



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

## Notice of Decision

Decision Date: April 19, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000028688

[REDACTED]

Dear [REDACTED],

On April 6, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's February 10, 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.

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

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STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
P.O. Box 11729  
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## Decision

Decision Date: April 19, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000028688

[REDACTED]

## 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 that your enrollment in a qualified health plan ended effective December 31, 2017?

Did NYSOH properly determine that you did not qualify to enroll in a qualified health plan outside of the open enrollment period?

## Procedural History

On October 24, 2017, NYSOH issued a notice that it was time to renew your health insurance for the upcoming coverage year. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by December 15, 2017, or you might lose the health insurance you were currently receiving.

On November 19, 2017, you renewed your application for health insurance for 2018, but did not select a qualified health plan for enrollment.

On November 20, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to receive up to \$127.00 per month in advance payments of the premium tax credit to help pay for your health insurance, effective January 1, 2018. The notice further directed you to pick a health plan.

Also on November 20, 2017, NYSOH issued a disenrollment notice stating that your enrollment in your qualified health plan would end effective December 31, 2017. That notice directed you to select a health plan in order for your health coverage to begin.

On January 2, 2018, you submitted an application for financial assistance for 2018.

On January 3, 2018, NYSOH issued an eligibility determination notice stating that you were eligible to purchase a qualified health plan at full cost, effective February 1, 2018.

Also on January 3, 2018, NYSOH issued a plan enrollment notice confirming your enrollment in a bronze-level qualified health plan, effective February 1, 2018.

On February 8, 2018, you spoke to NYSOH's Account Review Unit and appealed your inability to change your qualified health plan outside of the open enrollment period.

On February 9, 2018, NYSOH issued an appeal confirmation notice stating the reason for your appeal was "Denial of Special Enrollment Period (SEP)."

On April 6, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you gave permission for the Hearing Officer to listen to recordings of telephone calls you had with NYSOH. The record was developed during the hearing and closed after the telephone recording was reviewed.

## **Findings of Fact**

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

- 1) You testified that you are disputing your December 31, 2017 disenrollment from your qualified health plan.
- 2) According to your NYSOH account and your testimony, on November 19, 2017 you renewed your health insurance for 2018 through your online account.
- 3) According to your NYSOH account, you did not select a health plan for enrollment when completing that application.

- 4) According to your NYSOH account and your testimony, you did not select a qualified health plan and you were not enrolled in a qualified health plan for the month of January 2018.
- 5) You testified that you did not know you were disenrolled from your qualified health plan because you did not receive notice from NYSOH.
- 6) You further testified that you discovered you were disenrolled when you had to pay for your prescriptions out of pocket.
- 7) According to your NYSOH account, you receive all your notices from NYSOH electronically; that is, by email alert.
- 8) You testified that you received an email alert around November 20, 2017 alerting you to new notices in your NYSOH account.
- 9) You further testified that the notices stated you were eligible for health insurance for 2018, but that you did not know you had to select a health plan or that your enrollment in your current plan was to end on December 31, 2017.
- 10) According to your NYSOH account and your testimony, on January 2, 2018, you contacted NYSOH by telephone and updated your application for health insurance with the assistance of a NYSOH representative. You selected a plan for enrollment at that time.
- 11) You testified that during that call you asked the NYSOH representative to enroll you into the same plan that you were enrolled in during the previous year and, when the NYSOH representative selected a plan for enrollment, it was the same plan from the previous year.
- 12) The NYSOH Appeals Unit reviewed the recording of January 2, 2018 telephone call between you and a NYSOH representative, and discerned the following:
  - a) During that call, you explained to the NYSOH representative that you were not at a computer and that you were not able to see any information in your NYSOH account.
  - b) You requested that the NYSOH representative enroll you into the same health plan you had during 2017.
  - c) The NYSOH representative asked if you wanted a bronze-level plan through Empire BlueCross BlueShield.

- d) You asked the NYSOH representative if that plan was the same health plan you had been enrolled in during 2017.
  - e) The NYSOH representative stated that it was, and you agreed to enroll into the bronze-level plan through Empire BlueCross BlueShield.
  - f) According to your NYSOH account, you were enrolled in a silver-level plan through Empire BlueCross BlueShield during 2017, not a bronze-level plan.
- 13) According to your NYSOH account, on January 2, 2018, the NYSOH representative enrolled you into a bronze-level qualified health plan through Empire BlueCross BlueShield, beginning February 1, 2018.

