



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

Notice of Decision

Decision Date: March 22, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026487

[REDACTED]

Dear [REDACTED]

On March 1, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 17, 2017 eligibility determination notice, November 17, 2017 disenrollment notice, December 14, 2017 eligibility determination notice and December 30, 2017 enrollment confirmation 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 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: March 22, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026487

[REDACTED]

Issues

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

Did NY State of Health properly determine that your eligibility for and enrollment in your Medicaid and Medicaid Managed Care plan ended effective November 30, 2017?

Did NY State of Health provide a timely determination of your Essential Plan eligibility as of January 1, 2018?

Did NY State of Health properly determine that your enrollment in your Essential Plan was effective January 1, 2018?

Procedural History

On December 25, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you were conditionally eligible for Medicaid, effective December 1, 2016. This notice directed you to produce proof of your benefit information for third party health insurance by January 8, 2017.

On January 6, 2017, NYSOH received income documentation you submitted.

On January 24, 2017, NYSOH redetermined your eligibility for financial assistance.

On January 25, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid without condition, effective January 1, 2017.

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On February 3, 2017, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in a Medicaid Managed Care plan with a plan start date of March 1, 2017.

On September 21, 2017, NYSOH issued a notice that it was time to renew your health insurance. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by November 15, 2017 or you might lose your coverage and financial assistance.

No updates were made to your account by November 15, 2017.

On November 17, 2017, NYSOH issued an eligibility determination notice stating that you are not eligible for Medicaid, Child Health Plus, the Essential Plan, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. You also could not enroll in a qualified health plan at full cost. This was because you had not responded to the renewal notice and had not completed your renewal within the required time frame. Your eligibility ended November 30, 2017.

Also on November 17, 2017, NYSOH issued a disenrollment notice stating that your coverage with your Medicaid and Medicaid Managed Care plan would end, effective November 30, 2017. This was because you were no longer eligible to enroll in health insurance through NYSOH.

On December 11, 2017, NYSOH received your updated application for health insurance.

Also on December 11, 2017, you faxed income documentation to NYSOH. On December 12, 2017, this documentation was uploaded to your NYSOH account.

Also on December 12, 2017, NYSOH issued a notice stating that the income information in your application did not match what NYSOH had received from state and federal data sources and that additional information was needed in order to confirm the information in your application. This notice directed you to submit proof of your household income by December 26, 2017 in order for your eligibility for financial assistance to be determined.

On December 13, 2017, NYSOH reviewed the income documentation you submitted, recalculated your annual expected income based on this documentation, and submitted an updated application on your behalf.

On December 14, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan, effective January 1, 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).

On December 29, 2017, you selected an Essential Plan for enrollment.

Also on December 29, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as your Essential Plan began on January 1, 2018 and not December 1, 2017.

On December 30, 2017, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in an Essential Plan with a plan enrollment start date of January 1, 2018.

On March 1, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and left open until March 15, 2018 to allow you time to submit supporting documentation. No documentation was received within the allotted time. The record is now closed.

Findings of Fact

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

- 1) You testified that you are seeking to either have your Essential Plan begin as of December 1, 2017 or to have Medicaid for the month of December 2017 because you have significant medical bills for that month.
- 2) You were determined conditionally eligible for Medicaid on December 25, 2016, with an effective date of December 1, 2016. You were subsequently determined fully eligible for Medicaid.
- 3) You testified, and the record reflects, that you receive all of your notices from NYSOH by regular mail.
- 4) You testified that you receive the September 21, 2017 renewal notice telling you that you needed to update your application in order to renew your eligibility for financial assistance and health insurance. However, you are not sure when you received this notice.
- 5) You testified that you previously resided at [REDACTED], however, you moved from that address to [REDACTED] in September 2017. You explained that you have friends that live at [REDACTED], and that they sometimes give you mail that was addressed to you and sent to that address.
- 6) The September 21, 2017 renewal notice was mailed to [REDACTED]

