



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

Notice of Decision

Decision Date: April 27, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026512



On April 13, 2018, you and your spouse appeared by telephone at a hearing on your appeal of NY State of Health's October 10, 2017 eligibility determination and plan enrollment notices, the January 18, 2018 disenrollment notice and the February 24, 2018 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 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.

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Decision

Decision Date: April 27, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026512



Issues

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

Did NY State of Health properly terminate your and your spouse's advance payment of the premium tax credit for failure to verify your household income, effective November 1, 2017?

Did NY State of Health properly terminate your and your spouse's qualified health plan for non-payment of premium, effective January 1, 2018?

Did NYSOH properly determine that you and your spouse did not qualify to enroll in a qualified health plan outside of the open enrollment period as of February 24, 2018?

Procedural History

On July 7, 2017, NY State of Health (NYSOH) issued an eligibility determination notice stating that you and your spouse were eligible to share in an advance premium tax credit (APTC) of up to \$820.00 per month for a limited time, effective August 1, 2017. The notice directed you to provide documentation confirming your household income before October 4, 2017.

Also on July 7, 2017, a plan enrollment notice was issued confirming that you and your spouse were enrolled in a gold-level qualified health plan (QHP) with a premium of \$166.96 per month, after your APTC of \$820.00 was applied,

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effective August 1, 2017. The notice stated that you must pay the monthly premiums to start and keep your and your spouse's coverage.

On July 18, 2017, you submitted a letter of attestation, dated July 16, 2017, and a profit and loss statement for the period January 2017 through June 2017 (see Documents [REDACTED]). These documents were invalidated by NYSOH that same day.

On July 19, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the income information in your application. You were directed to provide additional proof of income by October 4, 2017.

No further proof of income was received by NYSOH before October 4, 2017.

On October 10, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were newly eligible to enroll in a qualified health plan at full cost, effective November 1, 2017, because you no longer qualified for APTC as of October 31, 2017.

Also on October 10, 2017, a plan enrollment notice was issued confirming that you and your spouse were enrolled in a gold-level QHP with a premium of \$986.96 per month. The notice stated that you must pay the monthly premiums to start and keep your and your spouse's coverage.

On November 17, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to share in APTC of up to \$999.00 per month for a limited time, effective January 1, 2018. The notice directed you to provide documentation confirming your household income before February 14, 2018.

Also on November 17, 2017, a plan enrollment notice was issued confirming that you and your spouse were enrolled in a gold-level QHP with a premium of \$109.70 per month. The notice stated that you must pay the monthly premiums to start and keep your and your spouse's coverage.

On December 29, 2017, you spoke to NYSOH's Account Review Unit and appealed the premium amount your health plan was billing you.

On January 12, 2018, NYSOH issued a notice stating that your appeal request was not valid.

On January 18, 2018, NYSOH issued a disenrollment notice stating that your and your spouse's enrollment in your gold-level QHP was terminated, effective January 1, 2018, because you did not pay your insurance bill by the payment deadline.

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On February 23, 2018, you updated your and your spouse's application for financial assistance and submitted an amended written appeal request and appealed your inability to enroll in a qualified health plan outside of the open enrollment period.

On February 24, 2018, NYSOH issued an eligibility determination notice stating in relevant part that you and your spouse did not qualify for a special enrollment period, effective April 1, 2018

On April 13, 2018, you and your spouse 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) According to your NYSOH account, you and your spouse receive all your notices from NYSOH via electronic mail.
- 2) According to your NYSOH account and spouse's testimony, you and your spouse were found conditionally eligible for and enrolled in a QHP with a monthly premium of \$166.96 and with APTC, as of August 1, 2017, pending proof of your household income before October 4, 2017.
- 3) Pursuant to NYSOH's request, you submitted a letter of attestation, dated July 16, 2017, stating that your spouse is not employed and has no income. You also submitted a profit and loss statement for the period of January 2017 through June 2017. These documents show that your 2017 household income was expected to be \$38,192.00, consisting of \$38,162.00 in rental income and \$30.00 in taxable interest (see Documents [REDACTED])
- 4) According to the Notes History Tab in your NYSOH account, NYSOH invalidated your proof of income as insufficient because NYSOH required a signed and dated 1040 as proof of your rental income. As such, on July 19, 2018, NYSOH sent you notice that additional proof of income was required.
- 5) You testified that you and your spouse never received any notice that your submitted documentation was insufficient or that you and your spouse had been disenrolled from your QHP. You further testified there were no electronic notifications in your email indicating that there were any such notices in your NYSOH account.