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

## **Applicable Law and Regulations**

### Annual Eligibility Redetermination

Generally, NYSOH must conduct annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, such as tax credits and cost-sharing reductions, Medicaid, or Child Health Plus. In such cases, NYSOH is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 CFR § 155.335(a) and (b)).

NYSOH must send an annual renewal notice that contains the information by which NYSOH will use to redetermine a qualified individual's projected eligibility for that year (45 CFR § 155.335(c)(3)). If a qualified individual does not respond to the notice after a 30-day period, NYSOH must redetermine that individual's eligibility using the information and projected eligibility provided in the annual renewal notice (45 CFR § 155.335(g), (h)). NYSOH must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)). The rules specified in 45 CFR § 155.330(f) are not pertinent here.

## Electronic Notices

Applicants may choose to receive notices and information from NYSOH by either electronic or 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 (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4)).

## De Novo Review

NYSOH Appeals Unit must review each appeal de novo and "consider all relevant facts and evidence adduced during the appeals process" (45 CFR § 155.535(f)). "De novo review means a review of an appeal without deference to prior decisions in the case" (45 CFR § 155.500).

## Enrollment in a Qualified Health Plan

NYSOH must provide annual open enrollment periods during which time qualified individuals may enroll in a QHP and enrollees may change QHPs (45 CFR § 155.410(a)(1)).

For the benefit year beginning on January 1, 2018, the national annual open enrollment period began on November 1, 2017 and extended through December 15, 2017 (45 CFR § 155.410(e)(3)). NY State extended this enrollment period through January 31, 2018 for applications processed through NYSOH ([https://www.health.ny.gov/press/releases/2017/2017-09-07\\_open\\_enrollment\\_dates.htm](https://www.health.ny.gov/press/releases/2017/2017-09-07_open_enrollment_dates.htm)).

## Special Enrollment Periods

After each open enrollment period ends, NYSOH provides special enrollment periods to qualified individuals. During a special enrollment period, a qualified individual may enroll in a qualified health plan, and an enrollee may change their enrollment to another plan. This is generally permitted when one of the following triggering events occur:

- (1) The qualified individual or his or her dependent either:
  - (i) Loses minimum essential coverage.
  - (ii) Is enrolled in any non-calendar year group health plan or individual health insurance coverage, even if the qualified individual or his or her dependent has the option to renew such coverage.
  - (iii) Loses pregnancy-related coverage.

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(iv) Loses medically needy coverage as described under section 1902(a)(10)(C) of the Social Security Act only once per calendar year.

(2)(i) The qualified individual gains a dependent or becomes a dependent through marriage, birth, adoption, placement for adoption, or placement in foster care, or through a child support order or other court order.

(ii) the enrollee loses a dependent or is no longer considered a dependent through divorce or legal separation as defined by State law in the State in which the divorce or legal separation occurs, or if the enrollee, or his or her dependent, dies.

(3) The qualified individual, or his or her dependent, becomes newly eligible for enrollment in a qualified health plan because he or she gains citizenship, status as a national, or lawful present or is no longer incarcerated.

(4) The qualified individual's or his or her dependent's, enrollment or non-enrollment in a qualified health plan is unintentional, inadvertent, or erroneous and is the result of the error, misrepresentation, misconduct, or inaction of an officer, employee, or agent of NYSOH, its instrumentalities, or a non-NYSOH entity providing enrollment assistance or conducting enrollment activities.

(5) The enrollee or, his or her dependent adequately demonstrates to NYSOH that the qualified health plan in which he or she is enrolled substantially violated a material provision of its contract in relation to the enrollee;

(6) The enrollee or enrollee's dependent is newly eligible or ineligible for advance payments of the premium tax credit, or change in eligibility for cost-sharing reductions.

(7) The qualified individual or enrollee, or his or her dependent, gains access to new qualified health plan as a result of a permanent move and either—

(i) Had minimum essential coverage for one or more days during the 60 days preceding the date of the permanent move, or

(ii) Was living outside of the United States or in a United States territory at the time of the permanent move;



(8) The qualified individual or dependent who gains or maintains status as an Indian may enroll in a qualified health plan or change from one plan to another, once per month.

