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

Notice of Decision

Decision Date: April 09, 2018

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000025457

[redacted]

On March 2, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 1, 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 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).

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

Decision

Decision Date: April 09, 2018

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000025457

[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 that you and your adult child were eligible to receive up to $531.00 per month in advance payments of the premium tax credit, effective January 1, 2018?
>
> Did NYSOH properly determine that you and your adult child were not eligible for cost-sharing reductions?
>
> Did NYSOH properly determine that you and your adult child were not eligible for the Essential Plan?
>
> Did NYSOH properly determine that you and your adult child were not eligible for Medicaid?

Procedural History

On November 30, 2017, you applied for health insurance and financial assistance through NYSOH for you and your adult child.

On December 1, 2017, NYSOH issued an eligibility determination notice stating that you and your adult child were eligible to receive up to $531.00 in advance payments of the premium tax credit (APTC), for a limited time, effective January 1, 2018. That notice also stated that you and your adult child were not eligible for cost-sharing reductions, Medicaid, or the Essential Plan because your household annual household income was over the allowable income limits for those

programs. The notice also stated that you needed to provide proof of household income by February 28, 2018 in order to confirm you and your adult child's eligibility.

On December 6, 2017, you spoke to NYSOH's Account Review Unit and appealed the December 1, 2017 eligibility determination notice insofar as you and your adult child were not eligible for an increased amount of financial assistance.

On December 16, 2017, NYSOH issued an enrollment notice confirming your December 15, 2017 selection of a silver-level qualified health plan, with a plan enrollment and application of APTC starting January 1, 2018.

On December 20, 2017, NYSOH issued a notice stating that you and your adult child were eligible for Medicaid for a limited time, effective January 1, 2018. This was because you and your adult child had been granted Aid-to-Continue pending the outcome of your appeal.

Also on December 20, 2017, NYSOH issued a disenrollment notice stating that you and your adult child's enrollment in your silver-level qualified health plan ended on January 1, 2018.

Also on December 20, 2017, NYSOH issued an enrollment confirmation notice stating that you and your adult child were enrolled in your Medicaid Managed Care plans, effective January 1, 2018.

On February 12, 2018, you had a scheduled telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. At your request, NYSOH rescheduled that hearing to March 2, 2018. On March 2, 2018, the rescheduled hearing was held. The record was developed during the hearing and held open up to March 9, 2018, to allow you time to submit supporting documents.

On March 2, 2018 and March 5, 2018, NYSOH Appeals Unit received your supporting documents by fax. These documents were incorporated into the record as Appellant's Exhibit # 1 and Appellant's Exhibit # 2 respectively and the record was closed.

Findings of Fact

A review of the record supports the following findings of fact:

1) You testified that you expect to file your tax return for 2018 with a tax filing status of qualifying widow(er) with dependent child. You will claim two dependents on that tax return.

2) You are seeking insurance for you and your adult child.

3) You testified that your adult child is a college student who will not be filing a tax return.

4) You testified that your adult child works a few hours a week for a temporary employment company and that her hour varies weekly. You testified that your adult child earns approximately $100.00 a week.

5) According to your NYSOH account, your minor child is [redacted] and you are not applying for health insurance for him.

6) According to your NYSOH account and your testimony, your minor child receives $680.00 a month ($8,160.00 per year) in Social Security survivor's benefits

7) The application that was submitted on November 30, 2017 listed annual household income of $53,872.01, consisting of $53,872.01 you earn from your employment. You testified that this amount was correct at the time of the November 30, 2017 application.

8) You testified that as of February 19, 2018 your employer has reduced your hours from 28 hours to 21 hours per week. You testified that you earn $37.00 per hour.

9) Appellant's Exhibit # 1 includes a signed statement from your employer confirming your reduced hours starting February 19, 2018.

10) You also submitted two bi-weekly earnings statements showing the following; pay date February 16, 2018 for pay period February 3, 2018 to February 16, 2018, with gross earnings of $2,072.00 and year-to-date earnings of $8,288.00, and earning statement pay date March 2, 2018 for pay period February 17, 2018 to March 2, 2018 with gross pay of $1,554.00.

11) The application states that you will not be taking any deductions on your 2018 tax return.

12) Your application states that you live in Suffolk County.

13) You testified that you cannot afford a health insurance plan with deductibles. You testified that you have very high expenses associated with living in Suffolk County such as housing, transportation, food and utilities. You testified that these expenses should be considered in calculating the amount of financial assistance you and your adult child receive for your health insurance.

