



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

### Notice of Decision

Decision Date: April 9, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000027247

[REDACTED]

[REDACTED]

On March 15, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's July 10, 2017 disenrollment notice and the January 17, 2018 eligibility determination and plan enrollment notices.

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.

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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: April 9, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000027247

[REDACTED]

## Issues

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

Did NY State of Health properly terminate your enrollment in your Essential Plan effective June 30, 2017, because of non-payment of premiums?

Did NY State of Health properly determine that your enrollment in your Essential Plan did not begin until March 1, 2018?

Did NY State of Health properly determine that you were not eligible for Medicaid as of January 1, 2018?

## Procedural History

According to your NY State of Health (NYSOH) account, you were enrolled in the Essential Plan with a \$47.52 monthly premium, effective April 1, 2017, as is stated in the February 23, 2017 plan enrollment notice.

On July 10, 2017, NYSOH issued a disenrollment notice stating your Essential Plan coverage was terminated effective June 30, 2017, because a premium payment had not been received by the health plan. That notice directed you to contact your plan directly if you believed you made your premium payment(s) within the required timeframe.

According to your NYSOH account, upon updating your application for financial assistance on November 1, 2017, you were placed in pending Medicaid status

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and directed to provide proof of income before November 16, 2017, to confirm your eligibility.

On November 2, 2017 and on November 17, 2017, and in response to NYSOH's request, you submitted proof of income, which was a letter from the NYS Department of Labor, dated October 25, 2017, stating that you "quit your job with the [REDACTED]," which was subsequently invalidated on November 4, 2017 and November 18, 2017 (see Documents [REDACTED]  
[REDACTED])

On November 4, 2017 and November 18, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application. The notice directed you to provide additional proof of income before December 1, 2017.

No further documentation was received before December 1, 2017.

On December 14, 2017, NYSOH issued a notice, based on your December 13, 2017 updated application, stating that your application does not match what NY State of Health received from state and federal data sources. You were directed to provide proof of income by December 28, 2017 to confirm your eligibility.

No documentation was received before December 28, 2017.

On January 9, 2018, NYSOH issued an eligibility determination notice stating that you did not qualify for health coverage through NYSOH because you did not provide the income documentation need to verify the income listed in your application, by the due date you were given.

On January 16, 2018, you updated your application for financial assistance. That day, a preliminary eligibility determination was issued stating that you were eligible for and enrolled in the Essential Plan as of March 1, 2018.

Also on January 16, 2018, you spoke to NYSOH's Account Review Unit and appealed the preliminary eligibility determination insofar as your Essential Plan began on March 1, 2018, and not on January 1, 2018.

On January 17, 2018, NYSOH issued an eligibility determination notice, consistent with the January 16, 2018 preliminary eligibility determination, stating that you were eligible to enroll in the Essential Plan as of March 1, 2018.

Also on January 17, 2018, a plan enrollment notice was issued confirming your enrollment in your Essential Plan as of March 1, 2018.

On March 15, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you requested to amend your



- 8) You testified that you lost your job at [REDACTED] in September 2017, and began working for [REDACTED] in October 2017.
- 9) You also testified that you also held a position for several weeks at the [REDACTED] during 2017, and were denied unemployment benefits.
- 10) According to your NYSOH account, you next updated your application on December 13, 2017, with a certified application counselor and were again you were placed in pending Medicaid status. You testified that she advised you that you need to submit proof of income in the form of "paystubs."
- 11) According to your NYSOH account, no additional proof of income was submitted. On January 16, 2018, you updated your account again and this time you were found fully eligible to enroll in the Essential Plan as of March 1, 2018.
- 12) According to your NYSOH account and testimony, you expect to file your 2017 taxes with a tax filing status of single. You will claim no dependents on that tax return.
- 13) Your January 16, 2017 application states that you have an annual expected gross income of \$17,160.00. You testified that you were unsure what your expected 2018 gross income is because your hours vary.
- 14) Based on your submitted documentation, your annual household income for 2018 is expected to be \$18,178.29, computed by dividing the gross year-to-date income of \$1,398.33 on your paystub dated January 26, 2018 by two, which equals \$699.16, then multiplying that number by 26 bi-weekly pay periods in 2018 (see Appellant's Exhibit A, p. 3).
- 15) According to your January 16, 2018 application, your average monthly income in 2018 is the same as your income in January 2018. You testified that this is incorrect because your hours were reduced after the Christmas holiday. You believe you could be Medicaid eligible in that month.
- 16) Your submitted documentation further shows that your gross income in the month of January 2018 was \$1,398.33 (see Appellant's Exhibit A, p. 3).
- 17) According to your NYSOH account and testimony, you will not be taking any deductions on your 2018 tax return.
- 18) You testified that you wanted your enrollment in the Essential Plan or Medicaid to begin on January 1, 2018, because you incurred medical bills.

