



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: AP000000026570

[REDACTED]

[REDACTED]

On March 6, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 3, 2018 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 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
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Decision

Decision Date: April 25, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026570

[REDACTED]

Issues

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

Did NY State of Health (NYSOH) properly determine the initial Essential Plan enrollment for you and your spouse became effective no earlier than February 1, 2018?

Did NYSOH properly determine that the subsequent Essential Plan enrollment for you and your spouse became effective no earlier than April 1, 2018?

Procedural History

On November 10, 2017, NYSOH issued an eligibility determination notice stating you and your spouse were eligible to purchase a qualified health plan, at full cost, effective December 1, 2017. The notice indicated you and your spouse were not eligible for Medicaid, because the household income you provided was over the allowable income limit for that program. The notice also stated that you and your spouse were not eligible for the Essential Plan or to receive advanced payments of the premium tax credit, because you were enrolled in employer sponsored health insurance (ESI). The notice directed you and your spouse to "pick a health plan...by January 8, 2018." The notice indicated that if you did not pick a plan by January 8, 2018 you could not "get coverage for 2017."

On November 14, 2017, NYSOH issued another eligibility determination notice stating you and your spouse were eligible to purchase a qualified health plan, at full cost, effective December 1, 2017. The notice indicated you and your spouse

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were not eligible for Medicaid, because the household income you provided was over the allowable income limit for that program. The notice also stated that you and your spouse were not eligible for the Essential Plan or to receive advanced payments of the premium tax credit, because you were enrolled in ESI. The notice directed you and your spouse to “pick a health plan...by January 12, 2018.” The notice indicated that if you did not pick a plan by January 8, 2018 you could not “get coverage for 2017.”

On December 5, 2017 and December 8, 2017, NYSOH issued eligibility determination notices, based on your updated applications, stating you and your spouse were eligible to enroll in the Essential Plan, for a limited time, with a \$20.00 monthly premium, effective January 1, 2018. The notices directed you to submit proof of your income by March 4, 2018 to confirm your eligibility or you might lose your insurance or receive less help paying for your coverage. Additionally, the notices directed you and your spouse to “pick a health plan,” but provided no information regarding the date in which your plan selection must be confirmed.

On December 31, 2017, NYSOH issued eligibility determination notice, based on a December 30, 2017 systematic eligibility redetermination, stating you and your spouse were eligible to enroll in the Essential Plan, for a limited time, with a \$20.00 monthly premium, effective February 1, 2018. The notice directed you to submit proof of your income by March 4, 2018 to confirm your eligibility or you might lose your insurance or receive less help paying for your coverage. Additionally, the notice directed you and your spouse to “pick a health plan,” but provided no information regarding the date in which your plan selection must be confirmed.

On January 2, 2018, you contacted NYSOH to select an Essential Plan for you and your spouse.

Also on January 2, 2018, you spoke to NYSOH's Account Review Unit and appealed insofar as the Essential Plan enrollment for you and your spouse was not effective earlier than February 1, 2018.

On January 3, 2018, NYSOH issued an enrollment notice, based on your January 2, 2018 plan selection, confirming you and your spouse were enrolled in an Essential Plan, effective February 1, 2018.

On January 23, 2018, you submitted an updated application for financial assistance with health insurance on behalf of you and your spouse.

On January 24, 2018, NYSOH issued a notice stating the income information in your application did not match the information received from state and federal data source. The notice directed you to submit proof of household income by

February 7, 2018 or NYSOH would be unable to determine the eligibility of you or your spouse.

Also on January 24, 2018, NYSOH issued a disenrollment notice stating the Essential Plan enrollment for you and your spouse would end on February 28, 2018, because you were no longer eligible to enroll in that plan.

On January 25, 2018, NYSOH issued an eligibility determination notice, based on a January 24, 2018 systematic eligibility redetermination, stating you and your spouse were eligible for Medicaid, effective January 1, 2018.

On February 23, 2018, NYSOH issued an eligibility determination notice, based on the updated application submitted on January 26, 2018, stating you and your spouse were eligible to enroll in the Essential Plan, for a limited time, with a \$20.00 monthly premium, effective April 1, 2018. The notice directed you to submit proof of your household income by April 26, 2018 to confirm your eligibility or you might lose your insurance or receive less help paying for your coverage. Additionally, the notice directed you and your spouse to “pick a health plan.”