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

Applicable Law and Regulations

Household Composition

For purposes of advance premium tax credit (APTC) and cost-sharing reductions (CSR), the household size equals the number of individuals for whom the taxpayer is allowed a deduction under 26 USC § 151 for the taxable year, which typically includes: (1) the taxpayer, (2) his or her spouse, and (3) any claimed dependents (26 USC § 36B(d)(1)).

Modified Adjusted Gross Income

NYSOH bases its eligibility determinations on modified adjusted gross income (MAGI) as defined in the federal tax code (45 CFR § 155.300(a), 42 CFR § 603(e), see 26 USC § 36B(d)(2)(B)). 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)).

"Gross income" is defined as all income from whatever source it is derived from; however, notwithstanding the apparent overall inclusiveness of this definition, there are numerous items that are specifically excluded from gross income (26 USC § 61).

An individual's income from Social Security benefits is included in their gross income only to the extent that the sum of the person's IRS-defined "modified adjusted gross income" and one-half of their Social Security benefits is greater than $25,000.00 (26 USC § 86(a)(1), (b)(1)), (c)(1)(A)).

"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 finds 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 (*id*.).

With regard to eligibility for financial assistance through NYSOH, a tax filer's household income includes the MAGI of all the individuals in the taxpayer's household who are required to file a federal tax return for the taxable year (26

CFR § 1.36B-1(e)(1); 42 CFR § 435.603(d)(1)). The MAGI-based income of a child who is not required to file a tax return is not included in household income (42 CFR § 435.603(d)(2)).

A person is not required to file a tax return if their gross income is less than the sum of the exemption amount plus the basic standard deduction allowable for that person (26 USC § 6012(1)(A)). For the 2018 year, generally only a dependent who had yearly gross earned income greater than $12,000.00 would be required to file a tax return (*see* IRS Rev. Proc. 2018–18).

Advance Payments of Premium Tax Credit

APTC are generally 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 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 qualified health plan, and (3) is not otherwise eligible for minimum essential coverage except through the individual market (*see* 45 CFR § 155.305(f), 26 CFR § 1.36B-2, 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 2018 is set by federal law at 2.01% to 9.56% of household income (26 USC § 36B(b)(3)(A), 26 CFR § 1.36B-3, IRS Rev. Proc. 2017-36).

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 2017 FPL, which is $20,420.00 for a three-person household (82 Federal Register 8831).

For annual household income in the range of at least 250% but less than 300% of the 2017 FPL, the expected contribution is between 8.10% and 9.56% of the

household income (26 CFR § 1.36B-3(g)(1), 45 CFR § 155.300(a), IRS Rev. Proc. 2017-36).

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 are available to a person who (1) is eligible to enroll in a qualified health plan 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 qualified health plan (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 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 2017 FPL, which is $20,420.00 for a three-person household (82 Fed. Reg. 8831).

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)).

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 November 30, 2017 application, that was the 2017 FPL, which is $20,420.00 for a three-person household (82 Fed. Reg. 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 first issue is whether NYSOH properly determined that you and your adult child were eligible for up to $531.00 per month in APTC, effective January 1, 2018.

The application that was submitted on November 30, 2017 listed an annual household income of $53,872.01 and the eligibility determination relied upon that information. You testified that your adult child will not be filing taxes because her earned income is below the level required to file taxes. You also testified that your son receives $680.00 a month or $8,160.00 a year in Social Security survivor's benefits. NYSOH correctly excluded this amount from your household income based on the IRS guidance cited above which would require his benefits to be included only if one-half of the amount exceeded $25,000.00 which it does not.

During the hearing, you testified that you have very high expenses associated with living in Suffolk County such as housing, transportation, food and utilities. You testified that these expenses should be considered in calculating the amount of financial assistance you and your adult child receive for your health insurance. Since the Internal Revenue Service rules do not allow living expenses such as housing, utilities, food, and transportation to be deducted from the calculation of your adjusted gross income, they cannot be deducted when the NYSOH computes your modified adjusted gross income for APTC purposes. Therefore,

based on the above, NYSOH correctly determined your household income to be $53,872.01 for the purposes of the November 30, 2017 eligibility determination.

You and your adult child are in a three-person household. You expect to file your 2018 income tax return as Qualifying widow(er) with dependent child and will claim two dependents on that tax return.

You reside in Suffolk County, where the second lowest cost silver plan available for a primary subscriber and one dependent through NYSOH costs $912.81 per month.

An annual income of $53,872.01 is 263.82% of the 2017 FPL for a three-person household. At 263.82% of the FPL, the expected contribution to the cost of the health insurance premium is 8.50% of income, or $381.59 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 primary subscriber and one dependent in your county ($912.81 per month) minus your expected contribution ($381.59 per month), which equals $531.22 per month. Therefore, rounding to the nearest dollar, NYSOH correctly determined you and your adult child to be eligible for up to $531.00 per month in APTC.

