



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

Notice of Decision

Decision Date: May 15, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025938

[REDACTED]

[REDACTED]

Dear [REDACTED]

On April 12, 2018, your attorney appeared by phone at a hearing on your appeal of NY State of Health's November 9, 2017 eligibility determination 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 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: May 15, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025938

[REDACTED]

[REDACTED]

Issues

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

Did NY State of Health (NYSOH) provide a timely determination of your Medicaid eligibility as of November 9, 2017?

Did NYSOH properly determine you were ineligible for Medicaid for June 1, 2017 through August 31, 2017?

Procedural History

On September 29, 2017, you submitted an application for financial assistance with health insurance and indicated that you were seeking help for paying for medical bills for the last three months.

On September 29, 2017, NYSOH received a copy of your NY State Department of Health (DOH) Self-Declaration of Income form (see Document [REDACTED])

On September 30, 2017, NYSOH issued a notice stating the income information in your application did not match what NYSOH received from state and federal

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data sources. The notice directed you to provide proof of your household income by October 14, 2017.

On October 3, 2017, a NYSOH representative invalidated the self-declaration of income form you provided as proof of your income.

On October 4, 2017, NYSOH issued a notice stating the documentation that was reviewed did not confirm the information in your application. The notice directed you to send in more proof to verify the income information in your application by October 14, 2017.

On October 5, 2017, you submitted a copy of your identifying information including a copy of your [REDACTED] Passport (see Document [REDACTED])

On October 18, 2017, you submitted an updated copy of your DOH Self-Declaration of Income form (see Document [REDACTED])

On November 9, 2017, NYSOH issued an eligibility determination notice stating a decision was made on your September 29, 2017 application for health insurance. The notice stated you did not qualify for Medicaid because you did not provide the income documentation needed to verify the income listed in your application. The notice further found you ineligible for premium tax credits and cost-sharing reductions, the Essential Plan, and a qualified health plan at full cost, because you did not provide the income documentation needed to verify the income listed in your application and NYSOH was unable to verify your citizenship or immigration status.

Also on November 9, 2017, NYSOH issued an eligibility determination notice stating you were not eligible for Medicaid from June 1, 2017 through August 31, 2017, because NYSOH must have proof of certain things to decide if you can get Medicaid, which you did not provide so your eligibility could not be confirmed.

On December 18, 2017, you contacted NYSOH's Account Review Unit requesting an appeal of the November 9, 2017 eligibility determination notice insofar as it denied you Medicaid as of September 1, 2017, and retroactive Medicaid from June 1, 2017 through August 31, 2017.

On December 18, 2017, NYSOH received a letter of representation from [REDACTED] and a request for an appeal and hearing (see Documents [REDACTED] and [REDACTED])

On January 18, 2018, NYSOH issued a Hearing Request-Response Required letter requesting a response within 15 days to confirm that you wished to proceed with your hearing (see Document [REDACTED])

On February 5, 2018, NYSOH issued a Notice of Dismissal-Hearing Request Cancellation stating you requested an appeal, NYSOH sent you a letter directing you to contact it within 15 days to schedule your hearing, and to date they had not heard from you. Therefore, your request for a hearing was cancelled and your appeal was dismissed (see Document [REDACTED])

On February 26, 2018, NYSOH receive via fax a letter from you requesting your appeal be re-opened (see Document [REDACTED])

On March 7, 2018, NYSOH received an Authorized Representative designation form, and attorney identifying information (see Document [REDACTED])

On April 12, 2018, your attorney appeared on your behalf and had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Your attorney presented during the hearing that you are seeking to be found eligible for Emergency Medicaid as of September 1, 2017, and to be eligible for Emergency Medicaid retroactively from June 1, 2017 through August 31, 2017. The record was developed during the hearing and held open to April 27, 2018, to allow you time to submit supporting documents.

On April 27, 2018, NYSOH received the requested documentation in the form of a 5-page fax, and it was incorporated into the record as Appellant's [REDACTED]. The record was closed that day.

Findings of Fact

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

- 1) Your attorney testified that you are seeking Emergency Medicaid retroactively from June 1, 2017 to August 31, 2017. You are also seeking to be found eligible for Emergency Medicaid as of September 1, 2017.
- 2) Your NYSOH account shows you submitted an application for financial assistance on September 29, 2017.
- 3) Your application on September 29, 2017, states you will not be filing taxes, your marital status is single, and you have no dependents. The application also states no one can claim you as a dependent on their taxes. Your attorney testified this information was correct.
- 4) Your application submitted on September 29, 2017, states you have an annual household expected income for 2017 of \$14,400.00.