- 6) According to your NYSOH account and testimony, you and your spouse were enrolled in a full pay QHP as of November 1, 2017 with a monthly premium of \$986.96 per month and were disenrolled as of November 30, 2017. You updated your and your spouse's account on November 16, 2017, and were found eligible for APTC as of January 1, 2018.
- 7) Your spouse testified that you paid your premiums each month, but at the reduced rate of \$166.96 after APTC was applied. You did not pay the November 2017 bill in full, which indicated that you did not have APTC applied for that month.
- 8) Your spouse testified that she had made multiple telephone calls to NYSOH and the health plan trying to rectify the billing situation. Your spouse was notified by a NYSOH representative that there was an error in your and your spouse's reinstatement of your APTC and that was the cause of your large bill.
- 9) According to Incident [REDACTED] dated December 29, 2017, and your spouse's testimony, you and your spouse were disenrolled from your health coverage because you failed to pay your full November 2017 premium. When she called your health plan, they refused to reinstate you and your spouse into your QHP.
- 10) You testified that you realized you and your spouse were disenrolled from your health plan when your doctor so advised you at a visit.
- 11) According to your NYSOH account, you attempted to re-enroll yourself and your spouse into health coverage but were unable to do so outside the open enrollment period.
- 12) You testified that, since the open enrollment period ended on January 31, 2018, there have been no other major changes to your household.

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

Applicable Law and Regulations

Verification of Eligibility for Advance Payments of the Premium Tax Credit

APTC are generally available to a person who is eligible to enroll in a qualified health plan and (1) expects to have a household income between 138% and 400% of the applicable federal poverty level (FPL), (2) expects to file a tax return and claim a personal exemption deduction for a person who meets the eligibility requirements to enroll in a qualified health plan, and (3) is not otherwise eligible

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for minimum essential coverage except through the individual market (see 45 CFR § 155.305(f), 42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)).

An applicant is required to attest to their household's projected annual income for purposes of determining their eligibility for APTC (45 CFR § 155.320(c)(3)(ii)(B)). For all individual's whose household income is needed, NYSOH must request tax return data from the Secretary of the Treasury and data regarding Social Security benefits from the Commissioner of Social Security in order to confirm that the information the applicant is attesting to is accurate (45 CFR § 155.320(c)(1)(i); 45 CFR § 155.320(c)(3)(ii)(A)).

If income data is unavailable, or if an applicant's attestation is not reasonably compatible with the income data NYSOH obtains, NYSOH must request additional information from the applicant in order to resolve the inconsistency (45 CFR § 155.320 (c)(3)(iii), (iv)).

NYSOH must provide the applicant with notice of the inconsistency in their account and 90 days to provide satisfactory documentary evidence to resolve the inconsistency (45 CFR § 155.315 (f)(2)). If NYSOH remains unable to verify the attestation of the applicant, NYSOH must redetermine the applicant's eligibility based on the information available from the data sources unless the applicant demonstrates that they are unable to provide the required documentation (45 CFR § 155.315(f)(2), (g)).

Upon making an eligibility redetermination, NYSOH must notify the applicant and implement any changes in eligibility to APTC effective as of the first day of the month following the date of the notice (45 § 155.310(f), 45 CFR § 155.330(e), (f)(1)(i)).

Appealable Issues

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) a failure by NYSOH to provide timely notice of an eligibility determination 45 CFR § 155.505; and (4) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

Enrollment in a Qualified Health Plan

NYSOH must provide annual open enrollment periods during which time qualified individuals may enroll in a QHP and enrollees may change QHPs (45 CFR § 155.410(a)(1)).

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For the benefit year beginning on January 1, 2017, the annual open enrollment period began on November 1, 2016, and extended through January 31, 2017 (45 CFR § 155.410(e)(2)).

Special Enrollment Periods

After each open enrollment period ends, NYSOH provides special enrollment periods to qualified individuals. During a special enrollment period, a qualified individual may enroll in a qualified health plan, and an enrollee may change their enrollment to another plan. This is generally permitted when one of the following triggering events occur:

- (1) The qualified individual or his or her dependent either:
 - (i) Loses minimum essential coverage.
 - (ii) Is enrolled in any non-calendar year group health plan or individual health insurance coverage, even if the qualified individual or his or her dependent has the option to renew such coverage.
 - (iii) Loses pregnancy-related coverage.
 - (iv) Loses medically needy coverage as described under section 1902(a)(10)(C) of the Social Security Act only once per calendar year.

- (4) The qualified individual's or his or her dependent's, enrollment or non-enrollment in a qualified health plan is unintentional, inadvertent, or erroneous and is the result of the error, misrepresentation, misconduct, or inaction of an officer, employee, or agent of NYSOH, its instrumentalities, or a non-NYSOH entity providing enrollment assistance or conducting enrollment activities.

