



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

## Notice of Decision

Decision Date: February 01, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000024779

[REDACTED]

On January 11, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 7, 2017 plan disenrollment notice, November 15, 2017 eligibility determination notice and November 22, 2017 eligibility determination and plan enrollment notices.

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 01, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000024779



## Issues

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

Did NY State of Health properly determine that your enrollment in your qualified health plan terminated effective November 30, 2017?

Did NY State of Health provide you with a timely determination of your eligibility as of November 15, 2017?

Did NY State of Health properly determine that your enrollment in a qualified health plan was effective no earlier than January 1, 2018?

## Procedural History

On November 6, 2017, NY State of Health (NYSOH) received your updated application for financial assistance with health insurance.

On November 7, 2017, NYSOH issued a notice stating that the income information in your application did not match what NYSOH received from state and federal data sources and that more information was needed to confirm the information listed in your application. This notice directed you to submit proof of income by November 21, 2017, to confirm your eligibility.

On November 10, 2017, you uploaded four documents to your NYSOH account.

On November 13, 2017, NYSOH invalidated the income documentation you uploaded to your NYSOH account.

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On November 14, 2017, NYSOH issued a notice stating that the income documentation you submitted was not sufficient to confirm the information listed in application and that more information was needed by November 21, 2017.

On November 14, 2017, you also uploaded five documents to your NYSOH account.

Also on November 14, 2017, NYSOH validated the income documentation and an updated application was submitted on your behalf. More specifically, the annual income amount was updated from \$10,945.65 to \$42,963.65.

On November 15, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in a qualified health plan at full cost, effective December 1, 2017, and you needed to pick a plan for enrollment.

On November 17, 2017, NYSOH issued a notice stating that it was time to renew your health insurance coverage through NYSOH. This notice stated that based on state and federal data sources, NYSOH was unable to determine whether you qualified for financial help paying for your health insurance coverage. You were directed to update your NYSOH account between November 16, 2017 and December 15, 2017, so NYSOH could make an appropriate decision about your eligibility.

On November 21, 2017, NYSOH received your updated application for financial assistance with health insurance.

On November 22, 2017, NYSOH issued an eligibility determination notice stating that, effective January 1, 2018, you were eligible to purchase a qualified health plan at full cost through NYSOH.

Also on November 22, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in a qualified health plan, effective January 1, 2018.

On November 24, 2017, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination and plan enrollment notices insofar as they began your enrollment in a qualified health plan as of January 1, 2018, and not December 1, 2017.

On January 11, 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:

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- 1) According to your NYSOH account, effective January 1, 2017, you were enrolled in a qualified health plan and a monthly tax credit of \$218.00 was being applied to your monthly health plan premium. You were also eligible for cost-sharing reductions as of that date.
- 2) According to your NYSOH account, you updated your application on November 6, 2017. This application indicated that you file your federal income taxes as single and will claim no dependents on that tax return.
- 3) You testified you thought that, when you updated your account on November 6, 2017, you were renewing your coverage for the 2018 health insurance year.
- 4) The application that was submitted on November 6, 2017, listed an annual income of \$10,945.65. This income information did not match what NYSOH received from state and federal data sources, and NYSOH directed you to submit income documentation to confirm your eligibility.
- 5) According to your NYSOH account, you were disenrolled from your qualified health plan as of November 30, 2017.
- 6) According to your NYSOH account, you receive notices from NYSOH by regular mail.
- 7) You testified that you did receive a notice from NYSOH telling you that you needed to update the information in your NYSOH account to ensure that your coverage would not be interrupted and that your financial assistance would continue.
- 8) According to your NYSOH account, you currently are employed by two different employers.
- 9) On November 10, 2017, you uploaded four documents to your NYSOH account; which included a paystub from one employer dated November 10, 2017, and two biweekly paystubs from your other employer dated October 20, 2017 and November 3, 2017.
- 10) On November 13, 2017, NYSOH invalidated the income documentation that was submitted because you did not submit four consecutive weeks' worth of pay from your one employer.
- 11) On November 14, 2017, you uploaded five documents to your NYSOH account which included four paystubs from your one employer, dated October 13, 2017, October 20, 2017, October 27, 2017, and November 3, 2017.