On February 27, 2018, NYSOH issued an enrollment confirmation notice, based on your February 26, 2018 plan selection, confirming the enrollment of you and your spouse in an Essential Plan, effective April 1, 2018.

On March 6, 2018, you had a telephone hearing with a Hearing Officer from NYSOH’s Appeals Unit. The record was developed during the hearing and closed thereafter.

Findings of Fact

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

- 1) You testified that you are only appealing the Essential Plan effective dates of coverage for you and your spouse. You testified this appeal does not involve your child’s coverage.
- 2) You testified that you and your spouse were enrolled in ESI until December 31, 2017.
- 3) You testified that you began applying for health coverage in October 2017, because you knew your coverage was ending December 31, 2017.
- 4) According to your account, you and your spouse were initially determined ineligible for financial assistance with health insurance due to your ESI enrollment at the time of the applications.

- 5) The eligibility determination notices issued by NYSOH on November 10, 2017 and November 14, 2017 indicated that you and your spouse were eligible to purchase a qualified health plan at full cost, effective January 1, 2018. The notices directed you to pick a health plan by January 8, 2018 and January 12, 2018, respectively. Both notices indicated that if you did not select a health plan by the provided due date you could not “get coverage for 2017.”
- 6) You updated your application by phone on December 4, 2018 and again online on December 7, 2018. Each time you and your spouse were determined conditionally eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective January 1, 2018. You were required to submit proof of your income to confirm your eligibility.
- 7) Both eligibility determination notices issued by NYSOH on December 5, 2017 and December 8, 2018 directed you to pick a health plan, but neither notice provided any information regarding the date in which your plan selection must be received.
- 8) You testified that you called NYSOH in early December 2017 “to see what to do next” and to inquire about what plans were accepted by certain providers. You testified that the representative advised you on how to select a plan online, but never told you that you had to pick a plan by the fifteenth of the month for coverage to be effective on January 1, 2018.
- 9) According to your account, you contacted NYSOH to select an Essential Plan for you and your spouse on January 2, 2018 and coverage through that plan became effective on February 1, 2018.
- 10) You appealed insofar as you and your spouse were not enrolled in an Essential Plan for the month of January 2018.
- 11) You testified that you did not know you had to select a plan before December 15, 2017 for coverage to become effective January 1, 2018.
- 12) Notes in your account from incident # [REDACTED] created January 15, 2018, regarding your request to backdate the Essential Plan enrollment for you and your spouse to January 1, 2018, include the results of a “call pull” from a December 2, 2017 telephone call wherein NYSOH acknowledged that you were advised “to contact [your] providers to confirm what plans they accept,” and that the representative did not advise you “that a plan needed to be selected on or before 12/15 in order to begin coverage for 1/1.”

- 13) On January 23, 2018, you updated your application and your attested annual household income was decreased to \$23,000.04. According to your account, NYSOH was unable to verify the income information in that application and you and your spouse were placed in a pending Medicaid status with documentation of your income requested prior to NYSOH determine the eligibility of you and your spouse for health coverage.
- 14) You and your spouse were disenrolled from your Essential Plan, effective February 28, 2018 due to the pending Medicaid status.
- 15) You testified that you updated your application on January 23, 2018, because you were advised by a NYSOH representative that due to the self-employment income received by you and your spouse, you must select the self-employment option in the application and put in your income for the past three months.
- 16) You testified that because you and your spouse earn most of your income in the summer, NYSOH's systematic calculation of your annual household income as \$23,000.04, based on three months of income, was incorrect.
- 17) On January 23, 2018 you uploaded three months of income and expense reports for you and your spouse for the months of October through December 2017.
- 18) According to your account, NYSOH verified your income documentation, confirmed the income information in your January 23, 2017 application, and found you and your spouse eligible for Medicaid, effective January 1, 2018.
- 19) You testified that you attempted to update your application online again to correct your income information by attesting to \$38,500.00 of inconsistent income you and your spouse would earn in 2018. You testified that you were unable to submit that application, so you called NYSOH and you were told there was a defect in your account.
- 20) Your account confirms that you submitted an application online on January 26, 2018, but that application was not processed until February 22, 2018.
- 21) On February 22, 2018, NYSOH determined eligibility for you and your spouse, based on the information in your January 26, 2018 application, and found you both conditionally eligible for the Essential Plan, effective April 1, 2018.

