



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

## Notice of Decision

Decision Date: May 7, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000028752



Dear [REDACTED]

On April 26, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's June 21, 2017 eligibility determination and plan enrollment notices, November 22, 2017 plan disenrollment notice, and February 10, 2018 eligibility determination and plan enrollment notices.

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

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

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

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the 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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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: May 7, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000028752



## Issues

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

Did NY State of Health properly determine that your child was eligible for and enrolled in a full-pay qualified health plan, effective August 1, 2017?

Did NY State of Health properly determine that your child was terminated from his full-pay qualified health plan as of December 31, 2017?

Did NY State of Health properly determine that your child was eligible for and enrolled in a full-pay Child Health Plus plan, effective March 1, 2018?

## Procedural History

On June 20, 2017, NY State of Health (NYSOH) received your updated application for financial assistance with health insurance.

On June 21, 2017, NYSOH issued an eligibility determination stating, in part, that your child was newly eligible to purchase a qualified health plan at full cost through NYSOH, effective August 1, 2017. This notice further stated that your child was not eligible for Child Health Plus or Medicaid because federal and state data sources showed that he was already enrolled in Medicaid, Child Health Plus or another program.

Also on June 21, 2017, NYSOH issued a plan enrollment notice confirming, in part, your child's enrollment in a full-pay child-only qualified health plan, effective August 1, 2017.

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On October 24, 2017, NYSOH issued a renewal notice stating that it was time for you and/or members of your household to renew your health insurance coverage through NYSOH. This notice further stated that it is important that you update your NYSOH application between November 16, 2017 and December 15, 2017 so that NYSOH could make the appropriate decision regarding you and the members of your household's eligibility.

On November 22, 2017, NYSOH issued a plan disenrollment notice stating, in part, that your child was disenrolled from his full-pay child only qualified health plan, effective December 31, 2017.

On February 9, 2018, NYSOH received your updated application for financial assistance with health insurance. That day, a preliminary eligibility determination was prepared stating that your child was eligible to enroll in a full-pay Child Health Plus plan, effective March 1, 2018.

Also on February 9, 2018, you spoke to NYSOH's Appeals Unit and appealed the preliminary eligibility determination insofar as your child was not found eligible for a Child Health Plus plan, effective February 1, 2018.

On February 10, 2018, NYSOH issued an eligibility determination notice stating, in part, that your child was eligible to enroll in a full-pay Child Health Plus plan, effective March 1, 2018.

Also on February 10, 2018, NYSOH issued a plan enrollment notice confirming, in part, your child's enrollment in a full-pay Child Health Plus plan, effective March 1, 2018.

On April 26, 2018, you had a telephone hearing with a Hearing Officer from the NYSOH's Appeals Unit. During the hearing, you clarified what you were seeking through the appeal. You testified that you are seeking to have your child retroactively disenrolled from his full-pay qualified health plan from August 1, 2017 to December 31, 2017, because you would like to be reimbursed for the premium payments you made for those months. You further testified that you are seeking to have your child's full-pay Child Health Plus plan begin as of February 1, 2018 and not March 1, 2018.

The record was developed during the hearing and closed at the end of the proceeding.

## Findings of Fact

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

- 1) You testified, and your NYSOH account indicates, that your child was born on [REDACTED]
- 2) Your NYSOH account indicates that your child was enrolled in Medicaid coverage through the Human Resource Administration (HRA) from July 1, 2016 through January 31, 2018.
- 3) You testified that you were unaware that your child had Medicaid coverage until February 2017, which is when you were received a letter from your local HRA office informing you that your child had Medicaid coverage since June 1, 2016.
- 4) You testified that you were informed by your local HRA office that your child's Medicaid coverage would be ending on June 30, 2017, so you contacted NYSOH on June 20, 2017, to reenroll him into coverage through NYSOH.
- 5) Your NYSOH account indicates that an updated application was submitted on June 20, 2017.
- 6) On June 21, 2017, NYSOH issued an eligibility determination stating, in part, that your child was newly eligible to purchase a child-only qualified health plan at full cost through NYSOH. The notice stated that this was because state and federal data sources showed that your child was already enrolled into Medicaid, Child Health Plus or other coverage.
- 7) You testified that you were informed by the NYSOH representative that once the system indicated that he no longer had Medicaid coverage, on June 30, 2017, that this data ping would be corrected.
- 8) Your NYSOH account indicates that your child was disenrolled from his full-pay qualified health plan as of December 31, 2017, due to the annual renewal process.
- 9) You testified that you [REDACTED] through your child's full-pay qualified health plan from August 1, 2018 through December 31, 2018.