The second issue is whether you and your adult child were properly determined ineligible 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 $53,872.01 is 263.82% of the applicable FPL, NYSOH correctly found you and your adult child to be ineligible for cost sharing reductions.

The third issue under review is whether NYSOH properly determined you and your adult child were ineligible for the Essential Plan.

The Essential Plan is generally 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 $20,420.00 for a three-person household. Since an annual household income of $53,872.01 is 263.82% of the 2017 FPL, NYSOH correctly found you and your adult child to be ineligible for the Essential Plan.

The fourth issue is whether NYSOH properly determined that you and your adult child were ineligible for Medicaid.

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. On the date of your application, the relevant FPL was $20,420.00 for a three-person household. Since $53,782.01 is 263.82% of the 2017 FPL, NYSOH properly found you and your adult child to be ineligible for Medicaid on an expected annual income basis, using the information provided in your application.

However, financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size.

To be eligible for Medicaid on a monthly basis, you and your adult child would need to meet the non-financial criteria and have an income no greater than 138% of the FPL, which is $2,349.00 per month. Since you attested to a yearly income of $53,872.01, in the November 30, 2017 application, the system calculated that your monthly income as $4,489.33. As such, you and your adult child do not qualify for Medicaid based on monthly income as of the date of your November 30, 2017 application.

Since the December 1, 2017 eligibility determination notice properly stated that, based on the information you provided, you and your adult child were eligible for up to $531.00 per month in APTC, ineligible for cost-sharing reductions, ineligible for the Essential Plan and ineligible for Medicaid, it is correct and is AFFIRMED.

At the hearing, you testified that as of February 19, 2018, your employer had reduced your hours from 28 to 21 hours per week. You submitted a letter from your employer confirming this reduction in hours. You also submitted two bi-weekly earnings statements; the first with pay date of February 16, 2018 for pay period February 3, 2018 to February 16, 2018 with gross earnings of $2,072.00 and year-to-date earnings of $8,288.00 and the second earning statement with pay date of March 2, 2018 for pay period February 17, 2018 to March 2, 2018 with gross pay of $1,554.00. As noted above, your minor child's social security survivor's benefits do not arise to the level that would require his benefits to be added to the household income. Also, you testified that your adult child's income is such that she does not expect to have to file income tax return, so her income is not included in the household income for 2018. Therefore, the record reflects that your expected household income for 2018 is $47,676.00 consisting of $8,288.00 (your earnings year-to-date as of February 16, 2018) plus $34,188.00 (22 bi-weekly earnings of $1,554.00).

The Appeals Unit finds, based on your testimony and the income documentation you submitted after the hearing, that your expected annual household income for 2018 is $47,676.00, and your case is returned to NYSOH to make a final determination as to you and your adult child's financial eligibility for the remainder of 2018.

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).

Decision

The December 1, 2017 eligibility determination notice is AFFIRMED.

Your case is RETURNED to NYSOH to redetermine you and your adult child's eligibility for financial assistance, using a three-person household for a family residing in Suffolk County, with an expected 2018 annual income of $47,676.00 and to notify you accordingly.

Effective Date of this Decision: April 09, 2018

How this Decision Affects Your Eligibility

This is not a final determination of you and your adult child's eligibility.

You and your adult child remain eligible for Aid-To-Continue and remain in your respective Medicaid Managed Care plans until NYSOH re-determines your eligibility based on the evidence in the record as stated in this decision.

NYSOH will notify you once you and your adult child's eligibility has been re-determined.

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.

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).

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

- By fax: 1-855-900-5557

Summary

The December 1, 2017 eligibility determination notice is AFFIRMED.

Your case is RETURNED to NYSOH to re-determine you and your adult child's future eligibility for financial assistance, using a three-person household for a

family residing in Suffolk County, with an expected 2018 annual income of $47,676.00 and to notify you accordingly.

This is not a final determination of you and your adult child's eligibility.

You and your adult child remain eligible for Aid-To-Continue and remain in your respective Medicaid Managed Care plans until NYSOH re-determines your eligibility based on the evidence in the record as stated in this decision.

NYSOH will notify you once you and your adult child's eligibility has been re-determined.

Legal Authority

We are sending you this notice in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

[redacted]

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).

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。我们可以为您免费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 مجانًا.

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 महत्त्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई नि:शुल्क 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 yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yƐbƐtumi ama wo obi a ɔkyerƐ kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم1-855-355-5777 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).