

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

## Notice of Decision

Decision Date: April 25, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000026475

[REDACTED]

[REDACTED]

On March 12, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 5, 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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DEPARTMENT OF HEALTH  
P.O. Box 11729  
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## Decision

Decision Date: April 25, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000026475

[REDACTED]

## Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NYSOH properly determine that your newborn child was not eligible for Medicaid for the month of August 2017?

## Procedural History

On July 18, 2017, you submitted an application for financial assistance with health insurance, indicating you were pregnant with one child.

On July 19, 2017, NYSOH issued an eligibility determination stating in part, that you were conditionally eligible for Medicaid, effective July 1, 2017. The notice stated that you needed to submit proof of household income by August 2, 2017 to confirm your eligibility.

On July 21, 2017, you uploaded proof of household income documentation.

On July 22, 2017, NYSOH issued a notice stating that the documentation you submitted had been reviewed and did not confirm the information in your application. You were directed to submit proof of household income by August 17, 2017.

On August 9, 2017, you uploaded proof of household income documentation.

On August 10, 2017, NYSOH issued a notice stating that the documentation you submitted had been reviewed and did not confirm the information in your

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application. You were directed to submit proof of household income by September 1, 2017.

On August 30, 2017, you submitted an updated application for health insurance and added your newborn child to your NYSOH account.

On August 31, 2017, NYSOH issued an eligibility determination notice stating that your August 30, 2017 application had been reviewed; however, the income information in the application did not match information NYSOH received from state and federal data sources. You were requested to submit more information to confirm the eligibility of your household. You were requested to submit proof of household income for you and your family by September 1, 2017. You were requested to submit proof of income for your newborn child by September 4, 2017 and proof of her citizenship status and Social Security number by November 28, 2017.

Also on August 31, 2017, NYSOH issued an eligibility determination stating in part that you were eligible for the Essential Plan, effective October 1, 2017 and no longer qualified for Medicaid through NYSOH as of September 30, 2017.

On September 12, 2017, you submitted an updated application for financial assistance with health insurance for your family. In that application, you requested help with paying medical bills from the previous three months for your newborn child.

Also on September 12, 2017, you uploaded proof of household income documentation which was verified as valid proof of household income that day. NYSOH then redetermined your family's eligibility for financial assistance.

On September 13, 2017, NYSOH issued a notice stating that your September 12, 2017 application had been reviewed; however, the income information in the application did not match information NYSOH received from state and federal data sources. You were requested to submit more information to confirm the eligibility of your household. You were requested to submit proof of household income for you and your family by September 27, 2017. You were requested to submit proof of income for your newborn child by September 14, 2017 and proof of her citizenship status and Social Security number by November 28, 2017.

On September 14, 2017, NYSOH issued an eligibility determination notice, stating in part, that you were eligible for Medicaid, effective October 1, 2017 and that your newborn child was conditionally eligible for Medicaid, effective September 1, 2017. The notice stated that you needed to submit proof of citizenship status and Social Security number for your newborn child by November 28, 2017.

On September 15, 2017, NYSOH issued an enrollment notice confirming your September 14, 2017, plan selections for your family members, stating in part that your newborn child was enrolled in a Medicaid Managed Care plan effective October 1, 2017.

On December 5, 2017, NYSOH issued an eligibility determination notice stating that your newborn child was no longer eligible for health insurance through NYSOH, effective January 1, 2018. The notice stated this was because you did not provide proof of her citizenship status and Social Security number by the deadline to provide such proof.

Also on December 5, 2017, NYSOH issued an eligibility determination notice stating that your newborn child was not eligible for Medicaid coverage for August 1, 2017 through August 31, 2017. The notice stated that you did not provide proof of citizenship status or Social Security number which were needed to confirm your newborn child's eligibility for Medicaid.

Also on December 5, 2017, NYSOH issued a disenrollment notice stating that your newborn child's coverage in her Medicaid Managed Care plan would end on December 31, 2017.

On December 19, 2017, you provided NYSOH with your newborn child's Social Security number.

