



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

## Notice of Decision

Decision Date: April 6, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000026952

[REDACTED]  
[REDACTED]  
[REDACTED]  
  
[REDACTED]

On April 3, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's February 15, 2017 eligibility determination notice and the disenrollment from your Essential Plan 2 as of February 28, 2017.

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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STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
P.O. Box 11729  
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### Decision

Decision Date: April 6, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000026952

[REDACTED]  
[REDACTED]  
[REDACTED]

### Issues

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

Was your appeal of NY State of Health’s February 15, 2017 eligibility determination notice and disenrollment from your Essential Plan 2 effective February 28, 2017 timely?

Did NY State of Health properly determine that you were eligible to enroll in the Essential Plan 1 with a \$20.00 premium, effective March 1, 2017 and disenrolled from your Essential Plan 2 with a \$0.00 premium, effective February 28, 2017?

### Procedural History

On August 1, 2016, a navigator updated your application for financial assistance with health insurance.

Also on August 1, 2016, income documentation was uploaded to your NY State of Health (NYSOH) account.

On August 2, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan with a \$0.00 monthly premium for a limited time, effective September 1, 2016. This notice directed you to produce documentation of your household income by October 30, 2016 in order to confirm your eligibility for financial assistance.

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Also on August 2, 2016, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in an Essential Plan 2 with a \$0.00 premium and a plan enrollment start date of September 1, 2016.

On August 5, 2016, NYSOH verified the income documentation and an application was submitted on your behalf.

On August 6, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible for the Essential Plan with a \$0.00 monthly premium, effective September 1, 2016.

On October 8, 2016, a navigator updated your application for financial assistance.

On October 9, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible for the Essential Plan with a \$0.00 monthly premium, effective November 1, 2016.

On February 2, 2017, your child's third party health insurance certificate of coverage was uploaded to your NYSOH account.

On February 6, 2017, NYSOH redetermined your eligibility for financial assistance.

On February 7, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for the Essential Plan with a \$0.00 monthly premium, effective March 1, 2017.

Also on February 7, 2017, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in an Essential Plan 2 with a \$0.00 premium and a plan enrollment start date of September 1, 2016.

On February 8, 2017, you contacted NYSOH and your application was updated.

On February 9, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan with a \$0.00 monthly premium, effective March 1, 2017.

On February 14, 2017, NYSOH verified the income documentation you submitted on August 1, 2017, recalculated your annual expected income based on this documentation, and submitted an application on your behalf.

On February 15, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective March 1, 2017.

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Also on February 15, 2017, NYSOH issued a notice of enrollment confirmation stating that you must pick a health plan and that your health coverage with the Essential Plan would not begin until you pick a plan.

On October 13, 2017, a navigator updated your application for financial assistance.

On October 14, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to for up to \$234.00 per month in advance payment of the premium tax credit and cost-sharing reductions if you enrolled in a silver level qualified health plan, effective November 1, 2017, and that you were no longer eligible for the Essential Plan as of October 31, 2017.

Also on October 14, 2017, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in a qualified health plan with a plan enrollment start date of November 1, 2017 and that your tax credit would be applied to your monthly premium as of November 1, 2017.

Additionally, on October 14, 2017, NYSOH issued a disenrollment notice stating that your coverage with your Essential Plan 1 would end on October 31, 2017. This was because you were no longer eligible to enroll in the Essential Plan.

On January 8, 2018, you spoke to NYSOH's Account Review Unit and appealed insofar as you were disenrolled from the Essential Plan 2 as of February 28, 2017.

On April 3, 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) The Essential Plan 1 has a \$20.00 premium and the Essential Plan 2 has a \$0.00 premium.
- 2) A navigator submitted an application to NYSOH for financial assistance on your behalf on August 1, 2016. As a result, you were found eligible for the Essential Plan 2 for a limited time, effective September 1, 2016.
- 3) The application that was submitted on August 1, 2016 listed annual household income as \$22,500.00 consisting of \$7,300.00 from [REDACTED] from January 1, 2016 through May 11, 2016 and \$15,200.00 from [REDACTED] [REDACTED] from May 12, 2016 to December 31, 2016. This

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application indicates that you file your tax returns as head of household and claim your one child as a dependent.

