



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

Notice of Decision

Decision Date: April 02, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027728

[REDACTED]

On March 22, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 10, 2018 discontinuance and disenrollment notices, and the January 24, 2018 eligibility determination 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.

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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: April 02, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027728



Issues

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

Did NY State of Health (NYSOH) properly determine that you and your spouse were no longer eligible for the Essential Plan, effective February 1, 2018?

Did NYSOH properly determine that you and your spouse were eligible to receive up to \$743.00 per month in advance payments of the premium tax credit, effective March 1, 2018?

Did NYSOH properly determine that you and your spouse were eligible for cost-sharing reductions, effective March 1, 2018?

Did NYSOH properly determine that you and your spouse were not eligible for the Essential Plan?

Procedural History

On October 7, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to enroll in the Essential Plan for a limited time, effective November 1, 2017. The notice further directed you to provide documentation confirming your and your spouse's citizenship status to NYSOH by January 4, 2018.

On October 7, 2017, NYSOH issued a notice confirming your and your spouse's enrollment in an Essential Plan, effective November 1, 2017.

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On November 4, 2017, an enrollment confirmation notice confirming that you and your spouse were enrolled in the Essential Plan as of November 1, 2017. This notice contained a reminder to you and your spouse that additional information was needed to confirm your eligibility and again asked you to provide proof of your and your spouse's citizenship status by January 4, 2018.

No documentation was received by NYSOH confirming your and your spouse's citizenship status by January 4, 2018.

On January 10, 2018, NYSOH issued a discontinuance notice stating that you and your spouse were not qualified to enroll in health insurance coverage through NYSOH because NYSOH did not receive the citizenship documentation needed to verify your eligibility. This eligibility was effective February 1, 2018.

Also on January 10, 2018, NYSOH issued a disenrollment notice stating that your and your spouse's enrollment in your Essential Plans was ending effective January 31, 2018, because you and your spouse were no longer eligible to enroll in health insurance through NYSOH.

On January 23, 2018, you updated your application for financial assistance. At that time, you updated information about your and your spouse's citizenship/immigration status, as well as information about your projected 2018 household income.

On January 24, 2018, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to receive up to \$743.00 per month in advance payments of the premium tax credit (APTC) as well as cost-sharing reductions if you enrolled in a silver level qualified health plan, both effective March 1, 2018. That notice also stated that you and your spouse were not eligible for the Essential Plan because your annual household income was over the allowable income limit for that program.

Also on January 24, 2018, NYSOH issued an enrollment confirmation notice stating that you and your spouse were enrolled into a bronze level qualified health plan, effective March 1, 2018.

Finally, on January 24, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your and your spouse's coverage insofar as you did not have coverage as of February 1, 2018.

On February 10, 2018, NYSOH issued a notice stating that you and your spouse were eligible for the Essential Plan for a limited time, effective March 1, 2018. This was because you and your spouse had been granted Aid to Continue pending the outcome of your appeal.

Also on February 10, 2018, NYSOH issued an enrollment confirmation notice stating that you and your spouse were enrolled in the Essential Plan, effective March 1, 2018.

On March 22, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, the issue was clarified to add that you were also appealing financial eligibility for you and your spouse insofar as you were no longer eligible for the Essential Plan. The record was developed during the hearing and held open up to April 6, 2018, to allow you time to submit supporting documents.

Also on March 22, 2018, NYSOH received your supporting documents by upload. The documents were incorporated into the record as Appellant's Exhibit #1 and the record was closed.

Findings of Fact

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

- 1) On October 6, 2017 an application was submitted to NYSOH by username '██████████'. That application indicated that you and your spouse were U.S. Citizens.
- 2) You testified that your NYSOH online username is '██████████'.
- 3) You testified and your NYSOH account confirms that you elect to receive all of your notices from NYSOH by electronic mail.
- 4) You testified that you received alerts from NYSOH by email, including an alert in September 2017 which prompted you to renew your eligibility for 2018 coverage.
- 5) You testified that you could not recall whether you had received such an alert regarding the October 7, 2017 eligibility determination notice that stated your and your spouse's eligibility was for a limited time and that you needed to submit citizenship/immigration documents by January 4, 2018.
- 6) No documentation was provided to NYSOH by January 4, 2018.
- 7) You testified that you became aware that you and your spouse had been disenrolled from the Essential Plan after you received an email from NYSOH alerting you to a new notice in your account. You then logged into your account, read the January 10, 2018 discontinuance and disenrollment notices.