On December 20, 2017, NYSOH updated your application for health insurance for your family and your newborn child's edibility was redetermined.

On December 21, 2017, NYSOH issued an eligibility determination notice based on the updated December 20, 2017 application, stating in part, that your newborn child was eligible for Medicaid, effective January 1, 2018.

On December 29, 2017, you spoke to NYSOH's Account Review Unit and appealed the December 5, 2017 eligibility determination notice insofar as your newborn child did not have Medicaid fee-for-service for the month of August 2017.

On March 12, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

## **Findings of Fact**

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

- 1) You testified that you are seeking Medicaid for your newborn child for the month of August 2017.
- 2) You testified that you expect to file your 2017 federal income tax return as married filing jointly, and claim eleven dependents.
- 3) According to your NYSOH account and your testimony, you receive your notices from NYSOH by regular mail.
- 4) No notices that were sent to the address listed on your NYSOH account have been returned as undeliverable.
- 5) According to your NYSOH account, you updated your application for health insurance on July 18, 2017. You were determined conditionally eligible for Medicaid pending submission of proof of income.
- 6) According to your NYSOH account and your testimony, your spouse is the only source of income for the household.
- 7) According to your NYSOH account and your testimony, your child was born [REDACTED] and she was added to your account on August 30, 2017.
- 8) According to your NYSOH account, you uploaded proof of income on July 21, 2017 and August 9, 2017. The July 21, 2017 document was a letter from your spouse's employer dated July 11, 2017, stating that he is paid a monthly gross salary of \$5,998.02. These documents were reviewed and invalidated by NYSOH.
- 9) On September 12, 2017 you submitted an updated application for financial assistance and requested help with paying for medical bills for your newborn child for the month of August 2017, because while Medicaid will pay providers period for care provided to pregnant women during a period of presumptive eligibility, labor and delivery services are excluded from payment.
- 10) On September 12, 2017 you submitted additional proof of income which consisted of a letter from your spouse's employer dated September 11, 2017 stating that he earns a monthly gross salary of \$5,998.02. You spouse also submitted a memo stating he is the sole source of income for the family.
- 11) According to your NYSOH account, you were "pending Medicaid" from July 1, 2017 through September 30, 2017.

- 12) According to your NYSOH account, on September 14, 2017, after validation of your household income, NYSOH found you fully eligible for Medicaid, effective October 1, 2017.
- 13) On December 5, 2017, NYSOH issued an eligibility determination notice denying your request for Medicaid coverage for your newborn child for the month of August 2017 because you had not provided proof of her citizenship status and Social Security number.
- 14) You testified that you were not aware that you had to supply your newborn child's Social Security number as no one from NYSOH ever asked for it.
- 15) According to your NYSOH account, all the notices that NYSOH issued regarding your newborn child's eligibility stated that you needed to submit proof of her citizenship status and Social Security number by November 28, 2017.
- 16) According to your NYSOH account, you provided your newborn child's Social Security number on December 19, 2017.
- 17) According to your NYSOH account, based on this updated information regarding your newborn child's Social Security number, her eligibility was redetermined on December 20, 2017 and she was determined eligible for Medicaid, effective January 1, 2018 and subsequently enrolled in a Medicaid Managed Care plan.
- 18) According to your NYSOH account, you do not plan on taking any deductions on your tax return.
- 19) According to your NYSOH account and your testimony, you and your family reside in Orange County.
- 20) You testified that there are hospital expenses related to your child's birth and treatment in the month of August 2017 that are not covered.

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

## **Applicable Law and Regulations**

### **Medicaid for Pregnant Women**

Medicaid can be provided through the Marketplace to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled

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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 (NYSSL) § 366(1)(b)).

In New York, a pregnant woman is eligible for Medicaid at a household income of 223% of the federal poverty level (FPL) for the applicable family size (42 CFR §435.116 (c)(2); NY Department of Social Services Administrative Directive 13ADM-03).