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

## **Applicable Law and Regulations**

### Appealable Issues

An applicant has the right to appeal to the Appeals Unit of NYSOH: (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, and (4) a failure by NYSOH to provide timely notice of an eligibility determination (45 CFR § 155.505).

### Essential Plan Effective Date

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

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

### Verification Process

For all individuals, whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income (45 CFR §155.320(c)(1)(i), 42 CFR § 435.945). If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f) 42 CFR § 435.952).

## Timely Notice of Medicaid 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 notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

## Medicaid

A person who meets certain nonfinancial criteria and has a household income that is at or below the applicable Medicaid income standard is eligible for Medicaid benefits (45 CFR § 155.305(c)). One of the non-financial criteria for Medicaid eligibility is the immigration status of the person applying for health insurance. A person is eligible for Medicaid when his or her immigration status is satisfactory and he or she meets all other requirements for Medicaid.

Medicaid can be provided through NYSOH to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), NY Social Services Law § 366(1)(b)).

In an analysis of Medicaid eligibility, the determination is based on the FPL "for the applicable budget period used to determine an individual's eligibility" (42 CFR § 435.4). On the date of your 2017 applications, that was the 2017 FPL, which is \$12,060.00 for a one-person household (82 Federal Register 8831); and the 2018 FPL on the date of your 2018 applications, which is \$12,140.00 for a one-person household (83 Fed. Reg. 2642).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

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## Legal Analysis

The first issue under review is whether NYSOH properly terminated your enrollment in your Essential Plan, effective June 30, 2017, because of non-payment of premiums.

The record indicates you were enrolled in an Essential Plan with a monthly premium of \$47.52, effective April 1, 2017, as stated in the February 23, 2017 plan enrollment notice issued by NYSOH.

You testified that you were not sure why your health coverage was cut off and that you never received a letter. You just want to know why your insurance was cut off.

However, you receive your notifications via regular mail and no notices have been returned to NYSOH as undeliverable, including the July 10, 2017 disenrollment notice. As such, it is concluded that you were properly notified of your disenrollment for non-payment of premium as of June 30, 2017.

Additionally, when you contacted your health plan to see “what was going on” on November 1, 2017, you were advised that your application was on hold and that you had to contact NYSOH to be reinstated in your Essential Plan.

The New York State of Health 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) an eligibility determination for an exemption, and (4) a failure by the Exchange to provide timely notice of an eligibility determination.

Since the Appeals Unit is not given the authority to review termination date issues due to non-payment of premiums, we cannot reach the merits as to whether you were properly terminated from your Essential Plan for non-payment of premiums.

Therefore, your appeal of your Essential Plan termination date is DISMISSED as a non-appealable issue.

The second issue under review is whether NYSOH properly determined that your enrollment in your Essential Plan did not begin until March 1, 2018.

NYSOH is required to determine whether individuals are eligible to enroll in coverage through NYSOH, and must confirm, among other things, that the income provided in the application is accurate.

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 NYSOH account on November 1, 2017 and December 13, 2017. The income amount that was entered into these applications did not match federal and state data sources. As such, NYSOH directed you to submit additional documentation to confirm your household income.

You submitted proof of income on November 2, 2017 and November 17, 2017. The record reflects that, on November 4, 2017 and November 18, 2017, NYSOH invalidated your proof of income because there was a wage hit for [REDACTED] and you did not provide proof of that income or that you lost your job at [REDACTED]. As such, your application was not complete as of these dates.

