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

Notice of Decision

Decision Date: March 05, 2018

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000025881

[redacted]

Dear [redacted],

On February 23, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 14, 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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nystateofhealth
The Official Health Plan Marketplace

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

Decision

Decision Date: March 05, 2018

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000025881

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 were eligible to receive up to $176.00 per month in advance payments of the premium tax credit (APTC), effective January 1, 2018?
>
> Did NY State of Health properly determine that you were not eligible for cost-sharing reductions?
>
> Did NYSOH properly determine that your child was eligible to enroll in Child Health Plus with a $30.00 per month premium, effective April 1, 2018?

Procedural History

On February 22, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for APTC of $240.00 per month and cost-sharing reductions. That notice stated that your child was eligible for Child Health Plus (CHP) with a $15.00 monthly premium. Your eligibilities were effective April 1, 2017.

Also on February 22, 2017, NYSOH issued a plan enrollment notice confirming you and your child's enrollment in your chosen health plans, beginning April 1, 2017.

On December 13, 2017, you updated your application for health insurance and financial assistance through NYSOH for 2018. That day, a preliminary eligibility

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determination was prepared stating that you were eligible to receive up to $176.00 per month in APTC, and child was eligible for Child Health Plus with a $30.00 monthly premium.

On December 14, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to receive up to $176.00 per month in APTC, effective January 1, 2018. The notice stated that you were not eligible for cost-sharing reductions, the Essential Plan or Medicaid because your annual household income was over the allowable income limits for those programs. The notice also stated that your child was eligible for Child Health Plus with a $15.00 monthly premium until March 31, 2018.

On December 15, 2017, you spoke to NYSOH's Account Review Unit and appealed that eligibility determination notice insofar as you and your child's monthly premiums increased.

On December 16, 2017, NYSOH issued a notice acknowledging your appeals. That notice listed the reasons for your appeals as "Level of APTC/Cost-Sharing Reduction" and "Level of CHP Premium."

Also on December 16, 2017, NYSOH issued a plan enrollment notice based on your plan selection on December 15, 2017. The notice confirmed your enrollment in your qualified health plan with an APTC of $176.00 per month began effective January 1, 2018. The notice also confirmed your child's enrollment in her Child Health Plus plan with a $15.00 monthly premium remained effective April 1, 2017.

On February 21, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open until March 7, 2018, to allow you time to submit income documentation.

On February 23, 2018, NYSOH received your supporting documents by fax. The documents were made part of the record as Appellant's Exhibit #1 and the record was closed.

Findings of Fact

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

1) You testified that you are appealing the amount of financial assistance you and your child are receiving in 2018. Specifically, you are requesting an increase in APTC and to be determined eligible for cost-sharing reductions to assist you paying for health insurance for yourself. You are also requesting your child's Child health Plus premium remain at $15.00 per month, rather than increase to $30.00 per month.

2) You are seeking insurance in a qualified health plan for yourself.

3) You testified that you expect to file your tax return for 2018 with a tax filing status of head of household, you will claim your child as your dependent on that tax return.

4) The application that was submitted on December 13, 2017, listed annual household income of approximately $45,000.00 per year, consisting of income you earn from your employment at [redacted]

5) You testified and provided documentation to show that this amount is correct.

6) You testified that you have living expenses, including a housing payment and child care costs, that you wish to be considered when determining your financial eligibility.

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

8) Your application states that you and your child live in Richmond County, NY.

9) You testified you were told that your child's monthly premium in Child Health Plus would increase to $30.00 beginning April 1, 2018, by a NYSOH representative.

10) On December 15, 2017, Incident Number [redacted] was created by a NYSOH representative in your account. The Incident reason listed is "Level of CHP premiums, Level of APTC/Cost Sharing Reduction," and the description of the incident reads:

    [redacted] Is currently eligible for APTC of $176.00
    Is currently enrolled into CHP with a $15.00 premium but effective 04/01/2018 the premium will be $30.00.
    [redacted] Is seeking a larger APTC effective 01/01/2018.
    Is seeking a $15.00 premium all of 2018.
    Is disputing the APTC amount changing when her income decreased.
    [redacted] Is disputing not being eligible for a $15.00 premium effective 04/01/2018.

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

Applicable Law and Regulations

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 $16,240.00 for a two-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)).

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 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.*).

De Novo Review

NYSOH Appeals Unit must review each appeal de novo and "consider all relevant facts and evidence adduced during the appeals process" (45 CFR § 155.535(f)). "De novo review means a review of an appeal without deference to prior decisions in the case" (45 CFR § 155.500).