- 10) You testified that, in January 2018, you were informed by your child's qualified health plan that your child was still enrolled into Medicaid coverage until the end of January 2018.
- 11) Your NYSOH account indicates that you submitted an updated application for financial assistance with health insurance on February 9, 2018.
- 12) Your NYSOH account indicates that your child was found eligible for and enrolled in a full-pay Child Health Plus plan, effective March 1, 2018.
- 13) You testified that you are also seeking to have your child's full-pay Child Health Plus plan begin on February 1, 2018 and not March 1, 2018.
- 14) Your NYSOH account indicates that, on or around February 23, 2018, you requested that your child be disenrolled from his full-pay child only qualified health plan as of August 1, 2017.
- 15) You testified that you are seeking to have your child retroactively disenrolled from his full-pay qualified health plan coverage from August 1, 2017 to December 31, 2017, because you would like to be reimbursed for the premium payments you paid to his qualified health plan.
- 16) You testified that you received no notice from your local HRA regarding your child's Medicaid coverage until February 2017. You testified that you were also given no notice from your local HRA of when your child's Medicaid coverage would end, and as a result, should not be penalized for something you were not made aware of.

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

## **Applicable Law and Regulations**

### Child Health Plus

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

A child who meets the eligibility requirements for Child Health Plus may be eligible to receive a subsidy payment if the child resides in a household with a

household income at or below 400% of the federal poverty level (FPL) (NY Public Health Law § 2511(2)(a)(iii)).

To be eligible for Child Health Plus, the child:

- Must be under 19 years of age;
- Must be a New York State Resident;
- Must not have other health insurance coverage; and
- Must not be eligible for, or enrolled in, Medicaid

(NY Public Health Law § 2511(2)(a)-(e)).

Additionally, to be eligible for Child Health Plus, the child may not be a member of a family that is eligible for health benefits coverage under a State health plan on the basis of a family member's employment with a public agency of the state (NY-CSPA-19 at pg. 4-2, approved April 30, 2012 and effective November 11, 2011).

The "period of eligibility" for Child Health Plus is "that period commencing on the first day of the month during which a child is an eligible child and enrolled or recertified for enrollment on an annual basis based on all required information and documentation and ending on the last day of the twelfth month following such date," unless the Child Health Plus premiums are not timely paid or the child no longer resides in New York State, gains access to or obtains other health insurance coverage including the New York State Health Insurance Program (NYSHIP), or becomes eligible for Medicaid (NY Public Health Law § 2510(6), NY-CSPA-19 at pg. 4-2, approved April 30, 2012 and effective November 11, 2011).

The State of New York has provided that a child's period of eligibility for CHP begins on the first day of the month during which a child is eligible. A child will become eligible on the first day of the next month, if the application is received by the 15th of the month; applications received after the 15th day of the month will be processed for the first day of the second following month (see e.g. State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

#### Enrollment in a Qualified Health Plan

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

NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

#### Termination of a Qualified Health Plan

NYSOH must permit an enrollee to terminate his or her coverage with a qualified health plan coverage, with appropriate notice to the NYSOH or qualified health plan (45 CFR § 155.430(b)(1)(i)).