- 4) On August 1, 2016, you uploaded income documentation to your NYSOH account consisting of two paystubs from [REDACTED]. The first was for pay date July 8, 2016 for a gross pay amount of \$1,187.00 and a gross year to date amount of \$4,163.25 and July 22, 2016 for a gross pay amount of \$586.50.
- 5) On August 5, 2016, NYSOH verified the income documentation you submitted on August 1, 2016. As a result, you were found eligible for the Essential Plan 2 without condition, effective September 1, 2017.
- 6) You testified that you were having trouble with your child's coverage and had been in contact with NYSOH in February 2017 regarding third party health insurance that your child no longer had.
- 7) On February 2, 2017, you uploaded a certificate of coverage from your child's third party health insurance stating that your child was enrolled in coverage outside NYSOH from October 9, 2012 through October 8, 2016.
- 8) You testified that you receive your notices from NYSOH via regular mail, however, at one point you had elected to receive your notices from NYSOH via electronic mail. You could not recall when you had changed this preference selection.
- 9) You testified that you received the February 7, 2017 and February 9, 2017 eligibility determination notices stating that you were eligible for the Essential Plan with a \$0.00 premium. You testified that you were relying on these notices, and did not know that you had been found eligible for the Essential Plan with a \$20.00 premium as of March 1, 2017.
- 10) On February 14, 2017, NYSOH reviewed the income documentation you submitted on August 1, 2017 and recalculated your annual household income to be \$30,355.50 consisting of \$7,300.00 from [REDACTED] and \$23,055.50 from [REDACTED].
- 11) You testified that you did not receive the February 15, 2017 eligibility determination notice stating that you were eligible for the Essential Plan with a \$20.00 premium nor did you receive the February 15, 2017 enrollment confirmation notice stating that you must pick a plan.
- 12) You testified that you did not receive any disenrollment notice stating that you were no longer enrolled in the Essential Plan 2 with a \$0.00 premium.

- 13) Your NYSOH account does not contain any disenrollment notice stating that your enrollment in your Essential Plan 2 was ending as of February 28, 2017.
- 14) The enrollment history tab within your NYSOH account indicates that you were enrolled in the Essential Plan 2 from September 1, 2016 through February 28, 2017, which information was sent to your plan on October 3, 2017 at 4:20 pm.
- 15) The enrollment history tab within your NYSOH account indicates that you were enrolled in the Essential Plan 1 from March 1, 2017 through March 1, 2017. The events tab within your NYSOH account reflects that on October 23, 2017 your plan initiated termination of your plan.
- 16) You testified that you updated your application for financial assistance with your navigator in October 2017 because your household income had changed. As a result, you were no longer eligible for the Essential Plan, and you selected a qualified health plan for enrollment.
- 17) You testified that at some point in October 2017 you were informed by your Essential Plan that you had been disenrolled as of March 1, 2017 for non-payment of premiums. You testified that your Essential Plan also advised you that they had never generated any premium bills on your account.
- 18) You testified that you never received any premium bills for March 2017 through October 2017.
- 19) You testified that you went to the doctor and filled prescriptions nearly every month from March 2017 through October 2017. You explained that none of your providers ever advised you that you did not have coverage. You further testified that you have been advised by several of your providers and your pharmacy that your medical bills for those months were paid by your insurance plan, however, these providers and your pharmacy have since been charged back what was paid to them by your plan, and you are now receiving bills for treatment and prescriptions for those months.
- 20) You testified that you are seeking to be reinstated into your Essential Plan 2 with a \$0.00 premium from March 1, 2017 through October 2017, or in the alternative to be enrolled in an Essential Plan 1 with a \$20.00 premium for those months.
- 21) The record reflects that on October 11, 2017 you contacted the NYSOH Account Review Unit. As a result incident [REDACTED] was created. Notes within this incident reflect that you were contacting NYSOH as you had been advised that you had no coverage as of March 1, 2017. On October

19, 2017 a note was added to this incident which indicates that per your plan, enrollment for September 1, 2016 was received on August 1, 2016 followed by a termination of this plan on February 28, 2017 which was received on October 3, 2017. Also on October 3, 2017, your plan received a new enrollment for March 1, 2017 for the Essential Plan 1. Your plan needed clarification as to why they were receiving a new enrollment for March 1, 2017 when you were listed as having the Essential Plan 2 until the revised transaction was received. This incident was closed on October 23, 2017 with no indication that NYSOH made any additional outreach to you or your plan.

