



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

Notice of Decision

Decision Date: March 22, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027530

[REDACTED]

Dear [REDACTED],

On March 14, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 13, 2017 eligibility determination notice and the January 20, 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.

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).

This page intentionally left blank.



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

Decision

Decision Date: March 22, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027530



Issues

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

Did NY State of Health properly determine that your spouse was eligible to receive up to \$296.00 per month in advance payments of the premium tax credit, effective January 1, 2018?

Did NY State of Health properly determine that your spouse was ineligible for the Essential Plan based on the December 12, 2017 application?

Did NY State of Health properly determine that your spouse was eligible for the Essential Plan, effective March 1, 2018?

Did NY State of Health properly determined that your spouse was enrolled in the Essential Plan with a start date of March 1, 2018?

Procedural History

On December 11, 2017, NY State of Health (NYSOH) received your updated application for financial assistance with health insurance. You also uploaded one document to your NYSOH account that day.

On December 12, 2017, NYSOH issued an eligibility determination notice stating, in part, that your spouse was eligible for the Essential Plan with a \$20.00 monthly premium for a limited time, effective January 1, 2018. That notice also directed you to submit income documentation to confirm your spouse's eligibility by March 11, 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).

Also on December 12, 2017, NYSOH invalidated the income documentation you uploaded to your NYSOH account on December 11, 2017. A NYSOH representative also updated the income information in your account by removing the childcare deduction and an updated application was submitted on your family's behalf.

On December 13, 2017, NYSOH issued an eligibility determination notice stating, in part, that your spouse was eligible for up to \$296.00 per month in advanced payment of the premium tax credit (APTC), effective January 1, 2018. This notice further stated that your spouse was not eligible for the Essential Plan because his expected household income was over the allowable income limit for that program.

On December 13, 2017, NYSOH issued a plan disenrollment notice confirming your spouse's disenrollment from the Essential Plan, effective January 1, 2018.

On January 19, 2018, NYSOH received your updated application for financial assistance with health insurance. That day, a preliminary eligibility determination was prepared stating, in part, that your spouse was eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective March 1, 2018.

Also on January 19, 2018, you spoke to NYSOH's Account Review Unit and appealed the preliminary eligibility determination insofar as your spouse was not found eligible for the Essential Plan as of January 1, 2018.

On January 20, 2018, NYSOH issued an eligibility determination notice stating, in part, that your spouse was eligible for the Essential Plan with a \$20.00 monthly premium, for a limited time, effective March 1, 2018. This notice further directed you to submit income documentation to confirm your spouse's eligibility by April 19, 2018.

Also on January 20, 2018, NYSOH issued a plan enrollment notice confirming your spouse's enrollment in the Essential Plan with a \$20.00 monthly premium, effective March 1, 2018.

On March 14, 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 only appealing your spouse's eligibility and enrollment start date for his Essential Plan coverage.
- 2) You testified that you and your spouse expect to file your tax return for 2018 with a tax filing status of married filing jointly. You will claim two dependents on that tax return.
- 3) You are seeking health insurance for your spouse and your two children.
- 4) Your application states that you and your spouse live in Orange County, NY.
- 5) The application that was submitted on December 11, 2017, listed an annual household income of \$54,539.28, consisting of \$26,152.80 you earn from your employment, \$25,000.00 your spouse earns from his employment, and \$3,386.48 your spouse receives in unemployment insurance benefits.
- 6) The December 11, 2017 application also stated that your spouse's last day of employment was November 1, 2017.
- 7) The application that was submitted on December 11, 2017, states that you plan on taking a \$6,000.00 childcare deduction on your 2018 tax return.
- 8) Considering the deduction that was listed in your December 11, 2017 application, the system determined that your annual household income was \$48,539.28, based on the information you provided.
- 9) Also on December 11, 2017, you uploaded a letter from your spouse's employer, which stated that your spouse was a seasonal employee and that the work he does is part time and varies depending on the job he is assigned.
- 10) On December 12, 2017, a NYSOH representative invalidated the documentation because the letter did not contain a date of when your spouse's last day of work was.
- 11) Also on December 12, 2017, the record indicates that the NYSOH representative removed the \$6,000.00 childcare deduction from your application, which changed your household income from \$48,539.28 to \$54,539.28, and a new application was submitted on your family's behalf.

