



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

Notice of Decision

Decision Date: February 26, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024125

[REDACTED]

[REDACTED]

On January 30, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 8, 2017 eligibility determination notice.

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

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

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

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

Legal Authority

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

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

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

Decision

Decision Date: February 26, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024125

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) properly determine that your spouse was not eligible to enroll in coverage through NYSOH as of November 8, 2017?

Procedural History

On October 15, 2017, NYSOH received your updated application for health insurance, for you and your spouse. That application listed your expected household income as \$29,177.50.

On October 16, 2017, NYSOH issued an eligibility determination notice, based on your October 15, 2017 application, stating that you and your spouse were eligible to enroll in the Essential Plan with a \$20.00 monthly premium each for a limited time, effective November 1, 2017. The notice further stated that you needed to submit documentation of your household income and proof of your spouse's immigration status by January 13, 2018 so that eligibility could be confirmed.

Also on October 16, 2017, NYSOH issued a notice confirming your and your spouse's enrollment in an Essential Plan 1 with a \$20.00 monthly premium each, effective November 1, 2017.

On October 17, 2017, you uploaded to your NYSOH account income documentation for you and your spouse. You also submitted a copy of your

spouses I-776 Employment Authorization Card (EAC) reflecting category code of "CC-33."

On October 18, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application. You were requested to submit additional proof of income for your household and proof of your spouse's immigration status by January 13, 2018.

On October 24, 2017, you uploaded additional income information to your NYSOH account.

On October 25, 2017, NYSOH reviewed the income documentation you submitted and increased your household income to reflect that your spouse earned \$19,825.00 on a yearly basis from the [REDACTED] and \$11,212.50 on a yearly basis from the [REDACTED], and that you would receive \$2,652.00 in unemployment insurance benefits (26 weeks at \$102.00/week) for a total household income of \$33,689.50. At that time, NYSOH submitted and updated application for financial assistance with health insurance for you and your spouse.

On October 26, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to receive up to \$266.00 in advance payments of the premium tax credit and cost-sharing reductions if you enrolled in a silver level qualified health plan, effective December 1, 2017.

Also on October 26, 2017, NYSOH issued an eligibility determination notice based on your spouse's immigration status information that was verified on October 25, 2017. The notice stated that effective November 1, 2017, your spouse was no longer eligible for health insurance through NYSOH. The notice stated that your spouse was not eligible for the Essential Plan, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance, or purchase a qualified health plan at full cost, because verification documents showed that she was not "lawfully present." The notice also stated that your spouse was not eligible for Medicaid because the household income of \$33,689.50 based on documentation you provided was over the allowable income limit for that program.

Also on October 26, 2017, NYSOH issued a notice stating that your enrollment in the Essential Plan would end effective November 30, 2017 and that your spouse's enrollment in the Essential Plan would end on November 1, 2017.

On November 2, 2017, NYSOH received your updated application for health insurance, for you and your spouse. In that application, you listed your expected household income as \$30,000.00.

On November 3, 2017, NYSOH issued an eligibility determination notice, based on your November 2, 2017 application, stating that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective December 1, 2017.

Also on November 3, 2017, NYSOH issued an eligibility determination notice, based on your November 2, 2017 application, stating that your spouse did not qualify for health insurance through NYSOH. The notice stated that your spouse was not eligible for the Essential Plan, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance, or purchase a qualified health plan at full cost, because verification documents showed that she was not “lawfully present.” The notice also stated that your spouse was not eligible for Medicaid because the household income you provided of \$30,000.00 was over the allowable income limit for that program.

Also on November 3, 2017, NYSOH issued a notice confirming your enrollment in an Essential Plan 1 with a \$20.00 monthly premium each, effective December 1, 2017.

On November 7, 2017, NYSOH received your updated application for health insurance which listed your spouse as wanting health insurance. Your application listed your expected household income as \$30,000.00. That day a preliminary eligibility determination was prepared stating in relevant part, that your spouse was not eligible to enroll in health care coverage through NYSOH.

