



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

Notice of Decision

Decision Date: March 09, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024224

[REDACTED]

Dear [REDACTED],

On February 1, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 3, 2017 eligibility determination.

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: March 09, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024224

[REDACTED]

Issues

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

Did NY State of Health (NYSOH) properly determine you and your spouse were eligible to receive up to \$535.00 in advance payment of the premium tax credit, as well as cost-sharing reductions, but not eligible for the Essential Plan, effective December 1, 2017?

Procedural History

On November 6, 2016, NYSOH issued an eligibility determination notice based on your November 5, 2016 application, stating in part, that you and your spouse were eligible for the Essential Plan for a limited period of time, with a \$20.00 monthly premium each, effective December 1, 2016. In your application, you attested to a household income of \$45,548.00. You were required to submit proof of income for your household by February 3, 2017.

Also on November 6, 2016, NYSOH issued an enrollment notice confirming your and your spouse's enrollment in an Essential Plan with a plan enrollment start date of December 1, 2016.

On January 17, 2017, you submitted earning statements for you and your spouse. Those documents were verified on February 22, 2017 and your family's application for financial assistance was re-run based on household income of \$45,548.00.

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 February 23, 2017, NYSOH issued an eligibility determination notice, based on the income documentation that was verified on February 22, 2017, stating that you and your spouse were eligible for the Essential Plan, with a \$20.00 monthly premium each, effective April 1, 2017.

Also on February 23, 2017, NYSOH issued an enrollment notice confirming that you and your spouse were enrolled in your Essential Plan, with plan enrollment start date of December 1, 2016.

On March 22, 2017, April 23, 2017, April 30, 2017 and May 14, 2017, NYSOH issued eligibility determination notices and corresponding enrollment notices based on system updates that continued your eligibility in the Essential Plan with a plan enrollment start date of December 1, 2016.

On September 22, 2017, NYSOH issued an eligibility determination notice, based on a September 21, 2017 systematic renewal eligibility redetermination, stating in part, that you and your spouse were eligible to receive up to \$344.51 per month in advance payments of the premium tax credit (APTC), effective December 1, 2017. The notice indicated that you and your family were not eligible for the Medicaid, the Essential Plan or cost-sharing reductions, because based on state and federal data sources showed your annual household income was over the allowable limits for those programs.

Also on September 22, 2017, NYSOH issued a disenrollment notice stating the Essential Plan enrollment for you and your spouse would end on November 30, 2017, because you were no longer eligible to enroll in that plan.

On October 31, 2017 and November 1, 2017, you submitted earning statements for your employment at two different employers. On November 2, 2017, those documents were verified and your household income was adjusted to \$57,615.75. At that time, NYSOH submitted an updated application for financial assistance for your household based on the adjusted household income of \$57,615.75.

On November 3, 2017, NYSOH issued an eligibility determination notice, based on the November 2, 2017 system updated application, stating in part, that you and your spouse were eligible to receive up to \$535.00 per month in APTC and, if you and your spouse enrolled in a silver-level qualified health plan, eligible to receive cost-sharing reductions, both effective December 1, 2017. The notice indicated that you and your spouse were not eligible for Medicaid or the Essential Plan, because your annual household income of \$57,615.75 was over the allowable limits for those programs.

Also on November 3, 2017, NYSOH issued an enrollment notice stating in part, that you and your spouse needed to pick a health plan.

On November 9, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as you and your spouse were not eligible for the Essential Plan.

On November 15, 2017, NYSOH issued an eligibility determination notice stating you and your spouse were eligible for the Essential Plan for a limited time, until a decision was made on your appeal, effective December 1, 2017. You and your spouse were subsequently reenrolled into an Essential Plan.

On February 1, 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) According to your NYSOH account and your testimony, you expect to file your 2017 taxes with a tax filing status of married filing jointly. You will claim two dependents on that tax return.
- 2) You are seeking insurance for you and your spouse. You testified that you are not appealing the Child Health Plus premium level for your two children.
- 3) The application that was submitted on November 5, 2016 listed annual household income of \$45,548.00, consisting of \$7,000.00 you earn on an inconsistent basis from [REDACTED], \$6,000.00 you earn on an inconsistent basis from the [REDACTED], \$5,950.00 from fourteen weeks of unemployment insurance benefits and \$26,598.00 your spouse earns on a steady basis from her employment with [REDACTED].
- 4) On January 17, 2017 you uploaded earning statements for you and your spouse. On February 22, 2017 your income documentation was verified by NYSOH and an updated application for financial assistance was submitted on your behalf. The eligibility determination notice issued on February 23, 2017 stated that you and your spouse remained eligible for the Essential Plan based on your household income of \$45,548.00. You and your spouse remained enrolled in your Essential Plan with a plan enrollment start date of December 1, 2016.
- 5) On September 21, 2017, NYSOH systematically re-ran your family's application for your financial assistance as it was time for the yearly renewal of your health insurance. This systematic application was based on state and federal data sources available to NYSOH at that time.

