



STATE OF NEW YORK
DEPARTMENT OF HEALTH
PO Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: February 5, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027304



On February 2, 2018, you and your spouse, acting as your Authorized Representative, appeared by telephone at a hearing on your appeal of NY State of Health's November 28, 2017 eligibility determination and disenrollment notices, and December 13, 2017 disenrollment 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
PO 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(b).

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
PO Box 11729
Albany, NY 12211

Decision

Decision Date: February 5, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027304

[REDACTED]

Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health (NYSOH) properly determine that the Child Health Plus coverage of your three children ended effective December 31, 2017?

Procedural History

On August 23, 2017, NYSOH received an update to your application for financial assistance with health insurance.

Also on August 23, 2017, NYSOH received (1) a spreadsheet [REDACTED] [REDACTED] monthly expenses as of May 2017, (2) a business checking account statements for [REDACTED] issued for the months of May, June, July 2017, (3) invoices issued by [REDACTED] to the [REDACTED], dated April 19, 2017 and May 12, 2017, and (4) a claim filed to [REDACTED] by [REDACTED] as a claimant associated with various invoices referenced therein.

On August 24, 2017, NYSOH issued an eligibility determination notice based on the information contained in the August 23, 2017 application. The notice stated that each of your three children had been found eligible for Child Health Plus (CHP) for a limited time with a \$30.00 monthly premium, effective October 1, 2017. To confirm their eligibility, you were requested to provide proof of income by October 22, 2017. The notice cautioned that if you missed the due date, they may lose their insurance or receive less help paying for their coverage.

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Also on August 24, 2017, NYSOH issued an enrollment notice confirming your selection of a CHP plan for each of your children as of August 23, 2017. The notice confirmed that their coverage would begin effective October 1, 2017, with a monthly premium of \$30.00 each.

On August 25, 2017, NYSOH issued a notice stating that the documentation received by NYSOH did not confirm the information contained in your application. You were requested to provide additional income documentation for your children's eligibility by October 22, 2017.

On August 29, 2017, NYSOH received (1) spreadsheets detailing monthly income and expenses for [REDACTED] during the period of May, June and July, and (2) duplicate copies of business checking account statements for [REDACTED] issued for the months of May, June, July 2017.

On August 31, 2017, NYSOH issued a notice stating that the documentation received by NYSOH did not confirm the information contained in your application. You were requested to provide additional income documentation for your children's eligibility by October 22, 2017.

On October 3, 2017, NYSOH received (1) a hand-marked copy of a "Request for Additional Information – Documentation List" reflecting that your income was not close to last year's earnings because you lost two clients and another had reduced funding, (2) a letter requesting a review of your prior submitted documentation and your frustrations surrounding the documentation which was not accepted as valid, (3) spreadsheets detailing monthly income and expenses for [REDACTED] during the period of April through July 2017, (4) business checking account statements for [REDACTED] issued for the months of April, May and June 2017, (5) several invoices issued to the [REDACTED] [REDACTED] (6) a duplicate copy of the claim issued to the [REDACTED], and (7) a spreadsheet reflecting a list of invoices issued and payments received by [REDACTED] [REDACTED] between December 2016 and April 2017.

On October 10, 2017, NYSOH received (1) a spreadsheet reflecting your spouse's income and expenses during the months of May, June and July 2017, (2) several invoices issued by you in your capacity a per diem [REDACTED] during the months of May, June and July 2017, (3) a check issued to you by [REDACTED] and [REDACTED] June 6, 2017, (4) a letter issued to by you to NYSOH regarding the confusing and delayed nature of providing documents to NYSOH for review, and a request to synchronize deadline for income documentation for your household's eligibility.

On October 11, 2017, NYSOH issued a notice stating that the documentation received by NYSOH did not confirm the information contained in your application. You were requested to provide additional income documentation for your children's eligibility by November 6, 2017.

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On October 24, 2017, NYSOH issued a renewal notice stating that it was time for your children to renew their health insurance coverage through NYSOH. The notice stated that based on the information from federal and state sources, NYSOH could not determine whether you qualified for financial help paying for their health insurance coverage. It requested that you update the information in your NYSOH account by December 15, 2017 so that an appropriate decision could be made.