(9) The qualified individual or enrollee, or his or her dependent, demonstrates to the Exchange, in accordance with guidelines issued by HHS, that the individual meets other exceptional circumstances as the Exchange may provide;

(10) A qualified individual or enrollee—

(i) Is a victim of domestic abuse or spousal abandonment, including a dependent or unmarried victim within a household, is enrolled in minimum essential coverage and seeks to enroll in coverage separate from the perpetrator of the abuse or abandonment; or

(ii) Is a dependent of a victim of domestic abuse or spousal abandonment, on the same application as the victim, may enroll in coverage at the same time as the victim;

(11) A qualified individual or dependent—

(i) Applies for coverage through NYSOH during the annual open enrollment period or due to a qualifying event, is assessed as potentially eligible for Medicaid or Child Health Plus and is determined ineligible for Medicaid or Child Health Plus either after open enrollment has ended or more than 60 days after the qualifying event; or

(ii) Applies for coverage at their Local Department of Social Services or Human Resources Administration during the annual open enrollment period, and is determined ineligible for Medicaid or Child Health Plus after open enrollment has ended;

(12) The qualified individual or enrollee, or his or her dependent, adequately demonstrates to NYSOH that a material error related to plan benefits, service area, or premium influenced the qualified individual's or enrollee's decision to purchase a qualified health plan; or

(13) At the option of NYSOH, the qualified individual provides satisfactory documentary evidence to verify his or her eligibility for an insurance affordability program or enrollment following termination of enrollment due to a failure to verify such status within 90 days.

(45 CFR § 155.420(d)).

Generally, if a triggering life event occurs, the qualified individual or enrollee has 60 days from the date of a triggering event to select a qualified health plan (45 CFR § 155.420(c)(1)).

## **Legal Analysis**

The first issue under review is whether NYSOH properly determined that your enrollment in your qualified health plan ended effective December 31, 2017.

NYSOH must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance annually. NYSOH must issue a renewal notice that contains the individual's projected eligibility or need for additional information to determine their projected eligibility. If an individual does not respond to this notice, NYSOH must issue an eligibility determination for the upcoming coverage year based on the information contained in the renewal notice.

On October 24, 2017, NYSOH issued an annual renewal notice directing you to update the information in your account by December 15, 2017 and, if you did not update the information by that deadline, the financial help you were receiving might end. On November 19, 2017, you renewed your application for health insurance, but you did not select a health plan for enrollment.

You testified that you did not select a plan for enrollment because NYSOH did not notify you that your coverage in your plan was ending, or that you had to select a plan. However, the credible evidence of the record contradicts this testimony.

You testified, and your NYSOH account reflects, that you elected to receive electronic alerts from NYSOH. You testified that you received an email alert from NYSOH around November 20, 2017, alerting you to new notices in your NYSOH account. You further testified that you read those notices, but they only stated you had insurance in 2018. The record reflects that NYSOH issued two notices on November 20, 2017, an eligibility determination notice and a disenrollment notice. Both of these notices directed you to select a health plan for enrollment, and the disenrollment notice stated that your enrollment in your qualified health plan would end on December 31, 2017.

Therefore, the record reflects that NYSOH properly notified you that notices had been uploaded to your NYSOH account on November 20, 2017. As such, the November 20, 2017 disenrollment notice is correct and must be AFFIRMED.

The second issue under review is whether NYSOH properly determined that you did not qualify to enroll in a qualified health plan outside of the open enrollment period.

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 testified that you are appealing the denial of a special enrollment period to enroll into a health plan through NYSOH. However, the record does not contain a notice of eligibility determination or redetermination on the issue of special enrollment period.

Here, the lack of a notice of eligibility determination on the issue of special enrollment periods does not prevent the Appeals Unit from reaching the merits of the case or constitute material error. Under 45 CFR § 155.505(b), you are as entitled to appeal NYSOH failure to timely issue a notice of eligibility determination as you are to appeal an adverse notice of eligibility determination. Your credible testimony, along with the February 9, 2018 appeal confirmation notice stating that the reason for your appeal was “Denial of Special Enrollment Period (SEP),” permits an inference that NYSOH did deny your special enrollment request.

Since the Appeals Unit review of NYSOH determinations is performed on a de novo basis, no deference would have been granted to the eligibility determination notice had it been issued.

NYSOH provided an open enrollment period from November 1, 2017 until January 31, 2018. On January 2, 2018, with the assistance of a NYSOH representative, you submitted an application for health insurance and enrolled in a bronze-level qualified health plan with Empire BlueCross BlueShield, both effective February 1, 2018. On February 8, 2018, you attempted to switch from a bronze-level plan to a silver-level plan through Empire BlueCross BlueShield, but you were not able to select the new plan for enrollment because you were outside the open enrollment period.

Once the annual open enrollment period ends, a health plan enrollee must qualify for a special enrollment period in order to enroll in, or change to another health plan offered in NYSOH. To qualify for a special enrollment period, a person must experience a triggering event.

