



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

Notice of Decision

Decision Date: May 7, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027753



Dear [REDACTED]

On March 19, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's September 19, 2017 disenrollment notice, the October 24, 2017 enrollment confirmation notice, the December 28, 2017 discontinuance and disenrollment notices, and the January 13, 2018 enrollment confirmation notice.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the Account ID at the top of this notice.

Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

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

Decision

Decision Date: May 7, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027753



Issue

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

Did NY State of Health (NYSOH) properly determine you were not eligible to enroll in a Medicaid Managed Care plan for the month of November 2017?

Did NYSOH properly determine you were not eligible to enroll in a Medicaid Managed Care plan for the month of January 2018?

Procedural History

On February 18, 2017, NYSOH issued an enrollment notice confirming your enrollment in a Medicaid Managed Care plan (MMC) with Fidelis Care, effective November 1, 2016.

On September 17, 2017, NYSOH issued a renewal notice stating that, based on state and federal sources, there was insufficient information to determine whether you qualified for continuing financial help paying for your health coverage. The notice directed you to update your account by October 15, 2017 or the financial assistance you were receiving might end.

Also on September 17, 2017, NYSOH issued a notice confirming a change to your mailing address.

On September 18, 2017, NYSOH received an updated application for financial assistance submitted on your behalf.

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On September 19, 2017, NYSOH issued a notice stating the income information in your application did not match information NYSOH received from state and federal sources. You were directed to provide income documentation by October 3, 2017 or NYSOH would be unable to determine your eligibility for health coverage.

Also on September 19, 2017, NYSOH issued a disenrollment notice stating your MMC plan coverage would end, effective October 31, 2017, because you were no longer eligible to enroll in the plan.

On October 13, 2017, NYSOH systematically redetermined your eligibility.

On October 16, 2017, NYSOH issued an eligibility determination stating you were eligible to purchase a qualified health plan at full cost, effective November 1, 2017. The notice indicated that you were not eligible for financial assistance, because NYSOH did not receive the income documentation needed to verify the income information listed in your application by the due date.

On October 23, 2017, NYSOH systematically redetermined your eligibility again.

On October 24, 2017, NYSOH issued an eligibility determination notice, based on the October 23, 2017 systematic eligibility redetermination, stating you were eligible for Medicaid, effective November 1, 2017. The notice directed you to “pick a health plan.”

On November 11, 2017, NYSOH issued an enrollment notice, based on a November 10, 2017 automatic plan assignment, confirming your enrollment in a MMC with Fidelis Care, effective December 1, 2017.

On December 28, 2017, NYSOH issued a notice stating you were no longer eligible to enroll in health insurance through NYSOH, effective December 28, 2017, because notices issued to you by NYSOH about your eligibility and coverage had been returned as undeliverable. The notice directed you to update the mailing address on your account, so NYSOH could redetermine your eligibility for health coverage.

Also on December 28, 2017, NYSOH issued a disenrollment notice stating your MMC coverage would end on December 31, 2017, because you were no longer eligible to enroll in that plan.

On January 9, 2018 and January 11, 2018, NYSOH issued notices, based on your updated applications, stating the income information in your applications did not match what NYSOH received from state and federal sources. You were directed to provide documentation of your income or NYSOH would be unable to determine your eligibility for health coverage.

On January 11, 2018, NYSOH systematically redetermined your eligibility. On January 12, 2018, NYSOH issued an eligibility determination notice, based on the January 11, 2018 systematic eligibility redetermination, stating you were eligible for Medicaid, effective January 1, 2018. The notice directed you to “pick a health plan.”

On January 13, 2018, NYSOH issued an enrollment notice, based on your January 12, 2018 plan selection, confirming your enrollment in a MMC plan with United Health Care, effective February 1, 2018.

On January 25, 2018, you spoke to NYSOH’s Account Review Unit and appealed insofar as you were not enrolled in an MMC with Fidelis Care for the month of November 2017 and that your MMC enrollment with United Health Care did not become effective on January 1, 2018.

On March 19, 2018, you had a telephone hearing with a Hearing Officer from NYSOH’s Appeals Unit. The record was developed during the hearing and closed thereafter.

Findings of Fact

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

- 1) You were enrolled in a MMC plan with Fidelis Care, effective November 1, 2016.
- 2) On February 18, 2017, NYSOH issued a Change of Mailing Address Notice confirming your mailing address had been changed to [REDACTED]
[REDACTED]
- 3) You testified that the [REDACTED] address is your correct mailing address.
- 4) According to your account, on September 17, 2017 a “move address” was identified and your mailing address was systematically updated to [REDACTED]
[REDACTED]
- 5) You testified that the [REDACTED] address is your home address, but that you have issues receiving mail at that address, so you opened the [REDACTED] to use as your mailing address.
- 6) You testified that you did not authorize NYSOH to change your mailing address from your [REDACTED] to your home address.
- 7) On September 18, 2017, you contacted NYSOH to renew your coverage for the upcoming coverage year.