22) On January 8, 2018 you contacted the NYSOH Account Review Unit. As a result, incident [REDACTED] was created. Notes within this account indicate that you had attempted to make payment to the Essential Plan, but no bill was sent to you in order for you to make payment. A note within this incident dated January 11, 2018 indicates that the health plan did not receive the March 1, 2017 enrollment for Essential Plan 1 until October 3, 2017 and that you were not contacted with the resolution of the prior incident on this matter.

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

## **Applicable Law and Regulations**

### Valid Appeal Requests

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) an eligibility determination for an exemption; (4) a failure by the Exchange to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) 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)).

Individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notice of eligibility determination by NYSOH (45 CFR §155.520(b)(2); 18 NYCRR 358-3.5(b)(1)).

However, where an appeal request is untimely, the appeal request may be considered valid if the applicant or enrollee sufficiently demonstrates within a reasonable timeframe as determined by NYSOH that failure to timely submit the



appeal was due to exceptional circumstances and should not preclude the appeal (45 CFR §155.520(d)(2)(i)(D)).

### 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).

In an analysis of Essential Plan eligibility, the determination is based on the FPL in effect on the first day of the benefit year for which coverage is requested (45 CFR § 155.300(a)). On the date of your application, that was the 2016 FPL, which is \$16,020.00 for a two-person household (81 Fed. Reg. 4036.).

A person who has a household income that is at or below 150% of the FPL has a \$0.00 premium contribution (New York's Basic Health Plan Blueprint, p. 21, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

A person who has a household income greater than 150% of the FPL or below 200% of the FPL has a \$20.00 per month premium contribution (New York's Basic Health Plan Blueprint, as approved January 2016).

The Essential Plan is considered minimum essential coverage therefore, a person who is eligible for the Essential Plan is not eligible for any premium tax credit because they are eligible for minimum essential coverage through the individual market (see 26 CFR § 1.36B-2(c)(1), 26 USC § 5000A(f)(1)(C)).

### 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>).

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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 is whether your appeal of NYSOH's February 15, 2017 eligibility determination notice and disenrollment from your Essential Plan 2 was timely.

On February 15, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for the Essential Plan with a \$20.00 premium, effective March 1, 2017.

Individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notice of eligibility determination by NYSOH.

For an appeal to have been valid on the issue of your eligibility for the Essential Plan 1, an appeal should have been filed by April 16, 2017.

The record reflects that you first contacted NYSOH to file a formal appeal regarding the February 15, 2017 eligibility determination notice on January 8, 2018.

Although your appeal of the February 15, 2017 eligibility determination notice was untimely on its face, you credibly testified that you did not receive the February 15, 2017 eligibility determination notice and there is no written notice contained within your NYSOH account informing you that your coverage in your Essential Plan 2 was ending as of February 28, 2017.

You testified that you received no premium bills from your plan and that you were able to use your coverage throughout the period from March 1, 2017 through October 31, 2017 for a number of doctor's appointments and prescription refills. You further testified that it was not until October 2017 that you were informed that your coverage had ended as of March 1, 2017.

The record reflects that you contacted NYSOH on October 11, 2017 as you had been advised that you had no coverage as of March 1, 2017. As a result, incident [REDACTED] was created. On October 19, 2017 a note was added to this incident which indicates that per your plan, enrollment for September 1, 2016 was received on August 1, 2016 followed by a termination of this plan on

February 28, 2017 which was received on October 3, 2017. Also on October 3, 2017, your plan received a new enrollment for March 1, 2017 for the Essential Plan 1, and that your plan needed clarification as to why they were receiving a new enrollment for March 1, 2017 when you were listed as having the Essential Plan 2 until the revised transaction was received, there is no indication that NYSOH ever provided any clarification to you or to your plan and this incident was closed on October 23, 2017.

Thereafter, you contacted the NYSOH Account Review Unit on January 8, 2018 to request that you be reinstated into your Essential Plan 2 from March 1, 2017 through October 31, 2017, at which time you filed your formal request for an appeal.

As no disenrollment notice was issued to advise you that your Essential Plan 2 was to end on February 28, 2017, you credibly testified that you did not receive the February 15, 2017 eligibility determination notice, you were not billed a premium for March 1, 2017 through October 31, 2017, your plan continued to pay medical bills for March 1, 2017 through October 31, 2017 only later to charge back those bills, NYSOH did not advise your plan until October 3, 2017 that your Essential Plan 2 had ended on February 28, 2017, you contacted NYSOH and created incident [REDACTED] as soon as you learned that you had been disenrolled from your coverage, and NYSOH never informed you of the resolution to incident [REDACTED], your failure to timely submit an appeal of the February 15, 2017 eligibility determination notice was due to exceptional circumstances and should not preclude the appeal.