- 8) On January 23, 2018, you updated your application for financial assistance. At that time, you changed your attestations regarding your and your spouse's immigration status to "Immigrant Non-Citizen" and added relevant information which was used to verify your immigration status.
- 9) The application you submitted on January 23, 2018 listed annual household income of \$59,900.00, consisting of earnings from your employment.
- 10) You testified that you were unsure if the income amount was accurate but it was based on your current job situation.
- 11) You testified that you believe your actual income for 2018 will be around \$48,000.00 because you were currently working two jobs but in two weeks one of your jobs would be ending.
- 12) You testified that both of your jobs are with [REDACTED]. You testified that you expect to earn between \$3,000.00-\$4,000.00 this year from the job that you expect to end in a few weeks.
- 13) You testified that you currently receive around \$1,350.00 per week from your other job but that in June 2018 you will probably reduce your hours to only work 40 hours per week and you will then receive \$600.00 per week after the hour reductions.
- 14) During the hearing, the Hearing Officer asked you to get a letter from your employer stating that your hours would drop in June 2018. You testified that you could not get a letter stating that because you were not 100% sure that you would reduce your hours in June 2018 because plans change.
- 15) You testified that you expect to file your tax return for 2018 with a tax filing status of married filing jointly. You will claim three dependents on that tax return.
- 16) Your application states and you confirmed that you will not be taking any deductions on your 2018 tax return.
- 17) You reside in Suffolk County, NY.
- 18) You testified that you are seeking reinstatement of you and your spouse's Essential Plan coverage for the month of February 2018, as well as redetermination of your and your spouse's eligibility for the Essential Plan from March 2018 onward.

- 19) Following your hearing, you submitted copies of three recent paystubs from each of your current jobs. You submitted the following:
- a. A paystub dated 3/1/2018 from [REDACTED] listing a gross pay amount of \$1,329.23.
 - b. A paystub dated 3/1/2018 from [REDACTED] for a gross pay amount of \$450.00.
 - c. A paystub dated 3/8/2018 from [REDACTED] listing a gross pay amount of \$1,341.28.
 - d. A paystub dated 3/8/2018 from [REDACTED] for a gross pay amount of \$450.00.
 - e. A paystub dated 3/15/2018 from [REDACTED] listing a gross pay amount of \$1,433.93 and a year to date amount of \$14,331.23.
 - f. A paystub dated 3/15/2018 from [REDACTED] for a gross pay amount of \$450.00 and a year to date amount of \$2,850.00.

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

Applicable Law and Regulations

Verification of Eligibility for the Essential Plan

NYSOH must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable federal poverty level (FPL) or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated (see 42 CFR § 600.305, 42 CFR § 435.603(d)(4), 45 CFR § 155.305(e), NY Social Services Law § 369-gg(3), 42 USC § 18051).

NYSOH must verify the eligibility of an applicant for the Essential Plan consistent with the standards set in 45 CFR § 155.315 and § 155.320 (New York's Basic Health Plan Blueprint, pgs. 16-17, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/downloads/ny-blueprint.pdf>; 42 CFR § 600.345(a)(2)).

If an applicant attests to a citizenship or immigration status that NYSOH is unable to verify, NYSOH must provide the applicant with notice of the inconsistency. NYSOH must then provide the applicant with an opportunity to provide satisfactory documentary evidence within 90 days of the date the notice of

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inconsistency is received. Notice is considered received 5 days after the date on the notice, unless the applicant demonstrates that he or she did not receive the notice within the 5-day period (42 CFR § 600.345, 45 CFR § 155.315(c)(3), (f)(2)(i)).

Upon making an eligibility redetermination, NYSOH must notify the applicant and implement any updates in eligibility to the Essential Plan effective the first day of the following month for changes received by NYSOH from the first to the fifteenth of any month (45 CFR § 155.420(b)(1)(i); see also 42 CFR § 600.320(c)). For updates 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 § 155.420(b)(1)(ii); see also 42 CFR § 600.320(c)).

Electronic Notices

Applicants may choose to receive notices and information from NYSOH either by electronic alerts or by regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant's account (42 CFR § 600.330(e); 42 CFR § 435.918(b)(4)).

Additionally, if an electronic alert regarding a notice in an individual's NYSOH account fails, NYSOH must send out the notice by regular mail within three days of the failed alert (42 CFR § 435.918(b)(5)).

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

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(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 \$28,780.00 for a five-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 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).

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).

Cost-Sharing Reductions

Cost-sharing reductions are available to a person who (1) is eligible to enroll in a qualified health plan through NYSOH, (2) meets the requirements to receive APTC, (3) is expected to have an annual household income that does not exceed 250% of the FPL for the first day of the open enrollment period of the benefit year for which coverage is requested, and (4) is enrolled in a silver-level qualified health plan (45 CFR § 155.300(a), 45 CFR § 155.305(g)(1)).

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 \$28,780.00 for a five-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)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that you and your spouse's eligibility for the Essential Plan ended effective February 1, 2018.

NYSOH is required to determine whether individuals are eligible to enroll in coverage through NYSOH, and must confirm, among other things, that their citizenship status is satisfactory.

If NYSOH cannot verify an individual's citizenship status, it must provide the individual with notice of the inconsistency and provide a period of 90 days from the date notice is received to resolve the inconsistency.

On October 6, 2017 an application was submitted to NYSOH by username [REDACTED]. That application indicated that you and your spouse were U.S. Citizens. You confirmed that your NYSOH online username is [REDACTED].

As a result of the information contained in the October 6, 2017 application, an eligibility determination was issued on October 7, 2017, in which you were advised that you and your spouse were eligible for the Essential Plan for a limited time, and that you needed to confirm your and your spouse's citizenship status by providing documentation before January 4, 2018.