- 8) The Appeals Unit reviewed the recording of the September 18, 2017 telephone call and confirmed the following:
- a. You stated that you had been having issues receiving mail from other entities and you confirmed that the [REDACTED] was your correct mailing address.
 - b. You updated your application to renew your coverage indicating that your only income was monthly Social Security benefits payments in the amount of \$797.00.
 - c. The representative indicated you also had to confirm your home address, which you did. You reiterated that the [REDACTED] was your mailing address.
 - d. The representative advised that NYSOH was unable to determine your eligibility and that you needed to upload or fax documentation confirming the amount of Social Security benefits you receive.
 - e. The representative did not provide you with a due date for your income documentation.
- 9) According to your account, you were placed in a pending Medicaid status and disenrolled from your MMC plan, effective October 31, 2017.
- 10) You testified that you did not receive the September 19, 2017 notice directing you to submit proof of your income, but that you knew you had to send income documentation, because the NYSOH representative told you over the phone on September 18, 2017.
- 11) On October 13, 2017, NYSOH systematically redetermined your eligibility and found you ineligible for financial assistance, effective November 1, 2017, because no documentation of your income had been received.
- 12) According to your account, on October 18, 2017, NYSOH received a letter from the Social Security Administration office, dated October 17, 2017, detailing the current amount of your monthly benefits.
- 13) Your account confirms that NYSOH verified your income documentation on October 23, 2017, confirming the income information in your prior application, and found you eligible for Medicaid, effective November 1, 2017.
- 14) The eligibility determination notice issued on October 24, 2017 directed you to pick a health plan or one would be chosen for you.

- 15) Your account confirms that on November 10, 2017, NYSOH automatically assigned you a MMC plan with Fidelis Care. That coverage became effective on December 1, 2017.
- 16) You testified that you are appealing insofar as you were not enrolled in a MMC with Fidelis Care for the month of November 2017, because you have outstanding medical bills from that month from a provider that does not accept fee for service Medicaid.
- 17) According to your account, on December 26, 2017, all notices issued by NYSOH to you after September 17, 2017, except the change of address notice issued to your [REDACTED], were returned as undeliverable.
- 18) On December 27, 2017, NYSOH marked your mailing address as "invalid" and systematically redetermined your eligibility finding you ineligible for health coverage through NYSOH purportedly based on the returned mail.
- 19) Your Fidelis Care MMC coverage was terminated, effective December 31, 2017.
- 20) On January 5, 2018, your mailing address was marked "valid."
- 21) On January 8, 2018, your application was updated and you were placed in a pending Medicaid status with documentation of your income requested prior to NYSOH determining your eligibility.
- 22) On January 10, 2018, income documentation was uploaded to your account and on January 11, 2018 your eligibility was systematically redetermined.
- 23) You were found eligible for Medicaid, effective January 1, 2018.
- 24) According to your account, a MMC enrollment request with United Health Care was submitted on your behalf on January 12, 2018 and coverage through that plan became effective February 1, 2018.
- 25) You appealed insofar as your United Health Care MMC coverage was not effective January 1, 2018.
- 26) According to your account, on January 18, 2018 your mailing address was changed to [REDACTED]

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

Applicable Law and Regulations

Medicaid Renewal

In general, NYSOH must review Medicaid eligibility once every 12 months or “whenever it receives information about a change in a beneficiary’s circumstances that may affect eligibility” (42 CFR § 435.916(a)(1), (d)). NYSOH must make its “redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual’s account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency” (42 CFR § 435.916(a)(2)).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (45 CFR § 155.335(c), (e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates that may have been provided by the individual (45 CFR § 155.335(h)).

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b); Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010, 13 ADM-03(III)(F)).

Medicaid Managed Care (MMC) plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H(6)(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; NY Social Services Law § 364-j(1)(c); 18 NYCRR § 360-10.3(h); Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010, 13 ADM-03(III)(F)).

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).

Valid Appeal Requests

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) a failure by NYSOH to provide timely notice of an eligibility determination; and (4) a denial of a request for a special enrollment period (45 CFR § 155.505, 45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

Individual applicants and enrollees must request a hearing within 60 days of the date of their notice of eligibility determination by NYSOH (45 CFR § 155.520(b)(2); 18 NYCRR § 358-3.5(b)(1)).