On November 6, 2017, NYSOH received an update to your application for financial assistance.

On November 7, 2017, NYSOH issued an eligibility determination notice stating that each of your children were eligible for CHP for a limited time with a \$9.00 monthly premium, effective December 1, 2017. The notice requested that you provide proof of their income by November 21, 2017.

On November 27, 2017, NYSOH redetermined your household's eligibility for financial assistance with health insurance.

On November 28, 2017, NYSOH issued an eligibility determination notice stating that your two youngest children, [REDACTED], eligible for CHP for a limited time, with a \$9.00 monthly premium, effective January 1, 2018. To confirm their eligibility, you were requested to provide proof of their income by December 6, 2017. However, the notice also stated that your oldest child, [REDACTED], was found eligible to purchase a qualified health plan (QHP) at full cost through NYSOH, effective January 1, 2018. This was because he no longer qualified for CHP as of December 31, 2017 because your income could not be verified by NYSOH.

Also on November 28, 2017, NYSOH issued a disenrollment notice stating that your oldest child's CHP coverage ended effective December 31, 2017.

On December 6, 2017, NYSOH received an update to your application for financial assistance with health insurance.

On December 7, 2017, NYSOH issued an eligibility determination notice stating that each of your three children were eligible for CHP for a limited time, with a \$9.00 monthly premium, effective January 1, 2018. The notice requested that you provide proof of your income for your two youngest children by December 6, 2017, and for your oldest child by February 4, 2018.

On December 12, 2017, NYSOH redetermined your household's eligibility for financial assistance with health insurance.

On December 13, 2017, NYSOH issued an eligibility determination notice stating that your oldest child was eligible for CHP for a limited time, with a \$9.00 monthly premium, effective January 1, 2018. The notice requested that you provide proof

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of your income for your oldest child by February 4, 2018. The notice also stated that your two youngest children were eligible to purchase a QHP at full cost through NYSOH, effective January 1, 2018.

Also on December 13, 2017, NYSOH issued a disenrollment notice stating that your two youngest children had been disenrolled from their CHP plan coverage effective December 31, 2017.

On January 16, 2018, NYSOH received an update to your application for financial assistance with health insurance. In response to this application, NYSOH prepared a preliminary eligibility determination notice stating that each of your three children were eligible for CHP for a limited time, with a \$9.00 monthly premium, effective March 1, 2018.

Also on January 16, 2018, NYSOH you spoke to NYSOH's Account Review Unit and appealed the start date of your children's plan insofar as it did not begin effective January 1, 2018.

Finally, on January 16, 2018, NYSOH received attestation statements indicating that each of your children have no taxable income and each relies fully on your support.

On January 17, 2018, NYSOH issued an eligibility determination notice stating that each of your three children were eligible for CHP for a limited time, with a \$9.00 monthly premium, effective March 1, 2018. The notice requested that you provide proof of your income for your two youngest children by March 17, 2018, and for your oldest child by February 4, 2018.

Also on January 17, 2018, NYSOH issued an enrollment notice confirming your three children were enrolled in a CHP plan as of January 16, 2018, with such coverage to begin on March 1, 2018.

On January 29, 2018, NYSOH received (1) a spreadsheet of the earnings and expenses of [REDACTED] during the months of October, November and December 2017, (2) business checking account statements for [REDACTED] issued for the months of October, November and December 2017, (3) several invoices issued to the [REDACTED], (4) two checks by you to [REDACTED], (5) a letter from your child's physician supporting your request for an expedited appeal.

On January 30, 2018, you contacted NYSOH to request a hearing on an expedited basis. Your request for an expedited appeal was reviewed and approved that same day.

On January 31, 2018, NYSOH issued an eligibility determination notice stating that each of your three children were eligible for CHP, without condition, effective March 1, 2018.

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On February 2, 2018, you and your spouse, acting as your Authorized Representative, had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. You testified during the hearing that you waive the formal notice requirement and non-receipt of the evidence packet to hold the hearing on an expedited basis. The record was developed during the hearing and closed at the end of the hearing.