A special enrollment period can be granted if a qualified individual’s enrollment or non-enrollment in a qualified health plan is unintentional, inadvertent, or erroneous and is the result of the error, misrepresentation, misconduct, or inaction of an officer, employee, or agent of NYSOH, its instrumentalities, or a non-NYSOH entity providing enrollment assistance or conducting enrollment activities.

You testified that on January 2, 2018, you spoke to a NYSOH representative over the telephone and asked her to re-enroll you into the same qualified health plan as you had the year before; that is, a silver-level qualified health plan through Empire BlueCross BlueShield. A review of the telephone conversation placed that day corroborates your testimony.

During that call, you explained to the NYSOH representative that you were not at a computer and that you were not able to see any information in your NYSOH account. You requested that the NYSOH representative enroll you into the same health plan you had during 2017. The NYSOH representative then asked if you wanted a bronze-level plan through Empire BlueCross BlueShield. You asked the NYSOH representative if that plan was the same health plan you had been enrolled in during 2017. The NYSOH representative stated that it was, and you agreed to enroll into the bronze-level plan through Empire BlueCross BlueShield.

However, the record reflects that you were enrolled in a silver-level plan through Empire BlueCross BlueShield during 2017, not a bronze-level plan. Since you were not at a computer to see the plan you were enrolled in during 2017, and you relied on the statement made by the NYSOH representative that you were previously enrolled in a bronze-level plan in 2017, it is reasonable to conclude that your enrollment into a bronze-level qualified health plan with Empire BlueCross BlueShield was the direct result of an error made by a representative of NYSOH.

Therefore, NYSOH's verbal determination that you did not qualify to select a health plan outside of the open enrollment period for 2017 is incorrect and you should have been eligible for a special enrollment period as of the date of your January 2, 2018 application.

As such, your case is RETURNED to NYSOH to assist you in changing and enrolling into a qualified health plan. You may choose to enroll into a qualified health plan as of January 2, 2018, because NYSOH gave you incorrect information. In the alternative, you may elect to enroll into coverage within 60 days from the date of this decision.

You will be responsible for any premium payments for any months you are enrolled into coverage.

## **Decision**

The November 20, 2017 disenrollment notice is AFFIRMED.

NYSOH's verbal determination that you did not qualify to select a health plan outside of the open enrollment period for 2017 is incorrect and you should have been eligible for a special enrollment period as of the date of your January 2, 2018 application.

Your case is RETURNED to NYSOH to assist you in changing and enrolling into a qualified health plan. You may choose to enroll into a qualified health plan as of January 2, 2018. In the alternative, you may elect to enroll into coverage within 60 days from the date of this decision.

**Effective Date of this Decision:** April 19, 2018

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

NYSOH properly disenrolled your qualified health plan on December 31, 2017, at the end of the policy year.

NYSOH improperly denied you a special enrollment period.

Your case is being sent back to NYSOH to allow you to enroll into coverage as of January 2, 2018, if you so choose. In the alternative, you may elect to enroll into coverage within 60 days from the date of this decision.

You will be responsible for any premium payments for any months you are enrolled into coverage.

## **If You Disagree with this Decision (Appeal Rights)**

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

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

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

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the Federal Marketplace. This must be done within 30 days of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

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

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:  
Health Insurance Marketplace  
Attn: Appeals  
465 Industrial Blvd.  
London, KY 40750-0061
- By fax: 1-877-369-0129

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

### **If You Have Questions about this Decision (Customer Service Resources):**

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

The November 20, 2017 disenrollment notice is **AFFIRMED**.

NYSOH's verbal determination that you did not qualify to select a health plan outside of the open enrollment period for 2017 is incorrect and you should have been eligible for a special enrollment period as of the date of your January 2, 2018 application.

Your case is **RETURNED** to NYSOH to assist you in changing and enrolling into a qualified health plan. You may choose to enroll into a qualified health plan as of January 2, 2018. In the alternative, you may elect to enroll into coverage within 60 days from the date of this decision.  
enrolled into coverage.

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 properly disenrolled your qualified health plan on December 31, 2017, at the end of the policy year.

NYSOH improperly denied you a special enrollment period.

Your case is being sent back to NYSOH to allow you to enroll into coverage as of January 2, 2018, if you so choose. In the alternative, you may elect to enroll into coverage within 60 days from the date of this decision.

You will be responsible for any premium payments for any months you are enrolled into coverage.

### **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 srε wo, frε 1-855-355-5777. ye&εtumi 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).