Also on November 7, 2017, you submitted additional earning statements for your spouse.

Also on November 7, 2017, you spoke to NYSOH’s Account Review Unit and appealed the preliminary eligibility determination, insofar as it stated that your spouse was not eligible to enroll in health insurance through NYSOH.

On November 8, 2017, NYSOH issued an eligibility determination notice, based on your November 7, 2017 application, stating that your spouse did not qualify for health insurance through NYSOH. The notice stated that your spouse was not eligible for the Essential Plan, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance, or purchase a qualified health plan at full cost, because verification documents showed that she was not “lawfully present.” The notice also stated that your spouse was not eligible for Medicaid because the household income you provided of \$30,000.00 was over the allowable income limit for that program.

On January 30, 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) The record reflects that you expect to file your 2017 taxes with a status of married filing jointly and you will claim no dependents on that tax return.
- 2) You are seeking insurance for your spouse.
- 3) Your application states your spouse is an immigrant non-citizen.
- 4) You uploaded a copy of your spouse's Employment Authorization Card (EAC) on October 17, 2017 with the status of C-33, which was verified on October 25, 2017.
- 5) The status of C-33, according to the United States Customs and Immigration Services and Social Security Administration refers to a status classified as Deferred Action on Childhood Arrivals.
- 6) The application that was submitted on October 15, 2017, which requested financial assistance, listed annual household income of \$29,177.50 consisting of income your spouse earns from employment and you were receiving as unemployment insurance benefits (UIB). You testified that this amount was correct at the time.
- 7) You testified and the record reflects that your spouse has two employers; the [REDACTED]
- 8) You submitted income documentation reflecting that during the month of October 2017 you received \$331.50 in UIB. On October 13, 2017 your spouse received earning statements reflecting wages of \$431.25 and \$600.00. On October 27, 2017 your spouse received wages of \$581.25 and \$356.25. The record reflects that your total household income in October 2017 was \$2,300.25.
- 9) You submitted income documentation reflecting that during the month of November 2017, you received \$1,894.38 in UIB. Your spouse received earning statements on November 9 and 10, 2017 of \$498.75 and \$652.50. She also received earning statements on November 22 and 24, 2017 of \$161.25 and \$570.00. The record reflects that your total household income in November 2017 was \$3,776.88.
- 10) You testified that you have submitted all the documentation NYSOH asked you to submit and you believe your spouse should have access to health insurance.

11) Your application states that you and your spouse live in Kings County.

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

Applicable Law and Regulations

Citizenship and Immigration Status

To enroll in a qualified health plan through NYSOH, an applicant must be a citizen or national of the United States, or a non-citizen who is lawfully present in the United States and reasonably expects to become a citizen or remain a lawfully present noncitizen for the entire period for which enrollment is being sought (45 CFR § 155.305(a)(1)).

NYSOH must verify or obtain information to determine that an applicant is eligible for enrollment in a qualified health plan, including the certification of citizenship, status as a national, or lawful presence (45 CFR § 155.315(a), (c)).

If an applicant attests to citizenship, status as a national, or lawful presence, and NYSOH is unable to verify such attestation, NYSOH must provide the applicant with notice of the inconsistency. NYSOH must then provide the applicant with 90 days to provide satisfactory documentary evidence, from the date the notice of inconsistency is received by the applicant. Notice is considered received 5 days after the date on the notice, unless the applicant demonstrates that he or she did not receive the notice within the five-day period. (45 CFR § 155.315(c)(3), (f)(2)(i)).

If NYSOH remains unable to verify the citizenship attestation after the 90-day period ends, it must determine the applicant's eligibility based on the information available (45 CFR § 155.315(f)(5)).

