amount

(see 26 USC § 36B, 26 CFR § 1.36B-3).

The taxpayer's expected contribution amount is the amount that the taxpayer is expected to spend on health insurance premiums. The expected contribution for 2017 is set by federal law at 2.04% to 9.69% of household income (26 USC § 36B(b)(3)(A), 26 CFR § 1.36B-3T(g)(1), IRS Rev. Proc.2016-24).

In an analysis of APTC eligibility, the determination is based on the FPL for the first day of the open enrollment period of the benefit year for which coverage is requested (45 CFR §§ 155.300(a), 155.305(f)(1)(i)). On the date of your application, that was the 2016 FPL, which is \$11,880.00 for a one-person household (81 Fed. Reg. 4036.).

For annual household income in the range of at least 250% but less than 300% of the 2016 FPL, the expected contribution is between 8.21% and 9.69% of the household income (26 CFR § 1.36B-3T(g)(1), 45 CFR § 155.300(a), IRS Rev. Proc. 2016-24).

People who use the APTC to help pay health insurance premiums must file a federal tax return and reconcile their expected income (stated on NYSOH application) with their actual income (stated on their federal income tax return). Those who take less tax credit in advance than they claim on the tax return may get the rest of it as an income tax refund or have their tax bill reduced. Those who take more tax credit in advance than they can claim on their tax return will owe the difference as additional income taxes (26 CFR § 1.36B-4).

### Cost-Sharing Reductions

Cost-sharing reductions (CSR) are available to a person who (1) is eligible to enroll in a QHP through NYSOH, (2) meets the requirements to receive APTC, (3) is expected to have an annual household income that does not exceed 250% of the FPL for the first day of the open enrollment period of the benefit year for which coverage is requested, and (4) is enrolled in a silver-level QHP (45 CFR § 155.300(a), 45 CFR § 155.305(g)(1)).

### Essential Plan

NYSOH must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable federal poverty level (FPL) or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated (see 42 CFR § 600.305, 42 CFR § 435.603(d)(4), 45 CFR § 155.305(e), NY Social Services Law § 369-gg(3), 42 USC § 18051).

In an analysis of Essential Plan eligibility, the determination is based on the FPL in effect on the first day of the benefit year for which coverage is requested (45 CFR § 155.300(a)). On the date of your application, that was the 2016 FPL, which is \$11,880 for a one-person household (81 Fed. Reg. 4036.).

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).



A person who has a household income that is at or below 150% of the FPL has a \$0.00 premium contribution (New York's Basic Health Plan Blueprint, p. 21, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

A person who has a household income greater than 150% of the FPL or below 200% of the FPL has a \$20.00 per month premium contribution (New York's Basic Health Plan Blueprint, as approved January 2016).

The Essential Plan is considered minimum essential coverage therefore, a person who is eligible for the Essential Plan is not eligible for any premium tax credit because they are eligible for minimum essential coverage through the individual market (see 26 CFR § 1.36B-2(c)(1), 26 USC § 5000A(f)(1)(C)).

### 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 <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

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)).

## **Legal Analysis**

The first issue is whether your appeal of NYSOH's February 25, 2017 eligibility determination notice was timely.

On February 25, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for APTC of up to \$174.00 per month, effective April 1, 2017.

The record reflects that you first contacted NYSOH to file a formal appeal regarding the February 25, 2017 eligibility determination notice on November 4, 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).

Individual applicants and enrollees must request a hearing within sixty (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 eligibility for financial assistance as of April 1, 2017, an appeal should have been filed by April 26, 2017.

Although your appeal was untimely on its face, you contacted the NYSOH Account Review Unit on April 5, 2017 asserting that the annual expected income calculated by NYSOH was incorrect. This contact was within the 60-day time frame to appeal. As a result of this contact, incident [REDACTED] was created.

The notes within incident [REDACTED] reflect that the NYSOH representative assisted you in updating the income information in your application on April 5, 2017.

Thereafter, you contacted the NYSOH Account Review Unit on May 1, 2017 to request that you be found eligible for the Essential Plan as of April 1, 2017. As a result of this contact, incident [REDACTED] was created. You followed up on your request on June 1, 2017. The notes within this incident reflect that NYSOH did not deny your request to be found eligible for the Essential Plan as of April 1, 2017 until September 6, 2017 and NYSOH did not attempt to reach you to advise you of the outcome until September 7, 2017.

Thereafter, you filed your formal request for an appeal on November 4, 2017.