- 5) Your application on September 29, 2017, states you had past income of \$1,200.00 for August 2017, \$1,200.00 for July 2017, and no income for the month of June 2017.
- 6) Your attorney testified you are a [REDACTED] and are only paid cash without any invoices based on [REDACTED] you perform.
- 7) You provided a Self-Declaration of Income form on September 29, 2017, signed by you and stating in Spanish that your current income in cash was \$0.00. Written in the top right of the documents the Spanish word for June 2017 (see Document [REDACTED])
- 8) A NYSOH representative reviewed your Self-Declaration of Income form on October 3, 2017, and determined it was invalid as the documentation states you have no income; however, your application states you were attesting to additional income. The note associated with the verification of this document in your NYSOH account states that, "Required documentation is a Letter attesting to additional income."
- 9) Your attorney testified her office received an explanation that the reason for the denial of Medicaid was the documentation provided was signed by you and needed to be signed by your certified application counselor. Your attorney testified this was based on a telephone call that was completed on October 17, 2017 with a NYSOH representative.
- 10) On October 18, 2017, you submitted an updated copy of your Self-Declaration of Income form, which was signed by your certified application counselor (see Document [REDACTED])
- 11) Your application states your citizenship/immigration status is "other."
- 12) You provided a copy of your [REDACTED] Passport which is valid until [REDACTED]. There is no indication of visas being issued on or in your passport documentation (see Document [REDACTED])
- 13) Your attorney testified that, to her knowledge, she is not aware of you having any other documentation or pending applications before U.S. Citizenship and Immigration Services (USCIS) or other federal Immigration Agencies for changes in your status.
- 14) You provided NYSOH with a signed Identity Verification form in which you confirm your current address as stated in your application (see Document [REDACTED])

- 15) Your application states you reside in [REDACTED], NY.
- 16) Your attorney testified that you do reside at your address as listed in your application and currently lease your residence based on a form you filled out with her office.
- 17) You provided supporting documentation via fax to the NYSOH Appeals Unit in the form of a Self-Declaration of Income form for the month of August 2017 stating your income from cash was \$1,200.00 for that month (see [REDACTED]).
- 18) You provided supporting documentation via fax to the NYSOH Appeals Unit in the form of a Self Declaration of Income form, which was executed on September 24, 2017, stating your gross monthly income of \$1,200.00. No month is referenced (see [REDACTED]).

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

Applicable Law and Regulations

Medicaid for Adults between the Ages of 19 and 65

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 September 29, 2017 application, that was the 2017 FPL, which is \$12,060.00 for a one-person household (82 Federal Register 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).

One of the non-financial criteria for Medicaid eligibility is the immigration status of the person applying for health insurance. Generally, no person except a United States citizen, naturalized citizen, qualified alien, or person permanently residing in the United States under color of law (PRUCOL) is eligible for full Medicaid benefits (NY Soc. Serv. Law § 122(1); 18 NYCRR §360-3.2).

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)). 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)).

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).

Emergency Medicaid

In some cases, Medicaid will pay for emergency medical treatment for a person who does not have evidence of citizenship or immigration status, even if the person cannot get full Medicaid coverage (NY Soc. Serv. Law § 122(1)(e); 18 NYCRR § 360-3.2(j)(3)(ii)(a)).

The term "emergency medical condition" means:

A medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- (a) Placing the patient's health in serious jeopardy;
- (b) Serious impairment of bodily functions; or
- (c) Serious dysfunction of any bodily organ or part

(42 CFR § 435.930(c)).

To get treatment for an emergency medical condition, an undocumented alien who is not a temporary non-immigrant must meet all of the other Medicaid eligibility requirements, including proof of identity, income, and State residence. (GIS 13 MA/09: Changes to Medicaid Coverage for the Treatment of an Emergency Medical Condition, (2/25/2013)).

Additionally, if a temporary non-immigrant or undocumented alien applicant/recipient requests retroactive coverage, and is determined to be otherwise eligible for emergency services, the district must authorize such coverage for up to three months prior to the month of application (*Id.*)

Retroactive Medicaid

The Department of Health must make Medicaid coverage start retroactively for up to three months prior to the month of an initial application if the individual received medical services that would have been covered under Medicaid and the individual would have been eligible for Medicaid at the time he received the services if he had applied (42 USCA § 1396A(34); 42 CFR § 435.915(a)). The Department of Health may make eligibility effective for fee-for-service Medicaid on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b)).