- 7) On December 11, 2017, you updated the mailing address in your NYSOH account to [REDACTED].
- 8) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.
- 9) You testified that you did not know that you needed to update your account until you received the disenrollment notice from NYSOH, which you received on December 6, 2017.
- 10) Your NYSOH account reflects that on December 11, 2017, NYSOH received your updated application for health insurance.
- 11) On December 11, 2017, you faxed income documentation to NYSOH consisting of 45 consecutive biweekly paystubs beginning with pay date April 4, 2016 and ending with pay date December 11, 2017. These were uploaded to your NYSOH account on December 12, 2017.
- 12) On December 13, 2017, NYSOH reviewed the income documentation you submitted and determined that this was sufficient proof of your household income.
- 13) You testified that you learned that you had been found eligible for the Essential Plan in a letter from NYSOH that you received a few weeks after submitting your application. You then contacted NYSOH to select an Essential Plan for enrollment.
- 14) Your NYSOH account reflects that you selected an Essential Plan for enrollment on December 29, 2017.
- 15) You testified that you will file your tax return for 2017 as single and will not claim any dependents.
- 16) You testified that you have an employer, [REDACTED], from which you are paid on a biweekly basis. However, you also work as an [REDACTED] [REDACTED].
- 17) You testified that your only source of income in December 2017 was from your employer, [REDACTED]. You submitted your paystubs from pay date December 11, 2017 showing gross earnings of \$1,239.25.
- 18) The Hearing Officer left the record open until March 15, 2018 to allow you to submit your second biweekly paystub from December 2017. You did not submit this paystub within the time allotted.

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

Applicable Law and Regulations

Requirement for Individuals to Report Changes

NYSOH must require an applicant to report any change which may affect eligibility, such as citizenship status, incarceration, residency, household size, and income within 30 days of such change (45 CFR §155.330(b), 45 CFR §155.305, 42 CFR §435.403, 42 CFR §435.406, 42 CFR §425.603).

Medicaid Renewal

In general, NYSOH must review Medicaid eligibility once every twelve months or “whenever it receives information about a change in a beneficiary’s circumstances that may affect eligibility” (42 CFR § 435.916(a)(1), (d)). NYSOH must make its “redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual’s account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency” (42 CFR § 435.916(a)(2)).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (45 CFR § 155.335(c), (e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates provided by the individual (45 CFR §155.335(h)).

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).

Timely Notice of Essential Plan 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)).

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).

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 uses the same timeliness standards for eligibility determinations for the Essential Plan as for Medicaid (42 CFR §600.320(b)). NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

Essential Plan Effective Date

For individuals seeking enrollment in an Essential Plan, New York State has elected to follow the same rules that NYSOH uses in determining effective dates for individuals seeking enrollment in qualified health plans (NY Social Services Law § 369-gg(4)(c); New York's Basic Health Plan Blueprint, p. 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

The effective date of coverage by an Essential Plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i); see also 42 CFR § 600.320). For selections received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

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 application, that was the 2017 FPL, which is \$12,060.00 for a one-person household (82 Fed. Reg. 8831).

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).

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)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that your eligibility for and enrollment in your Medicaid and Medicaid Managed Care plan ended effective November 30, 2017.

You were originally found eligible for Medicaid effective December 1, 2016.

Generally, NYSOH must redetermine a qualified individual's eligibility for Medicaid once every 12 months without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency. NYSOH's September 21, 2017 renewal notice stated that there was not enough information to determine whether you were eligible to continue your financial assistance for health insurance, and that you needed to supply additional information by November 15, 2017, or your financial assistance might end.

Because there was no timely response to this notice, you were terminated from your Medicaid and Medicaid Managed Care plan effective November 30, 2017.

You testified that you did receive the notice from NYSOH telling you that you needed to update the information in your NYSOH account, however, you could not recall when you received this notice. You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

You testified that you moved from [REDACTED] in September 2017, however, your NYSOH account reflects that you did not report this change to NYSOH until December 11, 2017.

Applicants are required to report changes in residency to NYSOH within thirty days of such change. The record reflects that you failed to comply with this requirement.

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Therefore, NYSOH properly notified you of your annual renewal and that information in your NYSOH account needed to be updated in order to ensure your enrollment in your health plan and eligibility for financial assistance would continue.

As you failed to respond to the renewal notice by November 15, 2017, NYSOH properly determined you were no longer eligible for and disenrolled from your Medicaid and Medicaid Managed Care plan effective November 30, 2017.

The second issue is whether NYSOH provided you with a timely determination of your Essential Plan eligibility as of January 1, 2018

You updated your NYSOH account on December 11, 2017. The income amount that you entered into this application did not match state and federal data sources. As a result, NYSOH asked that you submit documentation to confirm your income.