NYSOH did not receive the requested citizenship documentation before the deadline.

You testified and the record reflects that you elected to receive alerts regarding notices from NYSOH electronically. You further testified that you have received electronic alerts from NYSOH before, specifically in September 2017 regarding your need to renew your eligibility for 2018 coverage, as well as alerts concerning the January 10, 2018 eligibility determination and disenrollment notices informing you that you and your spouse were no longer eligible for the Essential Plan.

However, you could not remember whether you received an alert in regard to your October 7, 2017 eligibility determination notice which included the request that you submit proof of your attested citizenship status.

Since you have received electronic alerts from NYSOH in the past, and because you could not say for certain that you did or did not receive an alert from NYSOH regarding the October 7, 2017 notice, the credible evidence supports that you did in fact receive an electronic alert informing you that a new notice had been posted in your account. Therefore, you were properly notified of an inconsistency in your account, and that documentation was needed by January 4, 2018 to confirm your and your spouse's citizenship status listed in the account.

If NYSOH remains unable to verify the attestation of the applicant, NYSOH must redetermine an individual's eligibility based on the information available from data sources.

Accordingly, your and your spouse's eligibility for and enrollment in the Essential Plan terminated as of February 1, 2018 because you did not submit citizenship documentation.

Therefore, the January 10, 2018 discontinuance and disenrollment notices are **AFFIRMED**.

The second issue under review is whether NYSOH properly determined that you and your spouse were eligible for up to \$743.00 per month in APTC, effective March 1, 2018.

The application that you submitted on January 23, 2018 listed an annual household income of \$59,900.00 and the eligibility determination relied upon that information. You testified that you were unsure if the income amount was accurate but was based on your current job situation.

You and your spouse are in a five-person household. You expect to file your 2018 income tax return as married filing jointly and will claim three dependents.

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You reside in Suffolk County, where the second lowest cost silver plan available for a couple through NYSOH costs \$1,073.89 per month.

An annual income of \$59,900.00 is 208.13% of the 2017 FPL for a five-person household. At 208.13% of the FPL, the expected contribution to the cost of the health insurance premium is 6.34% of income, or \$330.44 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 a couple in your county (\$1,073.89 per month) minus your expected contribution (\$330.44 per month), which equals \$743.45 per month. Therefore, rounding to the nearest dollar, NYSOH correctly determined you and your spouse to be eligible for up to \$743.00 per month in APTC.

The third issue under review is whether you and your spouse were properly determined eligible for cost-sharing reductions. Cost-sharing reductions are available to a person who has a household income no greater than 250% of the FPL. Since a household income of \$59,900.00 is 208.13% of the applicable FPL, NYSOH correctly found you to be eligible for cost sharing reductions.

The fourth issue under review is whether NYSOH properly determined you and your spouse were ineligible for the Essential Plan.

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 \$28,780.00 for a five-person household. Since an annual household income of \$59,900.00 is 208.13% of the 2017 FPL, NYSOH correctly found you to be ineligible for the Essential Plan.

Since the January 24, 2018 eligibility determination notice properly stated that, based on the information you provided, you and your spouse were eligible for up to \$743.00 per month in APTC, eligible for cost-sharing reductions, and ineligible for the Essential Plan, it is correct and is **AFFIRMED**.

During the hearing, you testified that one of your jobs will be ending in a few weeks and that you intend to reduce the hours that you work at the other job which would result in you earning less money per week. The Hearing Officer asked you to get a letter from your employer stating that your hours would drop in June 2018. You testified that you could not get a letter stating that because you were not 100% sure that you would reduce your hours in June 2018 because plans change.

If and when your work schedule changes, you may update your NYSOH account to reflect the change in income and your and your spouse's eligibility will be redetermined accordingly.

Please note that people who use 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.

Decision

The January 10, 2018 discontinuance notice is AFFIRMED.

The January 10, 2018 disenrollment notice is AFFIRMED.

The January 24, 2018 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: April 02, 2018

How this Decision Affects Your Eligibility

NYSOH properly found you and your spouse ineligible to enroll in the Essential Plan effective January 31, 2018 because you did not provide documentation of your attested immigration status.

NYSOH properly determined that you and your spouse were eligible for up to \$743.00 per month in APTC, and cost-sharing reductions, based on the income information in your application.

NYSOH properly determined that you and your spouse were ineligible for the Essential Plan.

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.

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).

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
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

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Summary

The January 10, 2018 discontinuance notice is AFFIRMED.

The January 10, 2018 disenrollment notice is AFFIRMED.

NYSOH properly found you and your spouse ineligible to enroll in the Essential Plan effective January 31, 2018 because you did not provide documentation of your attested immigration status.

The January 24, 2018 eligibility determination notice is AFFIRMED.

NYSOH properly determined that you and your spouse were ineligible for the Essential Plan.

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 مجاناً.

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

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Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&btumi ama wo obi a okyerε kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

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

Tiếng Việt (Vietnamese)

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

אידיש (Yiddish)

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

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).