Findings of Fact

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

- 1) You testified that you were seeking an appeal for all three of your children's eligibility insofar as they experienced a gap in their CHP plan coverage during the months of January and February 2018.
- 2) Your NYSOH application reflects that you updated your NYSOH account on August 23, 2017 that you were seeking insurance for your three children.
- 3) Based on the information contained in your August 23, 2017 application, your children were each found eligible for CHP plan coverage for a limited time, pending receipt of additional income documentation by NYSOH by October 22, 2017 to confirm their eligibility.
- 4) The application submitted on August 23, 2017 reflected that your expected household income during 2017 was \$73,028.00, which consisted of \$67,228.00 in income you anticipated receiving through your business, [REDACTED] \$9,000.00 your spouse anticipated earning from [REDACTED] between May 18, 2017 and December 31, 2017, and \$3,200.00 in student loan interest deductions.
- 5) You testified, and the record reflects, that on August 29, 2017, prior to the deadline for submitted required documentation to confirm your children's eligibility, you provided spreadsheets detailing monthly income and expenses for [REDACTED] during the period of May, June and July, and (2) duplicate copies of business checking account statements for [REDACTED] issued for the months of May, June, July 2017.
- 6) The record further reflects that on October 10, 2017 your spouse provided (1) a spreadsheet reflecting your spouse's income and expenses during the months of May, June and July 2017, (2) several invoices issued by you in your capacity a per diem [REDACTED] during the months of May, June and July 2017, (3) a check issued to you by [REDACTED] on June 6, 2017, (4) a letter issued to by you to NYSOH regarding the confusing and delayed nature of providing documents to NYSOH for

review, and a request to synchronize deadline for income documentation for your household's eligibility.

- 7) You further testified that you had previously provided attestations that each of your children had no taxable income and were solely supported by you and your spouse. However, these documents do not appear in your NYSOH account until January 16, 2018.
- 8) You testified that because of multiple confusing and contradictory notifications from NYSOH, you were unsure of what to provide to NYSOH to confirm your eligibility, and what was outdated and should ignore. Indeed, you further testified that you were told by NYSOH representatives that you should ignore certain notifications that had been sent to you requesting detailed income information, and to await additional documentation from NYSOH because of updated applications provided to NYSOH.
- 9) You testified, and your NYSOH account reflects, that your children were disenrolled from their CHP plans as of December 31, 2017.
- 10) Your NYSOH account reflects that because of documentation provided on January 29, 2018, your children's CHP plan coverage was reinstated effective March 1, 2018.
- 11) You and your spouse testified that your children ultimately each experienced a gap in coverage from their CHP plan during the months of January and February 2018, which caused you to incur medical bills, out-of-pocket expenses for all three of your children during that prior, and in the case of your daughter, lack of coverage during an urgent medical need.
- 12) You that you were seeking reinstatement of your children's CHP plan coverage during the months of January and February 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

Child Health Plus (CHP) is a sliding-scale-premium program for children who are in a household that is over income for regular Medicaid (see New York Public Health Law (NY PHL) § 2510 et seq. and 42 USC § 1397aa). Eligibility rules are set out in NY PHL § 2511(2), as well as in the NYS Department of Health 2008-2012 Contract and Plan Manual.

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A child who meets the eligibility requirements for CHP may be eligible to receive a subsidy payment if the child resides in a household with a household income at or below 400% of the federal poverty level (FPL) (NY PHL § 2511(2)(a)(iii)). To be eligible to enroll in CHP with subsidy payments, a child must not be “eligible for medical assistance”; that is, must not be eligible for Medicaid (NY PHL § 2511(2)(b)).

The amount of the premium payment, if any, that must be made on behalf of a child who enrolls in a CHP plan depends upon the child’s family household income (NY PHL § 2510(9)(d)). No payments are required for eligible children whose family household income is less than 160% of the FPL (NY PHL § 2510(9)(d)(1)). If the family household income is 160% or higher, premiums range from \$9.00 per month to \$60.00 per month (NY PHL § 2510(9)(d)).

The CHP premium is \$30.00 per month for a child whose family household income is between 251% and 300% of the FPL, but no more than \$90.00 per month per family (NY PHL § 2510(9)(d)(iv)).

In an analysis of Child Health Plus 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 application, that was the 2017 FPL, which is \$28,440.00 for a five-person household (82 Federal Register 8831).

“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).