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- 12) NYSOH also validated this income documentation on November 14, 2017, updated the income information in your application from \$10,945.65 to \$42,963.65, and an application was submitted on your behalf.
- 13) According to your NYSOH account, on November 15, 2017, you were found eligible to enroll in a full pay qualified health plan, effective December 1, 2017.
- 14) According to your NYSOH account, you were not eligible for APTC because you did not file with the IRS, Form 8962 with your 2016 federal tax to reconcile the APTC you received in 2016 against your actual annual income for 2016.
- 15) You testified that you are not appealing your financial assistance eligibility, but you are only appealing the start date of your qualified health plan.
- 16) You testified that you contacted NYSOH on November 14, 2017, but you were unable to enroll into a qualified health plan.
- 17) According to your NYSOH account, NYSOH received an updated application for financial assistance on November 22, 2017, in which your income was listed as \$42,452.00.
- 18) According to your NYSOH account and your testimony, you selected a qualified health plan on November 22, 2017.
- 19) Your enrollment in the plan became effective January 1, 2018.
- 20) You testified that you are seeking to be enrolled in a qualified health plan for the month of December 2017, because you are concerned about how having a gap in coverage may affect you.
- 21) You testified that you do not have any outstanding medical bills for the month of December 2017.

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

## **Applicable Law and Regulations**

### Redetermination During a Benefit Year

When a redetermination is issued as a result of a change in an applicant's information, NYSOH must generally make that redetermination effective on the first day of the month following the date NYSOH is notified of the change (45 CFR § 155.330 (f)(1)(ii)). However, NYSOH may determine that its policy will be that any change made after the 15<sup>th</sup> of any month will not be effective until the first of the second following month (45 CFR § 155.330(f)(2)).

### Advance Payments of the Premium Tax Credit

An APTC is available to a person who is eligible to enroll in a qualified health plan and

1. expects to have a household income between 138% and 400% of the Federal Poverty Line (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 qualified health plan, and
3. is not otherwise eligible for minimum essential coverage except through the individual market (45 CFR § 155.305(f)).

### 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 \$12,060.00 for a one-person household (82 Federal Register 8831).

### Verification Process

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).

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).

### Timely Notice of Medicaid Eligibility

When an individual applies for insurance through NYSOH, NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of application to the date NYSOH notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for NYSOH to make an eligibility determination, then NYSOH must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

### Annual Eligibility Redetermination

Generally, NYSOH must conduct annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, such as tax credits and cost-sharing reductions, Medicaid, or Child Health Plus. In such cases, NYSOH is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 CFR § 155.335(a) and (b)).

NYSOH must send an annual renewal notice that contains the information NYSOH will use to redetermine a qualified individual's projected eligibility for that year (45 CFR § 155.335(c)(3)). If a qualified individual does not respond to the notice after a 30-day period, NYSOH must redetermine that individual's eligibility using the information and projected eligibility provided in the annual renewal notice (45 CFR § 155.335(g), (h)). NYSOH must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)). The rules specified in 45 CFR § 155.330(f) are not pertinent here.

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## Legal Analysis

The first issue under review is whether NYSOH properly disenrolled you from your qualified health plan as of November 30, 2017.

On November 6, 2017, NYSOH received your updated application for financial assistance with health insurance. Specifically, you updated the income information in your application to show a significant decrease in annual income and listed an annual expected income of \$10,945.65.

This resulted in you being placed in a pending Medicaid status with proof of income due to confirm your eligibility. It also resulted in you being disenrolled from your qualified health plan as of November 30, 2017.

You are in a one-person household because you expect to file your taxes as single 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 that is at or below 138% of the FPL for the applicable family size.

The applicable 2017 FPL for a one-person household is \$12,060.00. An annual income of \$10,945.65 is 90.76% of the applicable 2017 FPL. Therefore, based on the information listed in your November 6, 2017 application, you were determined to be eligible for Medicaid pending documentary confirmation of the income amount you had attested to in that application. Since your eligibility changed to pending Medicaid and Medicaid is considered minimum essential coverage, you were no longer eligible to receive APTC.

Therefore, NYSOH properly disenrolled you from your qualified health plan, effective November 30, 2017, based on the information listed in your application, such that the November 7, 2017 plan disenrollment notice is AFFIRMED.

The second issue under review is whether NYSOH provided you with a timely determination of your qualified health plan eligibility as of November 15, 2017.

An individual requesting financial assistance to help pay for the cost of coverage provided through NYSOH is required to attest to his or her household's projected annual income. When the NYSOH cannot verify information that is required to make an eligibility determination, it must notify the applicant and allow the applicant time to submit satisfactory documentation.

On November 6, 2017, NYSOH received your updated application for financial assistance with health insurance. This application listed an annual expected

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income of \$10,945.65. Subsequently, on November 7, 2017, the NYSOH issued a notice stating that the information that was listed in your application did not match what NYSOH received from state and federal data sources, and as a result, additional income information was required to confirm your eligibility. This notice further directed you to submit household income documentation by November 21, 2017.