For enrollee-initiated terminations, the last day of coverage is either:

- 1) The termination date specified by the enrollee, if the enrollee provides reasonable notice (at least 14 days before the requested termination date);
- 2) Fourteen days after the enrollee requests the termination, if they do not provide reasonable notice; or
- 3) On a date on or after the date the enrollee requests the termination, if the enrollee's qualified health plan issuer and the enrollee agree to such a date

(45 CFR § 155.430(d)(2)(i)-(iii)).

NYSOH must permit an enrollee to retroactively terminate or cancel their enrollment in a qualified health plan if:

- 1) The enrollee demonstrates that they attempted to terminate their coverage and experienced a technical error that did not allow the coverage to be terminated, and requests retroactive termination within 60 days after they discovered the technical error.
- 2) The enrollment in the qualified health plan was unintentional, inadvertent, or erroneous and was the result of the error or misconduct of an officer, employee, or agent of NYSOH or HHS, its instrumentalities, or a non-NYSOH entity providing enrollment assistance or conducting enrollment activities. Such enrollee must request cancellation within 60 days of discovering the unintentional, inadvertent, or erroneous enrollment.
- 3) The enrollee was enrolled in a qualified health plan without their knowledge or consent by any third party, including third parties who have no connection with the Exchange, and requests cancellation within 60 days of discovering of the enrollment.

(45 CFR § 155.430(b)(2)(iv)(A-C)).



NYSOH permits a qualified health plan to terminate an individual's coverage if (1) the enrollee is no longer eligible for coverage or (2) non-payment of the premiums by the enrollee (45 CFR § 155.430(b)(2)(i)-(ii)).

### Invalid Appeal Request

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 45 CFR § 155.505; and (4) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that your child was eligible for and enrolled in a full-pay qualified health plan, effective August 1, 2017.

The record reflects that on June 20, 2017, NYSOH received your updated application for financial assistance with health insurance. This application indicated that your child needed health insurance through NYSOH and it was indicated in this application that his health insurance outside of NYSOH ended as of June 20, 2017.

Subsequently, on June 21, 2017, NYSOH issued an eligibility determination notice stating that your child was eligible to purchase a qualified health plan at full cost through NYSOH because federal and state data sources showed that your child was enrolled in Medicaid, Child Health Plus or other insurance outside of NYSOH.

For a child to be eligible for Child Health Plus through NYSOH, one of the requirements is that the child must not have other health insurance coverage outside of NYSOH. When NYSOH determines that a child has active coverage in a health insurance plan outside of NYSOH, he or she will not be eligible to enroll in a Child Health Plus plan.

The record indicates that your child had Medicaid coverage through your local HRA from July 1, 2017 through January 31, 2018. Medicaid is considered minimum essential coverage. Since state and federal data sources properly showed that your child was enrolled in minimum essential coverage as of June 20, 2017, your child was properly found ineligible for Child Health Plus and was

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properly determined eligible to enroll in a qualified health plan at full cost, effective August 1, 2017.

Further, the record indicates that you enrolled your child into a full-pay child only qualified health plan on June 20, 2017. On June 21, 2017, NYSOH issued a plan enrollment notice confirming, in part, your child's enrollment in a full-pay child only qualified health plan, effective August 1, 2017.

When an individual changes information in their application after the 15th of any month, NYSOH will make the redetermination that results from the change effective the first day of the second following month. Additionally, the date on which a qualified health plan can take effect depends on the day a person selects the plan for enrollment. A plan that is after the fifteenth day of a month goes into effect on the first day of the second following month.

Since you updated your account and enrolled your child into a full-pay qualified health plan on June 20, 2017, your child's eligibility for and enrollment in a full-pay qualified health plan would have been effective the first day of the second month following June 2017; that is, on August 1, 2017.

Therefore, the June 21, 2017 eligibility determination notice and plan enrollment notice stating, in part, that your child was eligible for and enrolled in a full-pay qualified health plan, effective August 1, 2017, were correct and are AFFIRMED.