(45 CFR § 155.420(d)).

Generally, if a triggering life event occurs, the qualified individual or enrollee has 60 days from the date of a triggering event to select a qualified health plan (45 CFR § 155.420(c)(1)).

However, a loss of health insurance coverage such as that referenced above does not include,

“voluntary termination of coverage or other loss due to—

- (1) Failure to pay premiums on a timely basis, including COBRA premiums prior to expiration of COBRA coverage, or

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(2) Situations allowing for a rescission as specified in 45 CFR [§] 147.128” such as failure to comply with other requirements (45 CFR § 147.128(b))

(45 CFR § 155.420(e)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that you and your spouse’s eligibility for APTC ended effective October 31, 2017.

An individual requesting financial assistance to help pay for the cost of coverage provided through NYSOH is required to attest to his or her household’s projected annual income. For individuals seeking APTC, NYSOH must request income data from federal data sources to verify an individual’s income attestation.

If NYSOH cannot verify an individual’s attestation, it must provide the individual with notice of the inconsistency and provide a period of 90 days from the date notice is received to resolve the inconsistency.

In the eligibility determination issued on July 7, 2017, you were advised that you and your spouse’s eligibility for APTC was only conditional, and that you needed to confirm your household’s income before October 4, 2017.

The record reflects that, on July 18, 2017, pursuant to NYSOH’s request, you submitted a letter of attestation, dated July 16, 2017, stating that your spouse is not employed and has no income and a profit and loss statement for the period of January 2017 through June 2017. These documents show that your 2017 household income was expected to be \$38,192.00, consisting of \$38,162.00 in rental income and \$30.00 in taxable interest (see Documents [REDACTED]). As such, your household income was ascertainable as of this submission.

However, NYSOH invalidated your proof of income as insufficient because NYSOH required a signed dated 1040 as proof of your self-employment income. Since you submitted a copy of your profit and loss statement to NYSOH, and this document should have satisfied NYSOH’s request for proof of household income, it is concluded that NYSOH held you to a higher standard than is required and erred in requesting proof of additional income.

Nonetheless, on October 9, 2017, your and your spouse’s eligibility was systematically redetermined and you and your spouse were found no longer eligible for financial assistance as of November 1, 2017, and thus, your APTC was terminated as of November 1, 2017. The basis for your ineligibility was that

you had not provided sufficient proof of your household income by the required deadline.

Since your household income was ascertainable as of the July 18, 2017 submission and that submission was timely, your and your spouse's eligibility for APTC should not have been terminated as of November 1, 2017.

Accordingly, the October 10, 2017 eligibility determination notice and plan enrollment notices are RESCINDED.

Your case is RETURNED to NYSOH to REINSTATE your and your spouse's APTC for the month of November 2017, and to notify you and your spouse accordingly.

The second issue under review is whether NYSOH properly terminated your and your spouse's QHP for non-payment of premium, effective January 1, 2018.

According to your NYSOH account and testimony, you did not pay the full November 2017 premium for your and your spouse's QHP, but paid the reduced amount of \$166.96 after APTC.

On January 18, 2018, NYSOH issued a disenrollment notice stating in part, that you and your spouse were disenrolled from your qualified health plan for non-payment of the premium, effective January 1, 2018,

NYSOH Appeals Unit only has the authority to review issues related to the following: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) a failure to provide timely notice of an eligibility determination, and (4) a denial of a special enrollment period.

Since the Appeals Unit is not given the authority to review termination of enrollment due to non-payment of premiums, we cannot reach the merits as to whether your family was properly terminated from their respective health plans for nonpayment of premiums. Therefore, your appeal of the January 18, 2018 disenrollment notice is DISMISSED as a non-appealable issue.

The third issue is whether NYSOH properly determined that you and your spouse did not qualify to enroll in a qualified health plan outside of the open enrollment period as of February 24, 2018.

NYSOH provided an open enrollment period from November 1, 2017 until January 31, 2018. The record indicates that you submitted a complete

application on February 20, 2018. Therefore, you did not complete your application during the open enrollment period.

Once the annual open enrollment period ends, a health plan enrollee must qualify for a special enrollment period to enroll in, or change to another health plan offered in NYSOH. In order to qualify for a special enrollment period, a person must experience a triggering event.

Although, involuntary loss of minimum essential coverage is a triggering event that qualifies for a special enrollment period, when you and your spouse lost minimum essential coverage for non-payment of premium on January 18, 2018, it was considered a voluntary act. Therefore, you and your spouse did not qualify for a special enrollment period. As a result, when you returned to NYSOH to apply for health insurance on February 20, 2018, you were denied a special enrollment period.