On November 10, 2017, you uploaded four documents to your NYSOH account, which included a paystub from one employer, dated November 10, 2017, and two biweekly paystubs from your other employer, dated October 20, 2017 and November 3, 2017. On November 13, 2017, NYSOH invalidated the income documentation that was submitted because you did not submit four consecutive weeks' worth of pay from your one employer. Subsequently, NYSOH issued a notice, on November 14, 2017, stating that the income documentation you submitted was not sufficient to solve the inconsistency in your NYSOH account and directed you to submit additional documentation by November 21, 2017.

On November 14, 2017, you uploaded five documents to your NYSOH account which included four paystubs from your one employer, dated October 13, 2017, October 20, 2017, October 27, 2017, and November 3, 2017. NYSOH also validated this income documentation on November 14, 2017, updated the income information in your application from \$10,945.65 to \$42,963.65, and an application was submitted on your behalf. Therefore, your application was considered complete as of November 14, 2017, for purposes of issuing an eligibility determination.

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the completed application. To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of the completed application to the date NYSOH notifies the applicant of its decision.

NYSOH issued an eligibility determination notice on November 15, 2017 that stated that you were eligible to purchase a qualified health plan at full cost through NYSOH. Since NYSOH issued an eligibility determination one day after your application was considered complete, the November 15, 2017 eligibility determination was timely.

Please note, the record indicates that, while you may be eligible for APTC, you were found ineligible for APTC because you failed to reconcile the amount of APTC you received in 2016 on your federal tax return. You testified that you are not appealing your ineligibility for financial assistance, but only the start date of your qualified health plan. Therefore, this decision will not address the issue regarding financial assistance and will only address the issue of the start date of your qualified health plan.

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).

The final issue under review is whether NYSOH properly determined that your enrollment in a qualified health plan at full cost was effective January 1, 2018.

NYSOH must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance annually. NYSOH must issue a renewal notice that contains the individual's projected eligibility. If an individual does not respond to this notice, NYSOH must issue an eligibility determination for the upcoming coverage year based on the information contained in the renewal notice.

On November 17, 2017, NYSOH issued an annual renewal notice in your case. That notice stated that based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help with paying for your health coverage. You were asked to update the information in your account between November 16, 2017 and December 15, 2017, or the financial help you were receiving might end.

The record indicates that you updated your application for financial assistance on November 22, 2017, and listed an expected annual household income of \$42,452.00. That day, you were found eligible to purchase a qualified health plan at full cost through NYSOH and you selected a plan for enrollment.

When an individual changes information in their application after the 15th of any month, NYSOH will make the redetermination that results from the change effective the first day of the second following month. Additionally, the date on which a qualified health plan can take effect depends on the day a person selects the plan for enrollment. A plan that is after the fifteenth day of a month goes into effect on the first day of the second following month.

You were found eligible for and selected a qualified health plan for enrollment on November 22, 2017. Therefore, your eligibility for, and enrollment in, a qualified health plan would begin the first day of the second month following November 2017, that is, on January 1, 2018.

Therefore, NYSOH's November 23, 2017 eligibility determination notice and plan enrollment notices are **AFFIRMED** because they properly began your eligibility for and enrollment in your qualified health plan on January 1, 2018.

## **Decision**

The November 7, 2017 plan disenrollment notice is **AFFIRMED**.

The November 15, 2017 eligibility determination was timely and is **AFFIRMED**.

The November 23, 2017 eligibility determination notice is **AFFIRMED**.

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).

The November 23, 2017 plan enrollment notice is AFFIRMED.

This Decision does not address whether NYSOH properly determine that you were ineligible for advanced premium tax credit or other financial assistance, effective December 1, 2017.

**Effective Date of this Decision:** February 01, 2018

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

This Decision does not change your current eligibility.

NYSOH properly determined that you were disenrolled from your qualified health plan, effective November 30, 2017.

Your enrollment in your qualified health plan properly began as of January 1, 2018.

### **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
- By mail at:

Health Insurance Marketplace  
Attn: Appeals

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).

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 7, 2017 plan disenrollment notice is AFFIRMED.

The November 15, 2017 eligibility determination was timely and is AFFIRMED.

The November 23, 2017 eligibility determination notice is AFFIRMED.

The November 23, 2017 plan enrollment notice is AFFIRMED.

This Decision does not change your current eligibility.

NYSOH properly determined that you were disenrolled from your qualified health plan, effective November 30, 2017.

Your enrollment in your qualified health plan properly began as of January 1, 2018.

This Decision does not address whether NYSOH properly determine that you were ineligible for advanced premium tax credit or other financial assistance, effective 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:**



## 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 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 okyer& 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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