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).

- 6) On September 22, 2017, NYSOH issued an eligibility determination notice based on the September 21, 2017 systematic renewal update, that stated you and your spouse qualified for APTC of up to \$344.51 per month to help pay for your health insurance, effective December 1, 2017. You and your spouse were not eligible for Medicaid, the Essential Plan, or cost-sharing reductions, because your reported income was over the allowable income range for those programs.
- 7) On October 31, 2017, you submitted earning statements for yourself from [REDACTED] as follows: pay date September 15, 2017 with gross pay \$441.75, pay date September 29, 2017 with gross pay \$497.50, pay date October 13, 2017 with gross pay of \$793.50 and pay date October 27, 2017 with gross pay of \$673.25.
- 8) On November 1, 2017, you submitted earning statements for yourself from [REDACTED] as follows: pay date July 14, 2017 with gross pay of \$2,700.00, pay date July 28, 2017 with gross pay of \$2,700.00, pay date August 11, 2017 with gross pay of \$2,700.00 and pay date August 25, 2017 with gross pay \$2,160.00.
- 9) You testified that you earn approximately \$6,000.00 a year from part time employment in a [REDACTED] from the [REDACTED].
- 10) You testified that you earned approximately \$16,000.00 from employment at [REDACTED] and haven't worked there since end of August 2017.
- 11) You testified that your spouse worked less hours than you estimated and only earned \$15,638.00 from her seasonal employment at [REDACTED].
- 12) You testified that you earned \$18,026.00 from [REDACTED] in 2017.
- 13) You testified that you earned \$3,078.00 from part time employment with [REDACTED].
- 14) Based on your testimony, your household income for 2017 was \$58,742.00 (\$6,000.00 + \$16,000.00 + \$15,638.00 + \$18,026.00 + \$3,078.00).
- 15) The system calculated household income used by NSYOH for the November 3, 2017 eligibility determination notice was \$57,615.75.
- 16) Your application states that you will not be taking any deductions on your 2017 tax return.

17) You testified and your application states that you live in Nassau County.

18) You testified that even with APTC that you and your spouse's health insurance would be unaffordable and would be a hardship based on your household living expenses in Nassau County.

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), 42 CFR § 435.945).

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) 42 CFR § 435.952).

Modified Adjusted Gross Income

NYSOH bases its eligibility determinations on modified adjusted gross income as defined in the federal tax code (45 CFR § 155.300(a)). The term "modified adjusted gross income" means adjusted gross income increased by (1) any income that was excluded under 26 USC § 911 for United States citizens or residents living abroad, (2) tax-exempt interest received or accrued, and (3) Social Security benefits that were excluded from gross income under 26 USC § 86 (see 26 USC § 36B(d)(2)(B), 26 CFR § 1.36B-1(e)(2)).

"Adjusted gross income" means, in the case of an individual taxpayer, gross federal taxable income minus certain specific deductions, such as expenses reimbursed by an employer, losses from sale or exchange of property, losses from premature withdrawal of funds from time savings accounts, deductions attributable to royalties, and certain retirement savings (26 USC § 62(a)). Living expenses, such as rent and utilities are not an allowable deduction in computing adjusted gross income.

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

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).

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 \$24,300.00 for a four-person household (81 Federal Register 4036.).

For annual household income in the range of at least 200% but less than 250% of the 2016 FPL, the expected contribution is between 6.43% and 8.21% 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,

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).

(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 \$24,300.00 for a four-person household (81 Fed. Reg. 4036).

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)).

Legal Analysis

The issue under review is whether NYSOH properly determined that you and your spouse were eligible to receive up to \$535.00 in APTC and eligible for cost-sharing reductions, and not eligible for the Essential Plan, effective December 1, 2017.

On November 5, 2016 you submitted an application for financial assistance for your family based on an attested household income of \$45,548.00. You and your spouse were determined conditionally eligible for the Essential Plan with a \$20.00 a month premium effective December 1, 2016. You were required to submit proof of household income by February 3, 2107. You and your spouse were enrolled in an Essential Plan with a plan enrollment start date of December 1, 2016. On January 17, 2017 you submitted proof of household income documents which were verified on February 22, 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 September 21, 2017, NYSOH ran a system updated application for financial assistance for your household due to the annual renewal date that was upcoming. Based upon state and federal data sources, you and your spouse were determined eligible for \$344.51 in APTC effective December 1, 2017.