Furthermore, as NYSOH never issued written notice of your disenrollment from your Essential Plan 2, therefore your appeal of that notice was timely and will be addressed.

The second issue is whether NYSOH properly determined that you were eligible to enroll in the Essential Plan with a \$20.00 premium, effective March 1, 2017.

On August 1, 2016, a navigator submitted an application for financial assistance. That lists household income of \$22,500.00 consisting of \$7,300.00 from [REDACTED] from January 1, 2016 through May 11, 2016 and \$15,200.00 from [REDACTED] [REDACTED] from May 12, 2016 to December 31, 2016. As a result of this application, you were found eligible for the Essential Plan for a limited time, effective September 1, 2017.

Also on August 1, 2016, you uploaded income documentation to your NYSOH account.

On August 5, 2016, NYSOH verified the income documentation you submitted and an application was submitted on your behalf. As a result of this application,

you were found eligible for the Essential Plan 2 without condition, effective September 1, 2016.

On February 14, 2017, NYSOH once again validated the income documentation you submitted on August 1, 2016 and an application for financial assistance was run on your behalf by an NYSOH representative. The NYSOH representative entered into your application annual household income of \$30,355.50 consisting of \$7,300.00 from [REDACTED] and \$23,055.50 from [REDACTED]

Although the paystubs you submitted on August 1, 2016, would support annual expected income from [REDACTED] of \$23,055.50 (combined gross of \$1,773.50 divided by four weeks for a weekly average of \$443.38 multiplied by 52 weeks), these paystubs were from 2016, and the record reflects that you did not work for [REDACTED] throughout 2016. Furthermore, these paystubs were outdated at the time of this calculation.

Additionally, in the application that was submitted on August 1, 2016, you clearly indicated that your employment with [REDACTED] had ended as of May 11, 2016. Therefore, NYSOH erroneously included \$7,300.00 in income from [REDACTED] for 2017.

Furthermore, the income documentation submitted on August 1, 2016 had already been verified on August 5, 2016 and NYSOH had not requested additional income documentation after you were found eligible for the Essential Plan 2 without condition in the August 6, 2016 eligibility determination notice.

Therefore, NYSOH incorrectly calculated your annual expected income and erroneously updated the income in your application on February 14, 2017.

Accordingly, the February 15, 2017 eligibility determination notice stating that you were eligible for the Essential Plan 1 with a \$20.00 premium, effective March 1, 2017, and your disenrollment from your Essential Plan 2 as of February 28, 2018 are RESCINDED.

Your case is RETURNED to NYSOH to reinstate you into your Essential Plan 2 with a \$0.00 premium from March 1, 2017 through October 31, 2017.

## **Decision**

The February 15, 2017 eligibility determination notice is RESCINDED.

Your disenrollment from your Essential Plan 2 with a \$0.00 premium as of February 28, 2017 is RESCINDED.

Your case is RETURNED to NYSOH to reinstate you into your Essential Plan 2 with a \$0.00 premium from March 1, 2017 through October 31, 2017.

**Effective Date of this Decision:** April 6, 2018

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

NYSOH improperly determined that you were no longer eligible for and disenrolled from your Essential Plan 2 with a \$0.00 premium as of February 28, 2017.

Your case is being sent back to NYSOH to reinstate you into your Essential Plan 2 with a \$0.00 premium from March 1, 2017 through October 21, 2017.

### **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 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 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).

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 February 15, 2017 eligibility determination notice is **RESCINDED**.

Your disenrollment from your Essential Plan 2 with a \$0.00 premium as of February 28, 2017 is **RESCINDED**.

NYSOH improperly determined that you were no longer eligible for and disenrolled from your Essential Plan 2 with a \$0.00 premium as of February 28, 2017.

Your case is **RETURNED** to NYSOH to reinstate you into your Essential Plan 2 with a \$0.00 premium from March 1, 2017 through October 31, 2017.

Your case is being sent back to NYSOH to reinstate you into your Essential Plan 2 with a \$0.00 premium from March 1, 2017 through October 21, 2017.

## **Legal Authority**

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

**A Copy of this Decision Has Been Provided To:**

[REDACTED]  
[REDACTED]  
[REDACTED]

## 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 sre wo, fre 1-855-355-5777. ye&btumi 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)**

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).