- 12) On December 13, 2017, your spouse was found eligible for up to \$259.00 per month in APTC and eligible for cost-sharing reductions if he enrolled into a qualified health plan, effective January 1, 2018.
- 13) The application that was submitted on January 19, 2018, listed an annual expected household income of \$42,000.00, consisting of income you earn from your employment.
- 14) According to your NYSOH account, on January 19, 2018, your spouse was found eligible to enroll in the Essential Plan with a \$20.00 monthly premium and that this eligibility was effective March 1, 2018.
- 15) According to your NYSOH account, you enrolled your spouse into an Essential Plan on January 19, 2018, and that enrollment began as of March 1, 2018.
- 16) You testified that you would like your spouse to be found eligible for the Essential Plan as of January 1, 2018.

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

Applicable Law and Regulations

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).

Modified Adjusted Gross Income

NYSOH bases its eligibility determinations on modified adjusted gross income as defined in the federal tax code (45 CFR § 155.300(a)). The term "modified adjusted gross income" means adjusted gross income increased by (1) any income that was excluded under 26 USC § 911 for United States citizens or residents living abroad, (2) tax-exempt interest received or accrued, and (3) Social Security benefits that were excluded from gross income under 26 USC § 86 (see 26 USC § 36B(d)(2)(B), 26 CFR § 1.36B-1(e)(2)).

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).

“Adjusted gross income” means, in the case of an individual taxpayer, gross federal taxable income minus certain specific deductions, such as expenses reimbursed by an employer, losses from sale or exchange of property, losses from premature withdrawal of funds from time savings accounts, deductions attributable to royalties, and certain retirement savings (26 USC § 62(a)). Living expenses, such as rent and utilities are not an allowable deduction in computing adjusted gross income (*id.*).

Advance Payments of Premium Tax Credit

APTC are generally available to a person who is eligible to enroll in a qualified health plan and (1) expects to have a household income between 138% and 400% of the applicable federal poverty level (FPL), (2) expects to file a tax return and claim a personal exemption deduction for a person who meets the eligibility requirements to enroll in a qualified health plan, and (3) is not otherwise eligible for minimum essential coverage except through the individual market (see 45 CFR § 155.305(f), 26 CFR § 1.36B-2, 42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)).

The maximum amount of APTC that can be authorized equals:

- 1) the cost of the health insurance premium for the taxpayer’s coverage family in the second lowest cost silver plan offered through NY State of Health in the county where the taxpayer resides

minus

- 2) the taxpayer’s expected contribution amount

(see 26 USC § 36B, 26 CFR § 1.36B-3).

The taxpayer’s expected contribution amount is the amount that the taxpayer is expected to spend on health insurance premiums. The expected contribution for 2018 is set by federal law at 2.01% to 9.56% of household income (26 USC § 36B(b)(3)(A), 26 CFR § 1.36B-3, IRS Rev. Proc. 2017-36).

In an analysis of APTC eligibility, the determination is based on the FPL for the first day of the open enrollment period of the benefit year for which coverage is requested (45 CFR §§ 155.300(a), 155.305(f)(1)(i)). On the date of your application, that was the 2017 FPL, which is \$24,600.00 for a four -person household (82 Federal Register 8831).

For annual household income in the range of at least 200% but less than 250% of the 2017 FPL, the expected contribution in 2018 is between 6.34% and 8.10% of the household income (26 CFR § 1.36B-3(g)(1), 45 CFR § 155.300(a), IRS Rev. Proc. 2017-36).

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).

