



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: January 19, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024440

[REDACTED]

[REDACTED]

On November 17, 2017, NY State of Health (NYSOH) issued a notice of enrollment confirmation, stating that you and your spouse were enrolled in a qualified health plan, effective January 1, 2018. You appealed that determination.

On January 17, 2018, a Hearing Officer from the Appeals Unit of NY State of Health called you and placed you under oath.

While under oath, you identified yourself and stated that you were no longer interested in pursuing your appeal.

You therefore withdrew your appeal on the record. Accordingly, we are dismissing your appeal, pursuant to 45 Code of Federal Regulations (CFR) § 155.530(a)(1).