Household Composition

In the case of individuals who do not expect to file a Federal tax return and do not expect to be claimed as a tax dependent for the taxable year in which an initial determination or renewal of eligibility is being made, the household consists of the individual and if living with them, their spouse, and any children under the age of 19 (42 CFR § 435.603(f)(3)).

Legal Analysis

The first issue under review is whether NYSOH provided a timely determination of your Medicaid eligibility as of November 9, 2017.

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. 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.

You submitted an application to NYSOH on September 29, 2017. The application stated you have an annual household expected income in 2017 of \$14,400.00. This income amount did not match federal and state data sources. As a result, on September 30, 2017, NYSOH issued a notice directing you to submit additional documentation to confirm your income.

The same day as your September 29, 2017 application, you submitted a copy of your Self-Declaration of Income form. The document was signed by you stating in Spanish that your current income in cash was \$0.00. Written in the top right of the documents is the Spanish word for June 2017 (see Document

██████████). A NYSOH representative reviewed your Self-Declaration of Income form on October 3, 2017, and determined it was invalid as the documentation states you have no income; whereas, your application states you were attesting to \$14,400.00 in income. A note in your Document's tab of your NYSOH account regarding this document's invalidity states that, "Required documentation is a letter attesting to additional income."

Your attorney testified that her office received an explanation from a NYSOH representative stating the reason for the denial of Medicaid was the documentation that was provided was signed by you and that it needed to be signed by the certified application counselor. This explanation was based on a telephone call between your attorney's office and a NYSOH representative on October 17, 2017. The next day, on October 18, 2017, your certified application counselor submitted an updated copy of your Self-Declaration of Income form that was signed by them (see Document ██████████).

The record shows that you attested on your application to a household income of \$14,400.00, but your income documentation you submitted only states your cash income was \$0.00. There was no documentation or proof submitted that could confirm your expected annual income would be \$14,400.00 for 2017 at that time. Therefore, your application was not complete as of September 29, 2017 or October 18, 2018.

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of a 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.

On November 9, 2017, NYSOH issued an eligibility determination notice stating a decision was made on your September 29, 2017 application for health insurance. The notice stated you did not qualify for Medicaid, because you did not provide the income documentation needed to verify the income listed in your application.

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Since this eligibility determination notice was issued 41 days and 23 days from the income documentation you provided as proof your income on September 29, 2017 and October 18, 2017, it was timely.

Since NYSOH was unable to verify the income information in your application based on the incomplete information documenting your income, and provided a determination that you did not qualify for Medicaid in a timely manner, the November 9, 2017, eligibility determination notice is AFFIRMED.

The second issue under review is whether NYSOH properly determined that you were not eligible for Medicaid from June 1, 2017 through August 31, 2017.

According to your September 29, 2017 application, you will not be filing taxes. Further, your marital status is listed as single with no dependents. The application also states that no one can claim you as a dependent on their taxes. In the case of individuals who do not expect to file a federal tax return and do not expect to be claimed as a tax dependent for the taxable year in which an initial determination or renewal of eligibility is being made, the household consists of the individual and, if living with them, their spouse, and any children under the age of 19. Therefore, you are in a one-person household for purposes of this analysis.

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.

When an individual files an initial application for Medicaid, his or her eligibility for retroactive Medicaid depends on the date of application. To this end, it does not matter whether that initial application resulted in Medicaid going forward. Instead, an individual, who has filed an initial application for Medicaid through NYSOH, has the right to be evaluated for Medicaid for the three months before the month of his or her application.

Medicaid coverage can be made effective retroactively for up to three months prior to an individual's initial application if the individual received medical services that would have been covered under Medicaid and if they would have been eligible for Medicaid in those three months had they applied.

One of the non-financial criteria for Medicaid eligibility is the immigration status of the person applying for health insurance. A person is eligible for Medicaid when his or her immigration status is satisfactory and he or she meets all other requirements for Medicaid. Generally, no person except a United States citizen, naturalized citizen, qualified alien, or PRUCOL individual is eligible for full Medicaid benefits. Since you provided only a copy of your Mexican passport without any temporary Visa stamps, indicated in your application your

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immigration status is “other,” and your attorney credibly testified that she is not aware of any immigration documents or pending applications for changes in your immigration status before USCIS or other immigration agencies, you did not at the time of your applications and currently do not meet the immigration criterion and therefore could not be eligible for full Medicaid benefits through NYSOH.

As such, a full analysis of your financial eligibility for retroactive Medicaid benefits is not necessary as you do not meet the immigration criterion. Therefore, you could not be eligible for Medicaid from June 1, 2017 through August 1, 2017. The November 9, 2017 eligibility determination notice to the extent that it denied your retroactive Medicaid benefits for the months of June 2017, July 2017, and August 2017 is MODIFIED to state you are ineligible for those months as a result of your immigration status.