Child Health Plus

Child Health Plus (CHP) is a sliding-scale-premium program for children who are in a household that is over income for regular Medicaid (see New York Public Health Law (NY PHL) § 2510 et seq. and 42 USC § 1397aa). Eligibility rules are set out in NY PHL § 2511(2), as well as in the NYS Department of Health 2008-2012 Contract and Plan Manual.

A child who meets the eligibility requirements for CHP may be eligible to receive a subsidy payment if the child resides in a household with a household income at or below 400% of the federal poverty level (FPL) (NY PHL § 2511(2)(a)(iii)). To be eligible to enroll in CHP with subsidy payments, a child must not be "eligible for medical assistance"; that is, must not be eligible for Medicaid (NY PHL § 2511(2)(b)).

The amount of the premium payment, if any, that must be made on behalf of a child who enrolls in a CHP plan depends upon the child's family household income (NY PHL § 2510(9)(d)). No payments are required for eligible children whose family household income is less than 160% of the FPL (NY PHL § 2510(9)(d)(1)). If the family household income is 160% or higher, premiums range from $9.00 per month to $60.00 per month (NY PHL § 2510(9)(d)). The CHP premium is $30.00 per month for a child whose family household income is between 251% and 300% of the FPL, but no more than $90.00 per month per family (NY PHL § 2510(9)(d)(iv)).

In an analysis of Child Health Plus 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 was is $16,240.00 for a two-person household (82 Federal Register 8831).

The State of New York has provided that a child's period of eligibility for Child Health Plus begins on the first day of the month during which a child is eligible. A child will become eligible on the first day of the next month, if the application is received by the 15th of the month; applications received after the 15th day of the month will be processed for the first day of the second following month (see e.g. State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

Child Health Plus Period of Eligibility

The "period of eligibility" for CHP is "that period commencing on the first day of the month during which a child is an eligible child and enrolled or recertified for enrollment on an annual basis based on all required information and documentation and ending on the last day of the twelfth month following such date," unless the CHP premiums are not timely paid or child no longer resides in New York State, gains access to or obtains other health insurance coverage, or becomes eligible for Medicaid (NY Public Health Law [PHL] § 2510(6)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that you are eligible for up to $176.00 per month in APTC.

The application that was submitted on December 13, 2017, listed an annual household income of $45,000.00 and the eligibility determination relied upon that information. You testified and provided documentation to show that the amount provided in your application was correct. However, you asked that your current expenses, including a housing payment and child care costs, be considered when calculating your annual household income.

Since the Internal Revenue Service rules do not allow living expenses such as housing payments or child care 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, NYSOH correctly determined your household income to be $45,000.00.

You are in a two-person household for purposes of this analysis. This is because you expect to file your 2018 income tax return as head of household and will claim one dependent on that tax return.

You reside in Richmond County, where the second lowest cost silver plan available for an individual through NYSOH costs $509.30 per month.

An annual income of $45,000.00 is 277.09% of the 2017 FPL for a two-person household. At 277.09% of the FPL, the expected contribution to the cost of the health insurance premium in 2018 is 8.89% of income, or $333.42 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 an individual in your county ($509.30 per month) minus your expected contribution ($333.42 per month), which equals $175.88 per month. Therefore, rounding to the nearest dollar, NYSOH correctly determined you to be eligible for up to $176.00 per month in APTC.

The second issue under review is whether NYSOH properly determined that you were not 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 $45,000.00 is 277.09% of the applicable FPL, NYSOH correctly found you to be ineligible for cost sharing reductions.

Since the December 14, 2017 eligibility determination notice properly stated that you were eligible for up to $176.00 per month in APTC and not eligible for cost-sharing reductions because your income is over the allowable limit for that program, it is correct and is AFFIRMED.

The third issue under review is whether NYSOH properly determined your child was eligible to enroll in Child Health Plus with a $30.00 per month premium, effective April 1, 2018.

You testified that you are appealing the increase in your child's eligibility for Child Health Plus with a $30.00 monthly premium, beginning April 1, 2018. However, the record does not contain a notice of eligibility determination or redetermination on the issue of your child's Child Health Plus eligibility.

Here, the lack of a notice of eligibility determination on the issue of your child's eligibility for Child Health Plus beginning April 1, 2018 does not prevent the Appeals Unit from reaching the merits of the case or constitute material error. Under 45 CFR § 155.505(b), you are as entitled to appeal NYSOH failure to timely issue a notice of eligibility determination as you are to appeal an adverse notice of eligibility determination.

