

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

Notice of Decision

Decision Date: April 4, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026974

[REDACTED]

[REDACTED]

On March 27, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 6, 2018 eligibility determination notice and January 6, 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 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: April 4, 2018

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000026974

[REDACTED]

Issues

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

Did NY State of Health (NYSOH) provide a timely determination of your youngest child's Child Health Plus eligibility as of February 1, 2018?

Did NYSOH properly determine that your youngest child's eligibility for and enrollment in her Child Health Plus plan were effective February 1, 2018?

Procedural History

On December 1, 2017, you updated your household's application for financial assistance with health insurance. You also uploaded income documentation to your NYSOH account.

Also on December 1, 2017, NYSOH reviewed the income documentation and determined that it was insufficient to resolve the inconsistency in your account.

On December 2, 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 determine your youngest child's eligibility for financial assistance. This notice directed you to submit documentation of your household's income by December 16, 2017.

Also on December 2, 2017, NYSOH issued a notice stating that the income documentation you submitted did not confirm the information in your application.

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This notice directed you to submit additional proof of documentation by December 16, 2017.

On December 3, 2017, you uploaded income documentation to your NYSOH account.

On December 11, 2017, you updated your household's application for financial assistance with health insurance.

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 determine your youngest child's eligibility for financial assistance. This notice directed you to submit documentation of your household's income by December 16, 2017.

On December 13, 2017, you updated your household's application for financial assistance with health insurance. You also uploaded income documentation to your NYSOH account.

Also on December 13, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient to resolve the inconsistency in your account.

On December 14, 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 determine your youngest child's eligibility for financial assistance. This notice directed you to submit documentation of your household's income by December 31, 2017.

Also on December 14, 2017, NYSOH issued a notice stating that the income documentation you submitted did not confirm the information in your application. This notice directed you to submit additional proof of documentation by December 31, 2017.

On December 15, 2017, you updated your household's application for financial assistance with health insurance.

On December 16, 2017, 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 determine your youngest child's eligibility for financial assistance. This notice directed you to submit documentation of your household's income by December 31, 2017.

On December 21, 2017, you uploaded income documentation to your NYSOH account.

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Also on December 21, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient to resolve the inconsistency in your account.

On December 22, 2017, NYSOH issued a notice stating that the income documentation you submitted did not confirm the information in your application. This notice directed you to submit additional proof of documentation by January 15, 2018.

On December 27, 2017, you uploaded income documentation to your NYSOH account.

Also on December 27, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient to resolve the inconsistency in your account.

On December 28, 2017, NYSOH issued a notice stating that the income documentation you submitted did not confirm the information in your application. This notice directed you to submit additional proof of documentation by December 31, 2017.

On January 5, 2018, you uploaded income documentation to your NYSOH account.

On January 5, 2018, NYSOH reviewed the income documentation you submitted, recalculated your household's income based on this documentation, and submitted an application on your behalf.

On January 6, 2018, NYSOH issued a notice of eligibility determination stating that your youngest child was eligible for Child Health Plus, effective February 1, 2018.

On January 9, 2018, you selected a Child Health Plus plan for enrollment for your youngest child.

Also on January 9, 2018, you spoke to NYSOH's Account Review Unit and appealed insofar as your youngest child's Child Health Plus plan was effective February 1, 2018 and not January 1, 2018.

On January 10, 2018, NYSOH issued an enrollment confirmation notice, based on your plan selection on January 9, 2018, stating that your youngest child was enrolled in a Child Health Plus plan with a plan enrollment start date of February 1, 2018.

On March 27, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

Findings of Fact

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

- 1) You testified that you are seeking for your youngest child's Child Health Plus plan to begin on January 1, 2018 as your child has medical bills for that month.
- 2) You testified that sometime after November 15, 2017 you began updating your household's application for financial assistance in order to get coverage for your household for January 1, 2018. Your NYSOH account reflects that you began updating your account for 2018 coverage on December 1, 2017.
- 3) Your account reflects that during the relevant time period, your youngest child was [REDACTED].
- 4) You testified that you and your spouse expect to file your 2018 tax return as married filing jointly and you will claim your two children as dependents on that tax return.
- 5) On December 1, 2017, you uploaded a copy of your two children's 2016 tax returns.
- 6) On December 1, 2017, NYSOH reviewed the income documentation you submitted on December 1, 2017 and determined that this was invalid proof of income because separation letters were required from your children's employers, four weeks of consecutive paystubs for your spouse were required, and an unemployment award letter was needed for yourself.
- 7) On December 3, 2017, you uploaded additional documentation of your household income consisting of;
 - a. Your youngest child's biweekly paystub for pay date August 14, 2017 from [REDACTED];
 - b. Your youngest child's weekly paystub for pay date June 8, 2016 from [REDACTED]
 - c. Your older child's weekly paystub for pay date August 16, 2017 from [REDACTED]
- 8) On December 13, 2017, you uploaded additional documentation of your household income consisting of;