However, in some cases, Medicaid will pay for emergency medical treatment for a person who does not have evidence of citizenship or immigration status, even if the person cannot get full Medicaid coverage. To be eligible for treatment for an emergency medical condition, an undocumented alien who is not a temporary non-immigrant must meet all of the other Medicaid eligibility requirements, including proof of identity, income, and State residence.

Additionally, if a temporary non-immigrant or undocumented alien applicant/recipient requests retroactive coverage, and is determined to be otherwise eligible for emergency services, the district must authorize such coverage for up to three months prior to the month of application.

Your application was submitted on September 29, 2017. Therefore, NYSOH was required to evaluate your eligibility for retroactive Emergency Medicaid for the three months prior to that date. NYSOH failed to evaluate your eligibility on this basis.

Your case is RETURNED to NYSOH to determine your eligibility for retroactive Emergency Medicaid using a one-person household with a monthly income of \$0.00 for June 2017, \$1,200.00 for July 2017, and \$1,200.00 for August 2017, for an individual residing in Kings County. NYSOH is directed to refer to the supporting documentation you provided (see [REDACTED] and [REDACTED]).

Decision

The November 9, 2017, eligibility determination notice was timely and is AFFIRMED.

The November 9, 2017 eligibility determination notice to the extent that it denied you retroactive Medicaid benefits for the months of June 2017, July 2017, and

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August 2017 is MODIFIED to state you are ineligible for Medicaid in those months as a result of your immigration status.

Your case is RETURNED to NYSOH to review the documentation you submitted after your hearing and to determine your eligibility for Emergency Medicaid based on this documentation using a one-person household with an annual household income of \$14,400.00, for an undocumented individual residing in Kings County, effective September 1, 2017.

NYSOH is also directed to determine your eligibility for retroactive Emergency Medicaid for a one-person household, for an undocumented individual residing in Kings County, with a monthly income of \$0.00 for June 2017, \$1,200.00 for July 2017, and \$1,200.00 for August 2017. NYSOH is directed to refer to the supporting documentation you provided (see [REDACTED], and [REDACTED]).

Effective Date of this Decision: May 15, 2018

How this Decision Affects Your Eligibility

You are not eligible for Medicaid fee-for-service effective September 1, 2017, as you are not a qualified immigrant.

You are not eligible for Medicaid fee-for-service for the three months prior to your application, that is from June 1, 2017 through August 31, 2017, as you are not a qualified immigrant.

This decision is not a final determination of your eligibility for Emergency Medicaid as of September 1, 2017, and for the prior three months of June 2017, July 2017, and August 2017.

Your case is being sent back to NYSOH to determination your eligibility for Emergency Medicaid as of September 1, 2017 and retroactively from June 1, 2017 through August 31, 2017, and to notify you of the results.

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

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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 November 9, 2017, eligibility determination notice was timely and is **AFFIRMED**.

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The November 9, 2017 eligibility determination notice to the extent that it denied you retroactive Medicaid benefits for the months of June 2017, July 2017, and August 2017 is MODIFIED to state you are ineligible for Medicaid in those months as a result of your immigration status.

Your case is RETURNED to NYSOH to review the documentation you submitted after your hearing and to determine your eligibility for Emergency Medicaid based on this documentation using a one-person household with an annual household income of \$14,400.00, for an undocumented individual residing in Kings County, effective September 1, 2017.

NYSOH is also directed to determine your eligibility for retroactive Emergency Medicaid for a one-person household, for an undocumented individual residing in Kings County, with a monthly income of \$0.00 for June 2017, \$1,200.00 for July 2017, and \$1,200.00 for August 2017. NYSOH is directed to refer to the supporting documentation you provided (see [REDACTED], and [REDACTED])

You are not eligible for Medicaid fee-for-service effective September 1, 2017, as you are not a qualified immigrant.

You are not eligible for Medicaid fee-for-service for the three months prior to your application, that is from June 1, 2017 through August 31, 2017, as you are not a qualified immigrant.

This decision is not a final determination of your eligibility for Emergency Medicaid as of September 1, 2017, and for the prior three months of June 2017, July 2017, and August 2017.

Your case is being sent back to NYSOH to determination your eligibility for Emergency Medicaid as of September 1, 2017 and retroactively from June 1, 2017 through August 31, 2017, and to notify you of the results.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

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 मदद 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. y&b&tumi 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.

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).