The second issue under review is whether NYSOH properly determined that your child was disenrolled from his full-pay qualified health plan, effective December 31, 2017.

On June 21, 2017, NYSOH issued an eligibility determination stating that your child was eligible to purchase a qualified health plan at full cost through NYSOH, effective August 1, 2017. You subsequently enrolled your child into a plan.

On November 22, 2017, NYSOH issued a plan disenrollment notice indicating that your child would be disenrolled from his qualified health plan, effective December 31, 2017.

You testified that you are seeking to have your child retroactively disenrolled from his qualified health plan, effective August 1, 2017, because when you enrolled your child into the plan you were not aware that his Medicaid coverage through your local HRA would continue until January 31, 2018.

NYSOH must permit an enrollee to be retroactively disenroll from their qualified health plan if the enrollee demonstrates that there was a technical error that should have allowed them to terminate coverage earlier, or if their enrollment in the plan was unintentional, inadvertent, or erroneous and was the result of the error or misconduct of an officer, employee, or agent of NYSOH, its

instrumentalities, or a non-NYSOH entity providing enrollment assistance or conducting enrollment activities, or the enrollee was enrolled into a qualified health plan without their knowledge or consent by a third party.

There is no indication in the record that your child's enrollment in a qualified health plan, as confirmed in the June 21, 2017 enrollment notice, was unintentional, inadvertent, or erroneous, nor was your child's enrollment in a qualified health plan the result of the error or misconduct of an officer, employee, or agent of NYSOH, its instrumentalities, or a non-NYSOH entity providing enrollment assistance or conducting enrollment activities. Furthermore, there is no indication that your child's enrollment in a qualified health plan, as confirmed in the June 21, 2017 enrollment notice, was without your knowledge or consent.

You testified that you were unaware and received no notice that your child was enrolled in Medicaid coverage after June 30, 2017, and had you known you would have never enrolled your child into a full-pay qualified health plan.

However, the record indicates that NYSOH issued an eligibility determination notice on June 21, 2017 indicating that the reason your child was ineligible for Child Health Plus was because federal and state data sources showed that your child was already enrolled into Medicaid, Child Health Plus or another program. Therefore, since the record indicates that you receive notices from NYSOH by regular mail and there is no indication in the record that this notice was returned as undeliverable, it is concluded that NYSOH provided you with the necessary notice indicating that your child had other health insurance coverage outside of NYSOH.

Therefore, there is no basis to find that NYSOH must permit you to retroactively terminate or cancel your enrollment in a qualified health plan.

The record reflects that it was not until on or around February 23, 2018, that you contacted NYSOH and requested that your child be retroactively disenrolled from his full-pay qualified health plan as of August 1, 2017.

Enrollees must be allowed to terminate their coverage with a qualified health plan at the date they specify if they provide reasonable notice to NYSOH or to their health plan. Reasonable notice is defined as at least 14 days prior to the requested termination date.

When you requested that your child be retroactively disenrolled from his qualified health plan, the record indicates that your child had already been disenrolled from coverage as of December 31, 2017. Further, since the request to retroactively disenroll your child from his coverage was requested after August 1, 2017, NYSOH was proper in not allowing you to terminate your child's coverage as of August 1, 2017, because you did not provide reasonable notice indicating your desire to have your child disenrolled from coverage prior to August 2017.

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Since the credible evidence of the record indicates that your child does not qualify to be retroactively disenrolled from coverage and you did not provide reasonable notice to NYSOH seeking disenrollment prior to August 2017, NYSOH properly determined that your child's disenrollment from his full-pay child only qualified health plan was effective December 31, 2017.

Therefore, the November 22, 2017 plan disenrollment notice stating, in part, that your child was disenrolled from his full-pay qualified health plan is correct and is **AFFIRMED**.