As you contacted NYSOH on April 5, 2017 to assert that NYSOH had miscalculated your annual expected income in the February 25, 2017 eligibility determination, which was within 60-days of the February 25, 2017 eligibility determination notice, you continued to follow-up with NYSOH regarding this incident, NYSOH did not issue a decision with regard to your request to have the Essential Plan as of April 1, 2017 until September 6, 2017, and you filed your formal request for an appeal within 60-days of this decision, your appeal was timely and will be addressed.

The second issue is whether NYSOH properly determined that you were eligible for an APTC of up to \$174.00 per month, effective April 1, 2017.

You expect to file your 2017 income taxes as single and will not claim any dependents on that tax return. Therefore, you are in a one-person household.

The application you submitted on January 5, 2017 listed annual household income of \$9,744.93. Following submission of this application, NYSOH requested that you submit documentation of your household income.

On January 11, 2017, you submitted four outdated paystubs from [REDACTED], four outdated paystubs from [REDACTED], eight outdated paystubs from [REDACTED] and four current paystubs from [REDACTED]

[REDACTED] that this documentation was insufficient proof of your annual expected income for 2017.

On February 14, 2017, you submitted a letter of separation from [REDACTED] and from [REDACTED]

On February 24, 2017, NYSOH verified the documentation you submitted as satisfactory documentation of your income and an application for financial assistance was run on your behalf by an NYSOH representative. The NYSOH representative entered into your application earned income of \$22,357.79 from [REDACTED] (four paystubs showing a gross income of \$1,719.83 divided by four weeks for a weekly average of \$429.96 multiplied by 52 weeks), \$614.74 from [REDACTED], \$5,712.74 from [REDACTED], and \$2,056.55 from [REDACTED] for an annual expected income of \$30,741.82.

However, the application you submitted on January 5, 2017 as well as the paystubs and letters of separation you submitted, reflect that your employment with [REDACTED] and [REDACTED] ended in 2016 and did not continue into 2017.

Therefore, the income amount that was relied upon in the February 25, 2017 eligibility determination notice is not supported by the record and the eligibility determination is RESCINDED.

The third issue is whether NYSOH properly determined that you were eligible for and enrolled in the Essential Plan, effective May 1, 2017.

The Essential Plan is provided through NYSOH to individuals who meet the non-financial requirements and have a household modified adjusted gross income that is between 138% and 200% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$11,880.00 for a one-person household. Since an annual household income of \$22,357.79 (your annual expected earnings from [REDACTED] is 188.20% of the 2016 FPL, NYSOH should have found you be eligible for the Essential Plan.

The date on which enrollment in an Essential Plan can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected from the first day to and including the fifteenth day of a month goes into effect on the first day of the following month. A plan that is

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).

selected from the sixteenth day of the month to the end of the month goes into effect on the first day of the second following month.

Had NYSOH properly determined your eligibility for the Essential Plan on February 24, 2017, you could have selected an Essential Plan for enrollment that day.

Had you selected an Essential Plan for enrollment on February 24, 2017, your enrollment would have been effective the first day of the second month following after February 24, 2017; that is, on April 1, 2017.

Therefore, the April 6, 2017 eligibility determination notice and the April 6, 2017 enrollment confirmation notice are MODIFIED to reflect that you were eligible for and enrolled in the Essential Plan as of April 1, 2017.

Your case is RETURNED to NYSOH to enroll you begin your enrollment in your Essential Plan as of April 1, 2017.

## **Decision**

The February 25, 2017 eligibility determination notice is RESCINDED.

The April 6, 2017 eligibility determination notice and the April 6, 2017 enrollment confirmation notice are MODIFIED to reflect that you were eligible for and enrolled in the Essential Plan as of April 1, 2017.

Your case is RETURNED to NYSOH to enroll you begin your enrollment in your Essential Plan as of April 1, 2017.

**Effective Date of this Decision:** January 10, 2018

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

NYSOH should have found you eligible for the Essential Plan effective April 1, 2017.

Your case is being sent back to NYSOH to begin your enrollment in your Essential Plan as of April 1, 2017.

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

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).

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
- 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

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 fax: 1-855-900-5557

## **Summary**

The February 25, 2017 eligibility determination notice is RESCINDED.

The April 6, 2017 eligibility determination notice and the April 6, 2017 enrollment confirmation notice are MODIFIED to reflect that you were eligible for and enrolled in the Essential Plan as of April 1, 2017.

NYSOH should have found you eligible for the Essential Plan effective April 1, 2017.

Your case is RETURNED to NYSOH to enroll you begin your enrollment in your Essential Plan as of April 1, 2017.

## **Legal Authority**

We are sending you this notice 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 okyerε kasa a woka no ase ama wo kwa a wontua hwee.

## **(Urdu) اردو**

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

## **Tiếng Việt (Vietnamese)**

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

## **אידיש (Yiddish)**

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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