People who use the APTC to help pay health insurance premiums must file a federal tax return and reconcile their expected income (stated on NYSOH application) with their actual income (stated on their federal income tax return). Those who take less tax credit in advance than they claim on the tax return may get the rest of it as an income tax refund or have their tax bill reduced. Those who take more tax credit in advance than they can claim on their tax return will owe the difference as additional income taxes (26 CFR § 1.36B-4).

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 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 2017 FPL, which is \$24,600.00 for a four-person household (82 Fed. Reg. 8831).

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/downloads/ny-blueprint.pdf>).

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

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).

Law § 369-gg(4)(c); New York's Basic Health Plan Blueprint, p. 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/downloads/ny-blueprint.pdf>).

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

Legal Analysis

The first issue under review is whether NYSOH properly determined that your spouse was eligible for up to \$296.00 per month in APTC, effective January 1, 2018.

You submitted an application for financial assistance with health insurance on December 11, 2017. The income amount that was entered into that application did not match what NYSOH received from state and federal data sources. As a result, NYSOH issued an eligibility determination notice stating that your spouse was eligible for the Essential Plan for a limited time, effective January 1, 2018. The notice also directed you submit income documentation in order to confirm your spouse's eligibility.

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.

Also on December 11, 2018, you uploaded a letter from your spouse's employer to your NYSOH account. The letter that was uploaded stated that your spouse was a seasonal employee and that the work he does is part time and varies depending on the job he is assigned.

On December 12, 2017, a NYSOH representative invalidated the letter from your spouse's employer because the letter did not include the date that your spouse was no longer working. Further, the NYSOH representative removed the \$6,000.00 childcare deduction from your NYSOH account which changed the annual expected household income from \$48,539.28 to \$54,539.28 and an updated application was submitted on your family's behalf.

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).

NYSOH bases its eligibility determination on the appellant's modified gross income (MAGI) as defined in the federal tax code. The Internal Revenue Service rules do not allow a tax payer to deduct from their adjusted gross income the amount that the tax payer pays for child care expenses. Since the Internal Revenue Service rules do not allow for a tax payer to deduct their child care expenses from their adjusted gross income, they cannot be deducted when NYSOH computes your modified adjusted gross income for eligibility purposes. Therefore, the NYSOH representative was correct to remove the child care expense deduction from your NYSOH account when determining your spouse's eligibility.

As a result, the application that was submitted on December 12, 2017, listed an annual expected income of \$54,539.28 and the eligibility determination relied upon this information.

Your spouse is in a four-person household for purposes of this analysis. This is because you and your spouse expect to file your 2018 income tax return as married filing jointly and will claim two dependents on that tax return.

Your spouse resides in Orange County, where the second lowest cost silver plan available for an individual in the 2018 coverage year through NYSOH costs \$618.25 per month.

An annual income of \$54,539.28 is 221.70% of the 2017 FPL of \$24,600.00 for a four-person household. At 221.70% of the FPL, the expected contribution to the cost of the health insurance premium is 7.10% of income, or \$322.69 per month.

The maximum amount of APTC that can be approved equals the cost of the second lowest cost silver plan available through NYSOH for an individual in your county (\$619.25 per month) minus your spouse's expected contribution (\$322.69 per month), which equals \$296.56 per month. Therefore, rounding to the nearest dollar, NYSOH correctly determined your spouse to be eligible for up to \$296.00 per month in APTC, based on the information you provided in the December 12, 2017 application.

The second issue under review is whether NYSOH properly determined your spouse was ineligible for the Essential Plan based on the December 12, 2017 application.

The Essential Plan is generally provided through NYSOH to individuals who meet the non-financial requirements and have a household modified adjusted gross income that is between 138% and 200% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$24,600.00 for a four-person household. Since an annual household income of \$54,539.28 is 221.70% of the 2017 FPL, NYSOH correctly found your spouse to be ineligible for the

Essential Plan, based on the information provided in the December 12, 2017 application.

Since the December 13, 2017 eligibility determination notice properly stated, in part, that, based on the information provided in your application, your spouse was eligible for up to \$296.00 per month in APTC, and ineligible for the Essential Plan, it is correct and is AFFIRMED, as it pertains to your spouse's eligibility as of your December 12, 2017 application.