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- a. A notice sent October 30, 2017 from the Department of Labor stating that your claim was complete;
 - b. Your spouse's biweekly paystub for pay dates September 29, 2017 and October 27, 2017 from [REDACTED];
 - c. Your spouse's monthly paystub for pay date November 30, 2017 from [REDACTED];
 - d. Your younger child's weekly paystub for pay dates April 19, 2017, April 26, 2017, and July 26, 2017 from [REDACTED];
 - e. Your younger child's biweekly paystub for pay dates August 4, 2017 and August 14, 2017 from [REDACTED];
 - f. Your older child's weekly paystub for pay dates July 19, 2017, July 26, 2017, August 9, 2017, and August 16, 2017 from the [REDACTED];
 - g. Your older child's biweekly paystub for pay date December 8, 2017 from [REDACTED].
- 9) On December 13, 2017, NYSOH reviewed the income documentation you submitted and determined that this was invalid proof of income because you had submitted a screen shot, and your spouse and children had submitted outdated paystubs. The required documentation was an unemployment award letter for yourself, two biweekly paystubs from [REDACTED] for your spouse, a termination letter from [REDACTED] for your older child, and a termination letter from [REDACTED] for your youngest child.
- 10) On December 21, 2017, you uploaded additional documentation of your household income consisting of;
- a. A message from the Department of Labor dated October 30, 2017 stating that your claim was complete;
 - b. A letter from [REDACTED] dated December 20, 2017 stating that your youngest child was a seasonal employee from March 2017 until April 2017;
 - c. A letter from [REDACTED] dated December 13, 2017 stating that your youngest child was a seasonal employee from June 20, 2017 through August 13, 2017;
 - d. A letter from [REDACTED] dated December 20, 2017 stating that your older child was a seasonal employee from May 2017 through August 2017;
 - e. A letter from [REDACTED] dated December 20, 2017 stating that your older child was a seasonal employee from August 11, 2017 through November 2017.
- 11) On December 21, 2017, NYSOH reviewed the income documentation you submitted and determined that this was invalid proof of income because your spouse had only submitted one paystub from [REDACTED].

- 12) On December 27, 2018, you uploaded additional documentation of your household income to your NYSOH account consisting of;
- Your Unemployment official record of benefit payment history as of December 26, 2017;
 - Your spouse's biweekly paystubs for pay dates November 24, 2017 and December 8, 2017 from [REDACTED].
- 13) On December 27, 2017, NYSOH reviewed the income documentation you submitted and determined that this was invalid proof of income because your spouse submitted two weekly paystubs and the required documentation was four consecutive weeks of recent pay stubs dated no later than November 15, 2017.
- 14) On January 5, 2018, you uploaded additional documentation of your household's income consisting of;
- Your spouse's biweekly paystubs for pay dates November 24, 2017 and December 8, 2017 from [REDACTED];
 - An undated letter authored by yourself stating that your spouse is paid on a monthly basis by [REDACTED];
 - Your Unemployment official record of benefit payment history as of December 26, 2017.
- 15) On January 5, 2018, NYSOH verified the income documentation you submitted and submitted an updated application on your behalf. As a result, your youngest child was found eligible for Child Health Plus effective February 1, 2018.
- 16) Your NYSOH account reflects that on January 9, 2018, you contacted NYSOH and selected a Child Health Plus plan for enrollment for your youngest child, which enrollment was effective as of February 1, 2018.

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

Applicable Law and Regulations

Child Health Plus

The "period of eligibility" for Child Health Plus is "that period commencing on the first day of the month during which a child is an eligible child and enrolled or recertified for enrollment on an annual basis based on all required information and documentation and ending on the last day of the twelfth month following such date," unless the CHP premiums are not timely paid or the child no longer

resides in New York State, gains access to or obtains other health insurance coverage, or becomes eligible for Medicaid (NY Public Health Law § 2510(6)).

“A State must specify a method for determining the effective date of eligibility for [Child Health Plus], which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between [Child Health Plus] and other insurance affordability programs as family circumstances change and avoids gaps or overlaps in coverage” (42 CFR § 457.340(f)).

The State of New York has provided that a child’s period of eligibility for Child Health Plus begins on the first day of the month during which a child is eligible. A child will become eligible on the first day of the next month, if the application is received by the 15th of the month; applications received after the 15th day of the month will be processed for the first day of the second following month (see e.g. State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

Child Health Plus – Income Verification

NYSOH is required to verify the eligibility of an applicant for CHP subsidy payments, which includes verifying the applicant’s household income. If NYSOH is unable to verify the applicant’s household income using available data sources, then NYSOH must request additional information from the applicant. NYSOH must provide the applicant with a reasonable period of time to furnish such information (42 CFR § 457.380; 42 CFR § 435.952(c)).

Timely Notice of Child Health Plus 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)).

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 must provide Medicaid applicants who are a child at least one year of age but younger than 19 years of age notice of their eligibility determination within 30 days from the date of the application (18 NYCRR §360-2.4(a)(3)(ii)). NYS has elected to use a common application for Medicaid and Child Health Plus, therefore the timeliness standards for Child Health Plus determinations are

the same as those for Medicaid determinations (see State Plan Amendment NY-CSPA-19, approved March 22, 2012 and effective November 11, 2011).