However, a special enrollment period can be granted if a qualified individual's enrollment or non-enrollment into a qualified health plan is unintentional, inadvertent, or erroneous and is the result of the error, misrepresentation, or inaction of an officer, employee, or agent of NYSOH or its instrumentalities as evaluated and determined by the NYSOH.

According to your NYSOH account and your spouse's testimony, you and your spouse lost your APTC due to NYSOH error in that your APTC should not have been taken away in November 2017. Since the credible evidence of the record and your testimony reflects that your disenrollment from APTC was the result of an error by NYSOH, it is concluded that your and your spouse's loss of coverage was a consequence of that error, and therefore is not considered to be voluntary and not proper under the law.

Therefore, the February 24, 2017 eligibility determination notice is MODIFIED to state that you and your spouse are eligible for a special enrollment period as of the date of your February 23, 2017 application. You may choose to enroll into a qualified health plan with APTC as of April 1, 2018. In the alternative, you and your spouse are granted a special enrollment period for 60 days from the date of this Decision to re-enroll in a QHP.

By this Decision, you and your spouse are granted a special enrollment period.

Your case is RETURNED to NYSOH to assist you and your spouse in enrolling into a plan for 2018 health coverage if you so choose.

Decision

The October 10, 2017 eligibility determination notice and plan enrollment notices are RESCINDED.

Your case is RETURNED to NYSOH to REINSTATE your and your spouse's APTC for the month of November 2017, and to notify you and your spouse accordingly.

Your appeal of the January 1, 2018 termination date of your and your spouse's QHP is DISMISSED as a non-appealable issue.

The February 24, 2017 eligibility determination notice is MODIFIED to state that you and your spouse are eligible for a special enrollment period as of the date of your February 23, 2017 application. You may choose to enroll into a qualified health plan with APTC as of April 1, 2018. In the alternative, you and your spouse are granted a special enrollment period for 60 days from the date of this Decision to re-enroll in a QHP.

Your case is RETURNED to NYSOH to assist you and your spouse in enrolling into a plan for 2018 health coverage if you so choose.

You will be responsible for any premium payments for any months you and your spouse are enrolled into coverage.

Effective Date of this Decision: April 27, 2018

How this Decision Affects Your Eligibility

NYSOH's Appeals Unit does not have the authority to review whether you and your spouse were properly dis-enrolled, effective January 1, 2018, for non-payment of your QHP.

Your case is being sent back to NYSOH to allow you the option to enroll yourself and your spouse into your gold-level QHP with APTC as of April 1, 2017. In the alternative, you and your spouse are granted a special enrollment period for 60 days from the date of this Decision to re-enroll in a QHP prospectively. NYSOH is directed to contact you and assist you and your spouse with your plan selection based on the option you elect.

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 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 QHP s, 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
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Albany, NY 12211

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- By fax: 1-855-900-5557

Summary

The October 10, 2017 eligibility determination notice and plan enrollment notices are RESCINDED.

Your case is RETURNED to NYSOH to REINSTATE your and your spouse's APTC for the month of November 2017, and to notify you and your spouse accordingly.

Your appeal of the January 1, 2018 termination date of your and your spouse's QHP is DISMISSED as a non-appealable issue.

NYSOH's Appeals Unit does not have the authority to review whether you and your spouse were properly dis-enrolled, effective January 1, 2018, for non-payment of your QHP.

The February 24, 2017 eligibility determination notice is MODIFIED to state that you and your spouse are eligible for a special enrollment period as of the date of your February 23, 2017 application. You may choose to enroll into a qualified health plan with APTC as of April 1, 2018. In the alternative, you and your spouse are granted a special enrollment period for 60 days from the date of this Decision to re-enroll in a QHP.

Your case is RETURNED to NYSOH to assist you and your spouse in enrolling into a plan for 2018 health coverage if you so choose.

Your case is being sent back to NYSOH to allow you the option to enroll yourself and your spouse into your gold-level QHP with APTC as of April 1, 2017. In the alternative, you and your spouse are granted a special enrollment period for 60 days from the date of this Decision to re-enroll in a QHP prospectively. NYSOH is directed to contact you and assist you and your spouse with your plan selection based on the option you elect.

You will be responsible for any premium payments for any months you and your spouse are enrolled into coverage.

Legal Authority

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

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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.

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العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجانًا.

বাংলা (Bengali)

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

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 nkyerεkyerεmu a, ye srε wo, frε 1-855-355-5777. yeεbεtumi ama wo obi a okyerε kasa a woka no ase ama wo kwa a wontua hwee.

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).

اردو (Urdu)

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.