“Family size” means the number of persons counted as members of an individual’s household. The household of a taxpayer who expects to file a return, and does not expect to be claimed as a tax dependent by anyone else, consists of the taxpayer plus all people the taxpayer expects to claim as tax dependents (42 CFR § 435.603(f)(1)).

For purposes of Medicaid eligibility, the family size of a pregnant woman includes the pregnant woman and the number of children she expects to deliver (42 CFR § 435.603(b); State Plan Amendment (SPA) 13-0055-MM3, as approved by the US Department of Health and Human Services, March 19, 2014).

Generally, Medicaid coverage begins on the first day of the month in which the applicant was found eligible (42 CFR § 435.915(b)).

In New York State, presumptive eligibility for Medicaid is a means of immediately providing Medicaid coverage for prenatal care services pending a full Medicaid eligibility determination. A pregnant woman does not need to provide documentation of income for the presumptive eligibility determination. Pregnant women are also not required to document citizenship/immigration status for presumptive eligibility or for ongoing Medicaid eligibility. Citizenship/immigration status is not an eligibility requirement for a pregnant woman throughout her pregnancy and for two months after the month in which the pregnancy ends (NY SSL § 366 (4)(b)).

### Medicaid for Children Under One Year of Age

A child who is under one year of age is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 223% of the federal poverty level (FPL) for the applicable family size (42 CFR § 435.118(c); New York State Department of Social Services Administrative Directive 13 OHIP/ADM-03).



In the case of an individual who expects to file a tax return and does not expect to be claimed by another taxpayer, the household consists of the taxpayer and all persons whom such individual expects to claim as a tax dependent (42 CFR § 435.603(f)(1)).

Generally, for individuals claimed as a tax dependent, the household size is the same as the household size of the taxpayer claiming the individual as a tax dependent (42 CFR § 435.603(f)(2)).

In an analysis of Medicaid eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4).

On the date of your application, that was the 2017 FPL, which is \$58,040.00 for a twelve-person household (82 Federal Register 8831).

### Medicaid for Newborns

Medicaid coverage must be provided to a child born to a woman who has been determined eligible and is receiving Medicaid on the date of the child's birth (42 CFR § 435.117(a), N.Y. Soc. Serv. Law § 366-g(3)). Additionally, Medicaid Managed Care plans are contractually obligated to provide coverage to eligible newborns based on the transaction date of the enrollment of the newborn (Medicaid Managed Care Model Contract (Appendix H-6 effective 3/1/2014 – 2/28/2019)).

### 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)).

### 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), 42 CFR § 435.945).

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the

opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f) 42 CFR § 435.952).

### Verification Process - Social Security Number

Generally, NYSOH must require, as a condition of eligibility, each individual (including children) seeking Medicaid to furnish his or her Social Security number (42 CFR § 435.910(a)).

Individuals do not need to provide a Social Security number if they:

- (a) Are not eligible to receive a Social Security number;
- (b) Do not have a Social Security number and may only be issued a Social Security number for a valid non-work reason; or
- (c) Refuse to obtain a Social Security number because of well-established religious objections

(42 CFR § 435.910(h)(1)).

If the case record does not contain required SSNs, NYSOH must require the beneficiary to furnish them (42 CFR § 435.920(b)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that your newborn child was not eligible for Medicaid coverage for the month of August 2017.

You testified that you want Medicaid coverage for your newborn as of her date of birth to cover the gap in her health coverage for August 2017, because there were unpaid medical and hospitalization expenses from her birth.

Newborn children who are born to a woman who is Medicaid eligible at the time of birth, are automatically eligible for Medicaid at birth, without regard to changes in household income. You gave birth to your newborn on [REDACTED]

The record reflects that you updated your account and applied for Medicaid for yourself on July 18, 2017. On July 19, 2017, NYSOH issued an eligibility determination notice stating that you were conditionally eligible for Medicaid, effective July 1, 2017. The notice further stated that you must provide proof of your household income by August 2, 2017.

According to your NYSOH account, you had pending Medicaid for the months of July 2017, August 2017, and September 2017. During these months you were in presumptive Medicaid which does not cover labor and delivery charges. You were not determined fully eligible for Medicaid until September 14, 2017 following

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the verification of your household income you submitted on September 12, 2017. Your eligibility for full Medicaid was effective October 1, 2017.