Immigration Status

Generally, no person except a United States citizen, a naturalized citizen, a qualified alien, and persons permanently residing in the United States under color of law (PRUCOL), is eligible for medical assistance from the state (NY Social Services Law § 122(1); 18 NYCRR § 360-3.2(j)).

A PRUCOL alien is a person who is residing in the United States with the knowledge and permission or acquiescence of the federal immigration agency and whose departure from the United States such agency does not contemplate enforcing (18 NYCRR § 360-3.2(j)). The New York Department of Health regards aliens who have been issued an Employment Authorization Document (I-

688B or I-766), and have the requisite category code, to be PRUCOL (08 OHIP/INF-4, dated August 4, 2008)).

The guide, “Key to I-766/I-688B, Employment Authorization Documents (EADs)”, defines certain codes on the USCIS Employment Authorization Documents” (08 MA/033, dated December 1, 2008, and as amended). It confirms that a person who has category code of “(c)(33)” has PRUCOL status for Medicaid and Child Health Plus only (*id.*).

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).

Medicaid

A person who meets certain nonfinancial criteria and has a household income that is at or below the applicable Medicaid income standard is eligible for Medicaid benefits (45 CFR § 155.305(c)). One of the non-financial criteria for Medicaid eligibility is the immigration status of the person applying for health insurance. A person is eligible for Medicaid when his or her immigration status is satisfactory and he or she meets all other requirements for Medicaid.

Medicaid can be provided through NYSOH to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), NY Social Services Law § 366(1)(b)).

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 \$16,240.00 for a two-person household (82 Federal Register. 8831).

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).

Legal Analysis

The only issue under review is whether NYSOH properly determined that your spouse was not eligible to enroll in coverage through NYSOH as of November 7, 2017, because she was not considered lawfully present.

On October 16, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to enroll in the Essential Plan for a limited time, effective November 1, 2017. Your eligibility was contingent on you providing proof of household income and documentation of your spouse's immigration status.

On October 17, 2017 you provided to NYSOH a copy of your spouse's I-766 EAC and income documentation for you and your spouse. On October 25, 2017, this information was verified and an updated application was submitted to NYSOH on your and your spouse's behalf. That updated application listed an annual household income of \$33,689.50 and reflected that your spouse was an immigrant non-citizen.

In response to the updated October 25, 2017 application, NYSOH issued two separate eligibility determination notices. The first notice stated that you were eligible for \$266.00 of advance premium tax credit per month and cost sharing reductions effective December 1, 2017. The second eligibility determination notice stated that effective November 1, 2017, your spouse did not qualify to enroll in coverage through NYSOH because the documentation provided showed that she was not lawfully present. That notice also stated that she was not eligible for Medicaid because your household income of \$33,689.50 was over the allowable income limit for that program.

On November 2, 2017 and November 7, 2017, you submitted updated applications for financial assistance for health insurance for you and your spouse. You attested to household income of \$30,000.00 in each of those applications. The notices that were issued on November 3, 2017 and November 8, 2017 because of those updated applications also stated that your spouse did not qualify to enroll in coverage through NYSOH because the documentation provided showed that she was not lawfully present and that she was not eligible for Medicaid because your household income of \$30,000.00 was over the allowable income limit for that program.

Your spouse's employment authorization documentation states she is an immigrant non-citizen with a C-33 status. The status of C-33, according to the United States Customs and Immigration Services and Social Security Administration regards a status classified as Deferred Action on Childhood Arrivals. Individuals who have obtained an EAC with the status of C-33 category are persons considered not "lawfully present" for purposes of the federal definition, and are therefore not recognized as eligible to receive federal funding under those programs.

In addition, while individuals who have been determined to be qualified aliens and were formerly eligible for Medicaid through the state, but not eligible for Medicaid under federal law, were transitioned to the Essential Plan as of January 1, 2016, this is not the case for persons who received Deferred Action status.

Therefore, NYSOH was correct in finding your spouse not eligible for coverage under the Essential Plan.