You updated your application on December 13, 2017, with a certified application counselor and were again you were placed in pending Medicaid status. You testified that she advised you that you need to submit proof of income in the form of "paystubs."

No further proof of income documentation was received.

Since your failed to provide sufficient proof of income documentation in a timely manner, and this is the sole cause of NYSOH redetermining your eligibility without verification of your income, it is concluded that your application was not complete as of January 8, 2018 and that NYSOH properly determined that you were no longer eligible for health insurance through NYSOH, as is stated in the January 9, 2018 eligibility determination notice.

According to your NYSOH account, you next updated your application on January 16, 2018, and were found fully eligible for the Essential Plan. On that day, federal and state data sources reflected that the income you attested to in your application matched the income information in their databases. Therefore, for purposes of an eligibility determination, you initially submitted a complete application as of January 16, 2018, the date your attested income information matched state and federal data sources and was, thus, verifiable.

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the completed application. Since, NYSOH issued an eligibility determination on January 17, 2018, which is one day from the date of your completed January 16, 2018 application, the January 17, 2018 eligibility determination was timely.

Therefore, the issue is further refined as to whether NYSOH properly determined your Essential Plan to be effective no earlier than March 1, 2018.

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On January 16, 2018, you submitted a complete application to NYSOH and were able to select an Essential Plan for enrollment that day.

The date on which enrollment in an Essential Plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected from the first day to and including the fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected from the sixteenth day of the month to the end of the month goes into effect on the first day of the second following month.

Since you selected your Essential Plan on January 16, 2018, your enrollment properly took effect on the first day of the second month following January 2018; that is, on March 1, 2018.

Therefore, the January 17, 2018 plan enrollment notice confirming that your enrollment in the Essential Plan was effective March 1, 2018, is correct and must be AFFIRMED.

The third issue under review is whether NYSOH properly determined that you were not eligible for Medicaid as of January 1, 2018.

According to your January 16, 2018 application, you expected to file a 2018 federal income tax return with a filing status of single and will claim no dependents on that tax return. Therefore, for purposes of this analysis you are in a one-person household.

Your application states that you have an annual expected gross income of \$17,160.00. NYSOH relied on that information.

Medicaid can be provided through NYSOH to adults between the ages of 19 and 65 who meet the non-financial requirements and have a household modified adjusted gross income that is at or below 138% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$12,140.00 for a one-person household. Since \$17,160.00 is 141.35% of the 2018 FPL, NYSOH properly found you to be ineligible for Medicaid on an expected annual income basis, using the information provided in your application.

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

You submitted your January 26, 2018 bi-weekly paystub that shows in January 2018 you received \$1,398.33 in gross monthly income.

To be eligible for Medicaid, you would need to meet the non-financial criteria and have an income no greater than 138% of the 2018 FPL, which is \$1,397.00 per

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month. Since the documentation you provided shows that you earned \$1,398.33 in January 2018, you do not qualify for Medicaid based on monthly income as of the date of your application.

Since the January 17, 2017 eligibility determination notice properly stated that, you were ineligible for Medicaid, it is correct and must be AFFIRMED.

## **Decision**

Your appeal of your Essential Plan termination date is DISMISSED as a non-appealable issue.

The January 17, 2018 eligibility determination and plan enrollment notices are AFFIRMED.

**Effective Date of this Decision:** April 9, 2018

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

This decision does not change your eligibility for financial assistance or enrollment in health insurance through NYSOH.

You remain eligible for and enrolled in the Essential Plan as of March 1, 2018.

## **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)).

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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:

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Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

Your appeal of your Essential Plan termination date is **DISMISSED** as a non-appealable issue.

The January 17, 2018 eligibility determination and plan enrollment notices are **AFFIRMED**.

This decision does not change your eligibility for financial assistance or enrollment in health insurance through NYSOH.

You remain eligible for and enrolled in the Essential Plan as of March 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).

## **Legal Authority**

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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)

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### 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)

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### 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)**

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## **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&etumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

## **(Urdu) اردو**

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

## **Tiếng Việt (Vietnamese)**

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

## **אידיש (Yiddish)**

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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