Legal Analysis

The first issue under review is whether NYSOH properly determined you were not eligible to enroll in a MMC plan for the month of November 2017.

You were enrolled in a MMC plan with Fidelis Care, effective November 1, 2016. On September 17, 2017, NYSOH issued a renewal notice directing you to update your account by October 15, 2017. An updated application was submitted on your behalf on September 18, 2017 listing your annual expected income as \$9,564.00, consisting solely of monthly Social Security benefit payments in the amount of \$797.00. According to your account, NYSOH was unable to verify the income information in your application.

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 it must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence. The notice issued on September 19, 2017 indicated that the income information in your application did not match the information received from state and federal data sources. That notice directed you to submit proof of your income by October 3, 2017 or NYSOH would be unable to determine your eligibility for health coverage.

Although you testified that you did not receive the September 19, 2017 eligibility determination notice, you further testified that you were aware you had to submit documentation of your income before NYSOH could determine your eligibility, because the NYSOH representative told you so during the September 18, 2017 telephone call. You were disenrolled from your MMC plan at the end of the 12-month term, October 31, 2017, based on the pending Medicaid status. You

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appealed insofar as you were not enrolled in an MMC with Fidelis Care for the month of November 2017.

According to the above cited regulations, generally, individual applicants and enrollees must request a hearing within 60 days of the date of their notice of eligibility determination by NYSOH.

For an appeal to have been valid on the issue of your October 31, 2018 disenrollment from your MMC, as stated in the September 19, 2017 disenrollment notice, and the December 1, 2017 reenrollment start date, as stated in the November 11, 2017 enrollment confirmation notice, an appeal of those notices should have been filed no later than November 18, 2018 and January 10, 2018, respectively. However, your account confirms that your appeal was not filed until January 25, 2018, after the regulatory deadline to appeal had passed.

Notwithstanding, based on the evidence establishing that your mailing address was systematically changed on September 17, 2017, without your consent, to your home address, and that all notices issued to you between September 17, 2017 and December 2017 were returned to NYSOH as undeliverable, including the two aforementioned notices at issue, it is concluded that the evidence supports a tolling of the time frame in which to appeal. Since the evidence establishes that you did not timely receive the notices being appealed due to NYSOH improperly changing your mailing address, the time frame in which to appeal the September 19, 2017 disenrollment notice and the November 11, 2017 enrollment confirmation notice is tolled and your appeal as to those notices is deemed timely.

As discussed above, the evidence established that your Fidelis Care MMC enrollment was terminated, because NYSOH could not verify the income information in your September 18, 2017 renewal application. Although you credibly testified that you did not receive the September 19, 2017 eligibility determination notice directing you to submit proof of your income by October 3, 2017, you further testified that you knew you had to send income documentation, because the NYSOH representative told you over the phone on September 18, 2017.

Since the evidence established that NYSOH terminated your Fidelis Care MMC coverage at the end of the 12-month term because of being unable to verify the income information in your renewal application, it is concluded that the disenrollment is supported by the record as well as the regulations. Therefore, the September 19, 2017 disenrollment notice is **AFFIRMED**.

Your account confirms that NYSOH received your income documentation on October 18, 2017. Although this was after the October 3, 2017 deadline, NYSOH verified your documentation, confirming the income information in your prior

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application and redetermined your eligibility on October 23, 2017. You were found eligible for Medicaid, effective November 1, 2017. The eligibility determination notice issued by NYSOH on October 24, 2017 directed you to “pick a health plan.” However, you testified, and your account corroborates, that you did not receive the October 24, 2017 eligibility determination notice, because it was sent to your home address, which, as discussed above, is not your mailing address. As a result, you did not select a MMC for enrollment yourself, so NYSOH automatically assigned you a MMC with Fidelis Care on November 10, 2017. Coverage through that plan became effective December 1, 2017. You appealed insofar as you were not enrolled in a MMC with Fidelis Care for the month of November 2017.

It is concluded that you did not receive the October 24, 2017 eligibility determination notice directing you to “pick a health plan,” due to NYSOH sending that notice to the incorrect address. It is assumed that had the notice been properly issued to your correct mailing address, you would have received it and promptly selected Fidelis as your MMC plan. However, pursuant to the above cited regulations, the date on which a MMC plan can take effect depends on the day a plan is selected for enrollment. A plan that is selected from the first day to and including the fifteenth day of a month will go into effect on the first day of the following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

Since the income documentation resulting in your Medicaid eligibility was not received until October 18, 2017, you would not have been permitted to enroll in a MMC until after the fifteenth day of the month. Since MMC plan selections received after the fifteenth day of the month do not become effective until the first day of the second month following the plan selection, your Fidelis Care MMC reenrollment still would not have been effective until December 1, 2017, even if you had received proper notice of your eligibility and been permitted to enroll in a MMC at that time.