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.

On December 11, 2017, you faxed 45 consecutive biweekly paystubs to NYSOH from pay date April 4, 2016 through pay date December 11, 2017.

Therefore, your application was considered complete as of December 11, 2017.

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

NYSOH issued an eligibility determination notice on December 14, 2017 that stated that you were eligible to enroll in the Essential Plan effective January 1, 2018. Since NYSOH issued an eligibility determination notice three days from the date your application was considered complete, the December 14, 2017 eligibility determination notice was timely.

The third issue is whether NYSOH properly determined that your enrollment in your Essential Plan was effective January 1, 2018.

The date on which enrollment in an Essential Plan can take effect depends on the date a person selects the plan for enrollment.

A plan that is selected from the first day to and including the fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected from the sixteenth day of the month to the end of the month goes into effect on the first day of the second following month.

Since the December 14, 2017 eligibility determination notice was timely issued, you were able to select an Essential Plan as of January 1, 2018.

Therefore, your enrollment properly took effect on the first day of the first month following after December 14, 2017; that is, on January 1, 2018.

Therefore, the December 14, 2017 eligibility determination notice and the December 30, 2017 enrollment confirmation notice stating that your eligibility for and enrollment in the Essential Plan were effective January 1, 2018 they are correct and must be AFFIRMED.

During the hearing, you testified that you are seeking to have either the Essential Plan or Medicaid for the month of December 2017.

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 or not 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.

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

You testified that you file your taxes with a tax filing status of single and do not claim any dependents on your tax return. Therefore, you are in a one-person household.

To be eligible for Medicaid in December 2017, you would have needed to meet the non-financial criteria and have an income no greater than 138% of the FPL, which is \$1,387.00 per month. There is no indication in the record that you would have been ineligible for Medicaid based on non-financial criteria during December 2017.

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You testified that your only income in December 2017 was from your employer, from which you are paid on a biweekly basis. You uploaded your pay stub from pay date December 11, 2017 for a gross pay amount of \$1,239.25.

During the hearing, the Hearing Officer requested that you submit your second biweekly paystub from December 2017 and the record was left open until December 15, 2017 in order for you to submit this documentation. No additional documentation was submitted within the allotted time.

Therefore, there is insufficient documentation contained in the record at this time to determine your eligibility for Medicaid for the month of December 2017. As such, the NYSOH Appeals Unit declines to return your case to NYSOH to redetermine your eligibility for Medicaid for December 2017.

Decision

The November 17, 2017 eligibility determination notice is AFFIRMED.

The November 17, 2017 disenrollment notice is AFFIRMED.

The December 14, 2017 eligibility determination notice is AFFIRMED.

The December 30, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: March 22, 2018

How this Decision Affects Your Eligibility

NYSOH properly determined that your eligibility for and enrollment in your Medicaid and Medicaid Managed Care plan ended as of November 30, 2017.

NYSOH issued a timely eligibility determination of your Essential Plan eligibility as of January 1, 2018.

Your eligibility for and enrollment in your Essential Plan properly began as of January 1, 2018.

You have not provided sufficient documentation for your eligibility for Medicaid for December 2017 to be determined.

If You Disagree with this Decision (Appeal Rights)

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).

This Decision is final unless you submit an appeal request to the Federal Marketplace or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the Federal Marketplace. This must be done within 30 days of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:
Health Insurance Marketplace
Attn: Appeals
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

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Summary

The November 17, 2017 eligibility determination notice is AFFIRMED.

The November 17, 2017 disenrollment notice is AFFIRMED.

NYSOH properly determined that your eligibility for and enrollment in your Medicaid and Medicaid Managed Care plan ended as of November 30, 2017.

The December 14, 2017 eligibility determination notice is AFFIRMED.

The December 30, 2017 enrollment confirmation notice is AFFIRMED.

NYSOH issued a timely eligibility determination of your Essential Plan eligibility as of January 1, 2018.

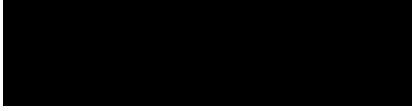
Your eligibility for and enrollment in your Essential Plan properly began as of January 1, 2018.

You have not provided sufficient documentation for your eligibility for Medicaid for December 2017 to be determined.

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 مجاناً.

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

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Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

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

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&btumi ama wo obi a okyerE 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).