However, NY State has consistently recognized persons with Deferred Action status within the accepted meaning of "*PRUCOL alien*"; even though the federal government has not. The New York Court of Appeals ruled, in *Aliessa, et al. v. Novello* (96 NY 2d 418 [2001]), that New York must provide state-funded Medicaid to the lawfully residing immigrants who had been excluded from access to the federal Medicaid program.

Since your spouse's current Deferred Action status does confer PRUCOL status for individuals seeking Medicaid eligibility, we may review whether she met the financial criteria for Medicaid.

Your spouse is in a two-person household. You and your spouse expect to file your 2017 income taxes as married filing jointly and will claim no dependents on that tax return.

Medicaid can be provided through NYSOH to adults between the ages of 19 and 65 who meet the non-financial requirements and have a household modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size. On the date of your applications, the relevant FPL was \$16,240.00 for a two-person household. Since \$33,689.50 is 207.45% and \$30,000.00 is 184.72% of the 2017 FPL, NYSOH properly found your spouse to be ineligible for Medicaid on an expected annual income basis, using the information provided in your October 25, 2017, November 2, 2017 and November 7, 2017 updated applications.

Financial eligibility for Medicaid can also be based on current monthly household income and family size.

According to your NYSOH account, you submitted documentation showing that your household income for October 2017 was \$2,300.25 consisting of \$331.50 in UIB you received and wages of \$1,968.75 that your spouse received from her two employment positions. The record further reflects that your household income for November 2017 was \$3,776.88 consisting of UIB you received of \$1,894.38 and wages of \$1,882.50 that your spouse received from her two employment positions.

To be eligible for Medicaid, your spouse would need to meet the non-financial criteria and have an income no greater than 138% of the FPL, which is \$1,354.00 per month. Since the documentation you provided shows that your household income for October 2017 was \$2,300.25 and your household income for November 2017 was \$3,776.88, your spouse did not qualify for Medicaid based on monthly income as of the dates of your October 25, 2017 and November 2, 2017 and November 7, 2017 applications.

Finally, federal regulations require that a person seeking enrollment in a qualified health plan through the NYSOH have United States citizenship or satisfactory or immigration status. Under the federal regulations, individuals with Deferred Action for Childhood Arrivals status are not considered to be lawfully present for the purposes of obtaining coverage in a qualified health plan through NYSOH. It necessarily follows that such individuals also cannot qualify for advance payments of the premium tax credit.

Accordingly, the October 26, 2017, November 3, 2017 and November 8, 2017 eligibility determination notices properly found your spouse to be ineligible to enroll in a qualified health plan, for advance premium tax credits or the Essential Plan, based on her citizenship and immigration status. However, your spouse's ineligibility for state-funded Medicaid is properly based on her annual household income being over the limit for that program, not on her citizenship and immigration status.

Decision

The October 26, 2017, November 3, 2017 and November 8, 2017 eligibility determination notices are **AFFIRMED**.

Effective Date of this Decision: February 26, 2018

How this Decision Affects Your Eligibility

Your spouse is not eligible to enroll in a qualified health plan, to receive advance premium tax credits or enroll in the Essential Plan because she is not lawfully present.

Although your spouse qualifies as a PRUCOL alien for state-based Medicaid, she is not eligible for Medicaid at this time, because her household income is over the maximum allowable income limit.

If You Disagree with this Decision (Appeal Rights)

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

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

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

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

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.

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).

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 October 26, 2017, November 3, 2017 and November 8, 2017 eligibility determination notices are AFFIRMED.

Your spouse is not eligible to enroll in a qualified health plan, to receive advance premium tax credits or enroll in the Essential Plan because she is not lawfully present.

Although your spouse qualifies as a PRUCOL alien for state-based Medicaid, she is not eligible for Medicaid at this time because her household income is over the maximum allowable income limit.

Legal Authority

We are issuing this determination in accordance with 45 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).

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&etumi 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.

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