You testified that you learned your child was eligible for Child Health Plus with a $30.00 monthly premium when NYSOH issued a preliminary determination over the telephone. On December 15, 2017, NYSOH created Incident Number , which lists incident reason in part as "Level of CHP premiums", and goes on to describe the incident as a dispute regarding your child's increased Child Health Plus premium beginning April 1, 2018. Additionally, on December 16, 2017, NYSOH issued a notice acknowledging your appeal, which states that "Level of CHP Premium" is one of the reasons for your appeal. Based on your testimony and the credible evidence of record, it is reasonable to infer that NYSOH found your child eligible for Child Health Plus with an increased monthly premium of $30.00, beginning April 1, 2018.

Since the Appeals Unit review of NYSOH determinations is performed on a de novo basis, no deference would have been granted to the eligibility determination notice had it been issued.

Your child is in a two-person household for purposes this analysis. This, too, is because you expect to file your 2018 income tax return as head of household and will claim one dependent on that tax return.

Your December 13, 2017 application lists your household income as $45,000.00 which you testified and provided documentation to show, is correct. As discussed above, NYSOH correctly determined your household income to be $45,000.00.

A child is eligible to enroll in Child Health Plus if they meet the non-financial requirements, are not eligible for Medicaid, and have a household income below 400% of the FPL. Households with an income between 251% and 300% of the FPL are responsible for a $30.00 per month Child Health Plus premium payment.

On the date of your application, the relevant FPL was $16,240.00 for a two-person household. Since $45,000.00 is 277.09% of the 2017 FPL, NYSOH properly found your child was eligible for Child Health Plus with a $30.00 per month premium.

Since the period of your child's Child Health Plus eligibility began on April 1, 2017, it continues until March 31, 2018, unless an event occurs to disqualify a child from Child Health Plus eligibility. The record does not indicate any events occurred to disqualify your child from Child Health Plus eligibility. In addition, it is the Child Health Plus Program's policy that any increase in premium will not take effect during a given 12-month policy period. Therefore, your child's monthly Child Health Plus premium is to remain at $15.00 until April 1, 2018.

Since your child's twelve-month period of eligibility expires on March 31, 2018, your child's new Child Health Plus coverage and increased premium to $30.00 per month will properly begin April 1, 2018.

Therefore, NYSOH's determination that your child is eligible for Child Health Plus with a $30.00 monthly premium beginning April 1, 2018 is AFFIRMED.

NYSOH is directed to issue an eligibility determination notice and a plan enrollment notice consistent with this decision and indicating that, as of April 1, 2018, your child is eligible for Child Health Plus, her Child Health Plus enrollment start date is April 1, 2018, and the monthly premium due as of that start date is $30.00.

Decision

The December 14, 2017 eligibility determination notice is AFFIRMED.

NYSOH's determination that your child is eligible for Child Health Plus with a $30.00 monthly premium beginning April 1, 2018 is AFFIRMED.

NYSOH is directed to issue an eligibility determination notice and a plan enrollment notice consistent with this decision and indicating that, as of April 1, 2018, your child is eligible for Child Health Plus, her Child Health Plus enrollment start date is April 1, 2018, and the monthly premium due as of that start date is $30.00.

Effective Date of this Decision: March 05, 2018

How this Decision Affects Your Eligibility

You were properly determined eligible for up to $176.00 in advance premium tax credit in 2018.

You were properly determined ineligible for cost-sharing reductions.

Your child remains eligible for Child Health Plus with a $15.00 monthly premium through March 31, 2018.

Beginning April 1, 2018, your child's Child Health Plus monthly premium will be $30.00.

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.
  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 14, 2017 eligibility determination notice is AFFIRMED.

NYSOH's determination that your child is eligible for Child Health Plus with a $30.00 monthly premium beginning April 1, 2018 is AFFIRMED.

NYSOH is directed to issue an eligibility determination notice and a plan enrollment notice consistent with this decision and indicating that, as of April 1, 2018, your child is eligible for Child Health Plus, her Child Health Plus enrollment start date is April 1, 2018, and the monthly premium due as of that start date is $30.00.

You were properly determined eligible for up to $176.00 in advance premium tax credit in 2018.

You were properly determined ineligible for cost-sharing reductions.

Your child remains eligible for Child Health Plus with a $15.00 monthly premium through March 31, 2018.

Beginning April 1, 2018, your child's Child Health Plus monthly premium will be $30.00.

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).

Legal Authority

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

A Copy of this Decision Has Been Provided To:

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 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 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.

(Urdu)اردو

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۔

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