- 22) Your account confirms that on February 26, 2018, you selected an Essential Plan for you and your spouse, which became effective April 1, 2018.
- 23) You testified that you are seeking review of the effective date of the Essential Plan reenrollment for you and your spouse insofar as you and your spouse were not enrolled for the month of March 2018.
- 24) The issue under appeal was amended to include the effective date of the subsequent Essential Plan enrollment for you and your spouse.
- 25) Notes in your account from incident [REDACTED], created February 9, 2018, indicate that NYSOH identified a defect in your account [REDACTED] and that you were not able to finish updating your eligibility or to pick a plan because of that defect.
- 26) According to your account, the defect was not resolved until February 22, 2018.
- 27) According to notes in your account from incident # [REDACTED] created February 26, 2018, regarding your request to backdate your Essential Plan coverage to March 1, 2018, NYSOH denied your backdate request purportedly because you and your spouse had fee-for-service Medicaid coverage for the month of March 2018.

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

Applicable Law and Regulations

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)).

For the benefit year beginning on January 1, 2018, the national annual open enrollment period began on November 1, 2017 and extended through December 15, 2017 (45 CFR § 155.410(e)(3)). NY State extended this enrollment period through January 31, 2018 for applications processed through NYSOH (https://www.health.ny.gov/press/releases/2017/2017-09-07_open_enrollment_dates.htm).

Eligibility for the Essential Plan

NYSOH must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable federal poverty level (FPL) or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated (see 42 CFR § 600.305, 42 CFR § 435.603(d)(4), 45 CFR § 155.305(e), NY Social Services Law § 369-gg(3), 42 USC § 18051).

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).

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/downloads/ny-blueprint.pdf>).

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)).

Legal Analysis

The first issue under review is whether NYSOH properly determined the initial Essential Plan enrollment for you and your spouse became effective no earlier than February 1, 2018.

In accordance with the above cited regulations, the date on which enrollment in an Essential Plan can take effect depends on the day a person selects the plan. 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.

Your account confirms that an Essential Plan was not initially selected for you and your spouse until January 2, 2018. Since this was before the fifteenth day of the month, NYSOH made that coverage effective on the first day of the next following month; that is, on February 1, 2018, in accordance with the regulations. However, you appealed the effective date of that coverage insofar as you and your spouse were not covered for the month of January 2018. You testified that you were unaware you had to select a health plan prior to December 15, 2017 for it to be effective January 1, 2018. This testimony is credible given the evidence that the eligibility determination notices issued by NYSOH on December 5, 2017 and December 8, 2017, directing you to “pick a health plan” for you and your spouse, provided no information regarding the date on which your plan selection must be received.

Furthermore, you testified, and NYSOH’s records corroborate, that you spoke to a NYSOH representative in early December 2017 about enrolling into an Essential Plan. Notes in your account indicate that NYSOH reviewed the recording of that telephone call and acknowledged that the representative advised you to reach out to your providers to see what plans they accepted, but never advised you that you must select a health plan by December 15, 2017 for January 1, 2018 coverage.

Moreover, the eligibility determination notices previously issued to you in November 2017, regarding the eligibility of you and your spouse to purchase a full cost qualified health plan, effective December 1, 2017, advised that you must select a health plan by January 8, 2018 and January 12, 2018, respectively, or you could not “get coverage for 2017.” These notices are facially defective in that the deadlines provided are supported by neither law nor policy, and may have mislead you into delaying your selection of a plan.

Given these defective notices providing inaccurate enrollment deadlines of January 2018 for December 2017 coverage, combined with the subsequent eligibility determination notices providing no information regarding enrollment deadlines as well as evidence that NYSOH failed to advise you of the applicable

enrollment deadline during your December 2, 2017 telephone call, it is concluded that it is reasonable you thought you could select an Essential Plan on January 2, 2018 and receive coverage for that month.