Therefore, your child would not be entitled to Medicaid fee-for-service on the basis of your eligibility for the month of August 2017, because you were still in a presumptive Medicaid status for that month. Therefore, your newborn child would need to be found eligible on her own basis for Medicaid in the month of her birth.

Your child is in a thirteen-person household. You will file your taxes with a tax filing status of married filing jointly and claim eleven dependents on your tax return.

The evidence in the record is that your spouse is the sole source of income for your family. He receives a gross salary of \$5,998.02 each month, including the month of August 2017.

You submitted an application for financial assistance on September 12, 2017 and requested help in paying for medical bills for your newborn child for the month of August 2017.

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

Medicaid coverage can be made effective retroactively for those three months if the individual received medical services that would have been covered under Medicaid and if the individual would have been eligible for Medicaid in those three months had he or she applied.

You testified that you are seeking Medicaid for the month of August 2017 for your newborn child because certain hospitalization and medical treatment costs for her were not covered by insurance for that month.

The December 5, 2017 eligibility determination notice denied your request for Medicaid coverage for your newborn child for the month of August 2017 on non-financial criteria in that you did not provide proof of citizenship status or Social Security number by the November 28, 2017 deadline. You testified that no one from NYSOH asked for your child's Social Security number. However, the record reflects that you receive your notices from NYSOH by regular mail. No mail sent to you by NYSOH has been returned by the U.S. post office. All the notices that NYSOH issued regarding your newborn child's eligibility stated that you needed

to submit proof of her citizenship status and Social Security number by November 28, 2017.

Therefore, NYSOH properly notified you of an inconsistency in your account and that documentation was needed to confirm your newborn child's citizenship status and Social Security number.

If NYSOH remains unable to verify the attestation of the applicant, NYSOH must redetermine an individual's eligibility based on the information available from the data sources.

Accordingly, NYSOH's December 5, 2017, eligibility determination notice that denied your request for retroactive Medicaid coverage for your newborn child for the month of August 2017, because you did not provide proof of her citizenship status or Social Security number within the required time frame is correct and is **AFFIRMED**.

However, the record reflects that your newborn child's Social Security number was provided to NYSOH on December 19, 2017. Based on this updated information on your newborn child's Social Security number, her eligibility was redetermined on December 20, 2017 and she was determined eligible for Medicaid, effective January 1, 2018 and subsequently enrolled in a Medicaid Managed Care plan.

Since the record now contains information regarding your newborn child's citizenship status and Social Security number, your case is **RETURNED** to NYSOH to consider your request for retroactive coverage for your newborn child for the month of August 2017 based on a household size of thirteen people and household income of \$5,998.02 for the month of August 2017.

## **Decision**

The December 5, 2017 eligibility determination is **AFFIRMED**.

Your case is **RETURNED** to NYSOH to consider your request for retroactive Medicaid coverage for your newborn child for the month of August 2017 based on a household size of twelve people and household income of \$5,998.02 for the month of August 2017 and to notify you accordingly.

**Effective Date of this Decision: April 25, 2018**

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

This is not a final determination of your newborn child's eligibility. Your case is sent back to NYSOH to redetermine your child's eligibility based on the evidence in the record. NYSOH will notify you accordingly.

## **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

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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 5, 2017 eligibility determination is AFFIRMED.

Your case is RETURNED to NYSOH to consider your request for retroactive Medicaid coverage for your newborn child for the month of August 2017 based on a household size of twelve people and household income of \$5,998.02 for the month of August 2017 and to notify you accordingly.

This is not a final determination of your newborn child's eligibility. Your case is sent back to NYSOH to redetermine your child's eligibility based on the evidence in the record. NYSOH will notify you accordingly.

## **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 मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

## **Polski (Polish)**

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

## **Twi (Twi)**

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye srε wo, frε 1-855-355-5777. ye&εtumi ama wo obi a okyerε 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)**

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