On October 31, 2017, you submitted earning statements for yourself from [REDACTED] as follows: pay date September 15, 2017 with gross pay \$441.75, pay date September 29, 2017 with gross pay \$497.50, pay date October 13, 2017 with gross pay of \$793.50 and pay date October 27, 2017 with gross pay of \$673.25. On November 1, 2017, you submitted earning statement for yourself from [REDACTED] as follows: pay date July 14, 2017 with gross pay of \$2,700.00, pay date July 28, 2017 with gross pay of \$2,700.00, pay date August 11, 2017 with gross pay of \$2,700.00 and pay date August 25, 2017 with gross pay \$2,160.00. On November 2, 2017, those documents were verified and your household income was adjusted to \$57,615.75 and NYSOH submitted an updated application for financial assistance for your household based on the adjusted household income of \$57,615.75.

The November 3, 2017, NYSOH issued an eligibility determination notice, stating in part, that you and your spouse were eligible to receive up to \$535.00 per month in APTC and, if you and your spouse enrolled in a silver-level qualified health plan, eligible to receive cost-sharing reductions, both effective December 1, 2017. The notice indicated that you and your spouse were not eligible for Medicaid or the Essential Plan, because your annual household income of \$57,615.75 was over the allowable limits for those programs.

At the hearing you testified your family had the following income in 2017; \$6,000.00 from your part time employment [REDACTED] from the [REDACTED], \$16,000.00 from employment at [REDACTED], \$18,026.00 from [REDACTED], \$3,078.00 from part time employment with [REDACTED] and your spouse earned \$15,638.00 from her seasonal employment at [REDACTED]. Based on your testimony, your household income for 2017 was \$58,742.00.

NYSOH used a system calculated household income of \$57,615.75 based on documents you submitted and data from state and federal sources. Your testimony at the hearing indicated that your household income for 2017 was at least \$58,742.00. Therefore, there is sufficient evident in the record to conclude that the \$57,615.75 in household income that NYSOH used for determining your household income was correct.

During the hearing, you asked that your current expenses, which include rent, electricity and other living expenses, be considered when calculating your annual household income. Since the Internal Revenue Service rules do not allow living expenses such as rent, utilities, cable and phone to be deducted from the

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).

calculation of your adjusted gross income, they cannot be deducted when the NYSOH computes your modified adjusted gross income for APTC purposes. Therefore, NYSOH correctly determined your household income to be \$57,615.75.

You and your spouse are in a four-person household. You expect to file your 2017 income taxes as married filing jointly and will claim two-dependents on that tax return.

You reside in Nassau County, where the second lowest cost silver plan available for a couple through NYSOH costs \$906.77 per month.

An annual income of \$57,615.75 is 237.10% of the 2016 FPL for a four-person household. At 237.10% of the FPL, the expected contribution to the cost of the health insurance premium is 7.75% of income, or \$372.10 per month.

The maximum amount of APTC that can be approved equals the cost of the second lowest cost silver plan available through NYSOH for a couple in your county (\$906.77 per month) minus your expected contribution (\$372.10 per month), which equals \$534.67 per month. Therefore, rounding to the nearest dollar, NYSOH correctly determined you and your spouse to be eligible for up to \$535.00 per month in APTC.

The second issue is whether you and your spouse were properly found eligible for cost-sharing reductions. Cost-sharing reductions are available to a person who has a household income no greater than 250% of the FPL. Since a household income of \$57,615.75 is 237.10% of the applicable FPL, NYSOH correctly found you and your spouse to be eligible for cost sharing reductions.

The third issue under review is whether NYSOH properly determined that you were eligible for the Essential Plan, effective December 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 \$24,300.00 for a four-person household. Since an annual household income of \$57,615.75 is 237.10% of the 2016 FPL, NYSOH properly found you to be ineligible for the Essential Plan.

Since the November 3, 2017 eligibility determination notice properly stated that, based on the information you provided, you and your spouse were eligible for up to \$535.00 per month in APTC, eligible for cost-sharing reductions, and ineligible for the Essential Plan, it is correct and is **AFFIRMED**.

Decision

The November 3, 2017 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: March 09, 2018

How this Decision Affects Your Eligibility

You and your spouse remain eligible for up to \$535.00 in APTC.

You and your spouse are eligible for cost-sharing reductions.

You and your spouse are ineligible for the Essential Plan.

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:

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 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
- By fax: 1-855-900-5557

Summary

The November 3, 2017 eligibility determination notice is **AFFIRMED**.

You and your spouse remain eligible for up to \$535.00 in APTC.

You and your spouse are eligible for cost-sharing reductions.

You and your spouse are ineligible for the Essential Plan.

Legal Authority

We are sending you this notice 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&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).