Therefore, the November 11, 2017 enrollment confirmation notice stating you were enrolled in a MMC with Fidelis Care, effective December 1, 2017, was correct and is **AFFIRMED**.

The second issued under review is whether NYSOH properly determined you were not eligible to enroll in a MMC plan for the month of January 2018.

As discussed above, your mailing address was systematically updated on September 17, 2017, without your consent, to your home address. You testified that you have issues receiving mail at your home address, so you opened a [REDACTED] [REDACTED] to use as your mailing address. Your account confirms that prior to September 17, 2017, the mailing address listed on your account was [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]. You testified that is your correct mailing address.

You updated your account over the phone on September 18, 2017. A review of that telephone call recording confirms you told the NYSOH representative that your mailing address was your [REDACTED]; however, your account was not properly updated that day to reflect that information.

According to your account, on December 26, 2017, all notices issued to you by NYSOH after September 17, 2017, except the change of address notice issued to your PO Box, were returned as undeliverable. On December 27, 2017, NYSOH marked your mailing address as "invalid" and systematically redetermined your eligibility finding you ineligible for health coverage through NYSOH, purportedly based on the returned mail, and disenrolled you from your Fidelis Care MMC plan, effective December 31, 2017. You appealed insofar as you were not enrolled in a MMC for the month of January 2018.

As discussed above, the evidence establishes that your mailing address was improperly updated on September 17, 2017, without your consent. As a result, the subsequent notices issued by NYSOH in September, October, and November 2017 were returned as undeliverable. Given the evidence establishing that this was the direct result of NYSOH's error in changing your mailing address, it is concluded that the resulting December 28, 2017 discontinuance and disenrollment notices terminating your Medicaid coverage on December 31, 2017, due to the returned mail, are not supported by the record and must be RESCINDED.

You subsequently reapplied and were determined eligible for Medicaid, effective January 1, 2018. Your account confirms that a MMC enrollment request with United Health Care was submitted on your behalf on January 12, 2018 and coverage thorough that plan became effective February 1, 2018. You appealed insofar as your United Health Care MMC coverage was not effective January 1, 2018.

However, as discussed above, the effective date of a MMC plan is determined by the date on which an applicant selects a plan for enrollment. Plans selected from the first to the fifteenth of any month are effective the first day of the following month. Since the evidence establishes that you did not select the United Health Care MMC until January 12, 2018, before the fifteenth day of the month, that coverage properly became effective on the first day of the following month; that is, on February 1, 2018.

However, given the rescission of the December 28, 2017 discontinuance and disenrollment notices discussed above, your case is RETURNED to NYSOH to reinstate you in the Fidelis Care MMC plan you were enrolled in, at that time, for the month of January 2018.

Decision

The September 19, 2017 disenrollment notice is AFFIRMED.

The November 11, 2017 enrollment confirmation notice is AFFIRMED.

The December 28, 2017 discontinuance and disenrollment notices as RESCINDED.

Your case is RETURNED to NYSOH to reinstate you in your Fidelis Care MMC plan for the month of January 2018.

The January 13, 2018 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: May 7, 2018

How this Decision Affects Your Eligibility

You were not eligible to enroll in a MMC for the month of November 2017.

Your Fidelis Care MMC coverage should not have been terminated on December 31, 2017.

Your case is being sent back to NYSOH to reinstate you in your Fidelis Care MMC coverage for the month of January 2018.

Your MMC coverage with United Health Care properly became effective on February 1, 2018.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the Federal Marketplace. This must be done within 30 days of the

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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

Summary

The September 19, 2017 disenrollment notice is **AFFIRMED**.

The November 11, 2017 enrollment confirmation notice is **AFFIRMED**.

The December 28, 2017 discontinuance and disenrollment notices as **RESCINDED**.

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 case is RETURNED to NYSOH to reinstate you in your Fidelis Care MMC plan for the month of January 2018.

The January 13, 2018 enrollment confirmation notice is AFFIRMED.

You were not eligible to enroll in a MMC for the month of November 2017.

Your Fidelis Care MMC coverage should not have been terminated on December 31, 2017.

Your MMC coverage with United Health Care properly became effective on February 1, 2018.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:



Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها 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. y&b&tumi ama wo obi a okyer& 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.