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

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).

Legal Analysis

The issued under review is whether NYSOH properly determined that the CHP coverage of your three children ended effective December 31, 2017.

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 NYSOH account on August 23, 2017. The income amount that was entered into this application did not match federal and state data sources. As a result, NYSOH asked that you submit income documentation to confirm your children's eligibility income by October 22, 2017.

Your NYSOH account reflects that on August 23, 2017 and August 29, 2017, you provided income documentation reflecting income you received from your business, [REDACTED], during the months of May, June and July 2017, as requested by NYSOH. However, in these two cases, NYSOH rejected the documentation you provided as not being detailed enough, and did not contain proof of your spouse's income during that same period. The documentation reflects not only detailed banking statements, but also a spreadsheet reflecting your net income and expenses during those months, which is consistent with your application provided on August 23, 2017, and the documents required by NYSOH. Accordingly, we find that these banking statements, and income and expense spreadsheets were sufficient for purposes of providing the necessary documentation to confirm your income.

The record further reflects that your spouse provided her income documentation on October 10, 2017, which reflecting her earnings as a per diem [REDACTED] for [REDACTED] on an [REDACTED] basis. Again, the record reflects that she provided this documentation was

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provided to NYSOH prior to the October 22, 2017 deadline by which to provide such income documentation to NYSOH. These documents were also consistent with the information contained in the August 23, 2017 application.

Finally, you testified that you provided via facsimile and regular mail an attestation for each child that they have no taxable income, and rely solely upon your income for support. The set of attestations were not received into the file until January 16, 2018; however, we find your testimony credible that you made attempts to provide such documentation prior to the October 22, 2017 deadline by which to receive such documentation.

Accordingly, the August 24, 2017 eligibility determination notice is MODIFIED to state that each of your children were each eligible for CHP, without condition, with a \$30.00 monthly premium, effective October 1, 2017.

As such, their 12-month period of eligibility for CHP that began on October 1, 2017, should have continued for 12 months until September 30, 2018, barring any disqualifying event occurring.

There is no indication in the record that any such disqualifying event occurred.

Therefore, the disenrollment's and eligibility determination issued on November 28, 2017 and December 13, 2017 terminating your children's enrollment in their CHP plan are no longer supported by the record and are hereby RESCINDED.

Furthermore, your children's CHP plan coverage during the months of January and February 2017 are reinstated at a \$30.00 monthly premium level. You will be responsible for any outstanding premium amounts due in connection with such a reinstatement of coverage.

Your case is RETURNED to NYSOH to effectuate the above-referenced eligibility and enrollment changes.

Decision

The August 24, 2017 eligibility determination notice is MODIFIED to state that each of your children were each eligible for CHP, without condition, with a \$30.00 monthly premium, effective October 1, 2017.

The November 28, 2017 eligibility determination and disenrollment notices are RESCINDED.

The December 13, 2017 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to effectuate the above-referenced eligibility and enrollment changes.

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).

Effective Date of this Decision: February 5, 2018

How this Decision Affects Your Eligibility

Your children were eligible for CHP plan coverage at \$30.00 per month, without condition, effective October 1, 2017.

Your children's CHP plan coverage is reinstated during the months of January and February 2018.

Your children should have 12 months of continuous CHP plan coverage, until September 30, 2017, barring any disqualifying event occurring.

This Decision has no effect on any subsequent determination issued by NYSOH on or after December 13, 2017.

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 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 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:

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).

- 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
PO Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The August 24, 2017 eligibility determination notice is MODIFIED to state that each of your children were each eligible for CHP, without condition, with a \$30.00 monthly premium, effective October 1, 2017.

The November 28, 2017 eligibility determination and disenrollment notices are RESCINDED.

The December 13, 2017 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to effectuate the above-referenced eligibility and enrollment changes.

Your children were eligible for CHP plan coverage at \$30.00 per month, without condition, effective October 1, 2017.

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).

Your children's CHP plan coverage is reinstated during the months of January and February 2018.

Your children should have 12 months of continuous CHP plan coverage, until September 30, 2017, barring any disqualifying event occurring.

This Decision has no effect on any subsequent determination issued by NYSOH on or after December 13, 2017.

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، يرجى 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 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).