The third issue under review is whether NYSOH properly determined that your spouse was eligible for the Essential Plan, effective March 1, 2018.

The record indicates that you submitted an updated application for financial assistance with health insurance on January 19, 2018. This application listed an annual expected household income of \$42,000.00 and the eligibility relied upon this information.

Your spouse is in a four-person household for purposes of this analysis, as well. This is because you and your spouse expect to file your 2018 income tax return as married filing jointly and will claim two dependents on that tax return.

The Essential Plan is generally provided through NYSOH to individuals who meet the non-financial requirements and have a household modified adjusted gross income that is between 138% and 200% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$24,600.00 for a four-person household. Since an annual household income of \$42,000.00 is 170.73% of the 2017 FPL, NYSOH correctly found your spouse to be eligible for the Essential Plan, based on the updated information you provided in your January 19, 2018 application.

Therefore, the January 20, 2018 eligibility determination is AFFIRMED, as it pertains to your spouse's eligibility as of your January 19, 2018 application.

The final issue under review is whether NYSOH properly determined that your spouse was eligible for and enrolled in the Essential Plan, effective March 1, 2018.

The record indicates that you updated your NYSOH application on January 19, 2018. As a result, your spouse was found eligible for the Essential Plan with a \$20.00 monthly premium, for a limited time, effective March 1, 2018.

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.

The record reflects that you enrolled your spouse into an Essential Plan on January 19, 2018 and, as a result, your spouse's enrollment properly took effect the first day of the second month following January 2018; that is, on March 1, 2018.

Therefore, the January 20, 2018 plan enrollment notice is affirmed, as it pertains to your spouse's enrollment as of your January 19, 2018 application.

Decision

The December 13, 2017 eligibility determination notice is AFFIRMED, as it pertains to your spouse's eligibility as of your December 12, 2017 application.

The January 20, 2018 eligibility determination notice is AFFRIMED, as it pertains to your spouse's eligibility as of your January 19, 2018 application.

The January 20, 2018 plan enrollment notice is AFFIRMED, as it pertains to your spouse's enrollment as of your January 19, 2018 application.

This decision has no effect on any subsequent eligibility determination and plan enrollment notices issued by NYSOH.

Effective Date of this Decision: March 22, 2018

How this Decision Affects Your Eligibility

NYSOH properly determined that your spouse was eligible for up to \$296.00 per month in ATPC, based on the information in the December 12, 2017 application.

NYSOH properly determined that your spouse was ineligible for the Essential Plan, based on the information provided in the December 12, 2017 application.

NYSOH properly determined that your spouse was eligible for the Essential Plan, based on your January 19, 2018 application.

NYSOH properly determined that your spouse was eligible for the Essential Plan, effective March 1, 2018.

This decision does not affect your spouse's current eligibility.

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)

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:

- 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 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 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 December 13, 2017 eligibility determination notice is AFFIRMED, as it pertains to your spouse's eligibility as of your December 12, 2017 application.

The January 20, 2018 eligibility determination notice is AFFRIMED, as it pertains to your spouse's eligibility as of your January 19, 2018 application.

The January 20, 2018 plan enrollment notice is AFFIRMED, as it pertains to your spouse's enrollment as of your January 19, 2018 application.

This decision has no effect on any subsequent eligibility determination and plan enrollment notices issued by NYSOH.

NYSOH properly determined that your spouse was eligible for the Essential Plan, based on your January 19, 2018 application.

The January 20, 2018 plan enrollment notice is AFFIRMED, as it pertains to your spouse's enrollment.

NYSOH properly determined that your spouse was eligible for the Essential Plan, effective March 1, 2018.

This decision has no effect on any subsequent eligibility determination and plan enrollment notices issued by NYSOH.

This decision does not affect your spouse's current eligibility.

Legal Authority

We are sending you this notice in accordance with 45 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).

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।

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).

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)

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.