Legal Analysis

The first issue under review is whether NYSOH provided you with a timely determination of your youngest child's Child Health Plus eligibility as of February 1, 2018.

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.

You updated your household's application for financial assistance with health insurance on December 1, 2017. The income that was entered into this application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your household income.

On December 1, 2017, you uploaded your children's 2016 tax returns.

Also on December 1, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient to resolve the inconsistency in your account because separation letters were required from your children's employers, four weeks of consecutive paystubs for your spouse were required, and an unemployment award letter was needed for yourself.

On December 2, 2017, NYSOH issued a notice advising you that additional income documentation was needed in order to confirm the information in your application.

On December 3, 2017 you uploaded your youngest child's biweekly paystub for pay date August 14, 2017 from [REDACTED], your youngest child's weekly paystub for pay date June 8, 2016 from [REDACTED], and your older child's weekly paystub for pay date August 16, 2017 from [REDACTED]

On December 13, 2017 you uploaded a notice sent October 30, 2017 from the Department of Labor stating that your claim was complete, your spouse's biweekly paystub for pay dates September 29, 2017 and October 27, 2017 from [REDACTED], your spouse's monthly paystub for pay date November 30, 2017 from [REDACTED] your younger child's weekly paystub for pay dates April 19, 2017, April 26, 2017, and July 26, 2017 from [REDACTED], your

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younger child's biweekly paystub for pay dates August 4, 2017 and August 14, 2017 from [REDACTED], your older child's weekly paystub for pay dates July 19, 2017, July 26, 2017, August 9, 2017, and August 16, 2017 from [REDACTED] and your older child's biweekly paystub for pay date December 8, 2017 from [REDACTED]

On December 13, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient to resolve the inconsistency in your account because you had submitted a screen shot, and your spouse and children had submitted outdated paystubs and the required document was an unemployment award letter for yourself, two biweekly paystubs from [REDACTED] for your spouse, a termination letter from [REDACTED] for your older child, and a termination letter from [REDACTED] for your youngest child.

On December 21, 2017 you uploaded a message from the Department of Labor dated October 30, 2017 stating that your claim was complete, a letter from [REDACTED] dated December 20, 2017 stating that your youngest child was a seasonal employee from March 2017 until April 2017, a letter from [REDACTED] dated December 13, 2017 stating that your youngest child was a seasonal employee from June 20, 2017 through August 13, 2017, a letter from [REDACTED] dated December 20, 2017 stating that your older child was a seasonal employee from May 2017 through August 2017, and a letter from [REDACTED] dated December 20, 2017 stating that your older child was a seasonal employee from August 11, 2017 through November 2017.

Also on December 21, 2017, NYSOH reviewed the income documentation you submitted and determined that this was invalid proof of income because your spouse had only submitted one paystub from [REDACTED]

On December 27, 2017, you uploaded your Unemployment official record of benefit payment history as of December 26, 2017, and your spouse's biweekly paystubs for pay dates November 24, 2017 and December 8, 2017 from [REDACTED]

As of December 27, 2017, you had submitted letters of separation for your two children's former employers, your Unemployment official record of benefit payment history, one recent monthly paystub from your spouse's employer [REDACTED], and two recent biweekly paystubs from your spouse's employer [REDACTED]. Therefore, your application was complete as of December 27, 2017 for purposes of issuing an eligibility determination.

NYSOH must provide applicants who are a child at least one year of age but younger than 19 years of age notice of their eligibility determination within 30 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.

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NYSOH issued an eligibility determination notice on January 6, 2018 stating that your youngest child was eligible for Child Health Plus, effective February 1, 2018. Since NYSOH issued an eligibility determination ten days from the date your application was considered complete, the January 6, 2018 eligibility determination notice was timely.

The second issue is whether NYSOH properly determined that your youngest child's eligibility for and enrollment in her Child Health Plus plan began February 1, 2018.

The record reflects that you contacted NYSOH on January 9, 2018 and enrolled your youngest child into a Child Health Plus plan.

The date on which a Child Health Plus plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected between the first day and 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 and the end of the month goes into effect on the first day of the second following month.

Since the January 6, 2018 eligibility determination notice was timely issued, you were able to select a Child Health Plus plan for your youngest child as of January 6, 2018. Her plan would therefore properly take effect on the first day of the first month following January 2018; that is, on February 1, 2018.

Therefore, the January 6, 2018 eligibility determination notice and the January 10, 2018 enrollment confirmation notice are AFFIRMED insofar as they began your youngest child's eligibility for and enrollment in her Child Health Plus plan as of February 1, 2018.

Decision

The January 6, 2018 eligibility determination notice is AFFIRMED.

The January 10, 2018 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: April 4, 2018

How this Decision Affects Your Eligibility

Your youngest child's eligibility for and enrollment in her Child Health Plus plan properly began as of February 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).

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 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

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).

P.O. Box 11729
Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The January 6, 2018 eligibility determination notice is AFFIRMED.

The January 10, 2018 enrollment confirmation notice is AFFIRMED.

Your youngest child's eligibility for and enrollment in her Child Health Plus plan properly began as of February 1, 2018.

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 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।

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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)

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