Therefore, it is concluded that your failure to select an Essential Plan for you and your spouse before December 15, 2017 was the direct result of NYSOH providing you with inconsistent information regarding enrollment deadlines. It is assumed that had you been properly advised of the applicable deadline to enroll during your December 2, 2017 telephone call with NYSOH or had either the December 5, 2017 or the December 8, 2017 eligibility determination notices provided you with information relevant to the enrollment deadline, that you would have timely selected an Essential Plan for you and your spouse by December 15, 2017 and your coverage would have been effective on January 1, 2018.

Therefore, the January 1, 2018 enrollment confirmation notice stating you and your spouse were enrolled in an Essential Plan, effective February 1, 2018, is MODIFIED to reflect the enrollment of you and your spouse was effective January 1, 2018.

The second issue under review is whether NYSOH properly determined the subsequent Essential Plan enrollment for you and your spouse became effective no earlier than April 1, 2018.

You and your spouse were disenrolled from your Essential Plan, effective February 28, 2018, following a January 23, 2018 updated application that reduced your attested annual household income to Medicaid level. Subsequently, your account confirms that you attempted to update your application on January 26, 2018 to correct your application by increasing your attested annual household income amount; however, due to a defect in your account, your application was not run at that time. The evidence establishes that the defect in your account was not resolved until February 22, 2018 wherein your January 26, 2018 application was run, for the first time, and you and your spouse were determined conditionally eligible to enroll in the Essential Plan, effective April 1, 2018.

Although your account confirms that you selected an Essential Plan for reenrollment on behalf of you and your spouse on February 26, 2018 and coverage through that plan became effective on April 1, 2018, you testified you are appealing insofar as you and your spouse were not enrolled for the month of March 2018.

The evidence establishes that your January 26, 2018 application resulted in a conditional Essential Plan eligibility for you and your spouse permitting you to reenroll into an Essential Plan. The evidence further establishes that due to a system defect the January 26, 2018 application was not actually processed until February 22, 2018. Had the eligibility of you and your spouse been properly

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contemporaneously redetermined at the time the January 26, 2018 application was submitted, you and your spouse could have selected an Essential Plan for reenrollment that day. Since January 26, 2018 is after the fifteenth day of the month, an Essential Plan enrollment submitted on that day would have become effective on the first day of the second following month; that is, on March 1, 2018.

Therefore, given the evidence that the delay in the Essential Plan reenrollment for you and your spouse was the direct result of a systematic defect in your account preventing you from selecting a plan earlier, the February 23, 2018 enrollment confirmation notice is MODIFIED to reflect the reenrollment of you and your spouse in your Essential Plan became effective March 1, 2018.

Decision

The January 1, 2018 enrollment confirmation notice is MODIFIED to reflect the initial Essential Plan enrollment of you and your spouse was effective January 1, 2018.

The February 23, 2018 enrollment confirmation notice is MODIFIED to reflect the reenrollment of you and your spouse in your Essential Plan became effective March 1, 2018.

Your case is RETURNED to NYSOH to reinstate you and your spouse in your Essential Plan for the months of January and March 2018.

Effective Date of this Decision: April 25, 2018

How this Decision Affects Your Eligibility

The initial Essential Plan enrollment of you and your spouse should have become effective on January 1, 2018.

The subsequent enrollment of you and your spouse in an Essential Plan should have become effective on March 1, 2018.

Your case is being sent back to NYSOH to correct your enrollments in accordance with this decision.

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

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

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

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

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

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:
Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

If You Have Questions about this Decision (Customer Service Resources):

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777

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- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The January 1, 2018 enrollment confirmation notice is MODIFIED to reflect the initial Essential Plan enrollment of you and your spouse was effective January 1, 2018.

The February 23, 2018 enrollment confirmation notice is MODIFIED to reflect the reenrollment of you and your spouse in your Essential Plan became effective March 1, 2018.

Your case is RETURNED to NYSOH to reinstate you and your spouse in your Essential Plan for the months of January and March 2018.

The initial Essential Plan enrollment of you and your spouse should have become effective on January 1, 2018.

The subsequent enrollment of you and your spouse in an Essential Plan should have become effective on March 1, 2018.

Your case is being sent back to NYSOH to correct your enrollments in accordance with this decision.

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 मददत चाहन्छि भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोलने 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 srɛ wo, frɛ 1-855-355-5777. yɛbɛtumi ama wo obi a okyerɛ 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.