At the hearing, you testified that you were requested that your child be retroactively disenrolled from coverage because you are seeking to be reimbursed for the premium payments you made to your child's qualified health plan from August 1, 2017 through December 31, 2017. This issue relates to the reimbursement of premium payments which is not an issue that the NYSOH's Appeals Unit is authorized to address. Therefore, your issue, as it pertains to being reimbursed for premium payments, is **DISMISSED** as a non-appealable issue.

The third issue under review is whether NYSOH properly determined that your child's full-pay Child Health Plus plan was effective March 1, 2018.

The record indicates that you updated your NYSOH account on February 9, 2018. Subsequently, your child was found eligible to enroll in a full pay Child Health Plus plan, effective March 1, 2018, and you enrolled him into a plan.

The date on which a Child Health Plus plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected between the first day and fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected from the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

Since the record indicates that you updated your NYSOH account and selected a Child Health Plus plan for your child's enrollment on February 9, 2018, NYSOH properly determined that your child's Child Health Plus plan coverage became effective the first day of the month following February 2018; that is, on March 1, 2018.

Therefore, the February 10, 2018 eligibility determination and plan enrollment notices stating, in part, that your child was eligible for and enrolled in a full pay Child Health Plus plan, effective March 1, 2018, were correct and are **AFFIRMED**.

It is noted that you testified throughout the hearing that you did not know that your child had Medicaid coverage through your local HRA from June 1, 2016 through January 31, 2018. You further testified that you were not properly notified of when

your child's Medicaid coverage was effective and when your child's coverage would terminate. However, since this coverage was through your local HRA, the NYSOH's Appeals Unit is without jurisdiction to review any action or inaction on the part of your local HRA. Thus, this decision will not address whether you were provided with adequate notice regarding your child's Medicaid coverage.

Any issues regarding lack of notices regarding your child's Medicaid coverage through your local HRA properly belong before NYS Office of Temporary and Disability Assistance (OTDA). You can learn more about the fair hearing process before OTDA's Office of Administrative Hearings at <https://otda.ny.gov>.

## **Decision**

The June 21, 2017 eligibility determination notice is AFFIRMED.

The June 21, 2017 plan enrollment notice is AFFIRMED.

The November 22, 2017 plan disenrollment notice is AFFIRMED.

Your request to be reimbursed for premiums payments made to your child's qualified health plan provider for coverage from August 1, 2017 through December 31, 2017 is DIMISSED as a non-appealable issue.

The February 10, 2018 eligibility determination notice is AFFIRMED.

The February 10, 2018 plan enrollment notice is AFFIRMED.

**Effective Date of this Decision:** May 7, 2018

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

This decision does not change your child's full pay qualified health plan disenrollment date. Your child's enrollment in his full-pay child only qualified only plan is from August 1, 2017 through December 31, 2017.

This decision does not change your child's Child Health Plus plan enrollment date. Your child's enrollment in his full-pay Child Health Plus plan was effective March 1, 2018.

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

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

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

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

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

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

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

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

### **If You 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

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- By fax: 1-855-900-5557

## **Summary**

The June 21, 2017 eligibility determination notice is AFFIRMED.

The June 21, 2017 plan enrollment notice is AFFIRMED.

The November 22, 2017 plan disenrollment notice is AFFIRMED.

Your request to be reimbursed for premiums payments made to your child's qualified health plan provider for coverage from August 1, 2017 through December 31, 2017 is DIMISSED as a non-appealable issue.

The February 10, 2018 eligibility determination notice is AFFIRMED.

The February 10, 2018 plan enrollment notice is AFFIRMED.

This decision does not change your child's full pay qualified health plan disenrollment date. Your child's enrollment in his full-pay child only qualified only plan is from August 1, 2017 through December 31, 2017.

This decision does not change your child's Child Health Plus plan enrollment date. Your child's enrollment in his full-pay Child Health Plus plan was effective March 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. ye&etumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

### **(Urdu) اردو**

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

### **Tiếng Việt (Vietnamese)**

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

### **אידיש (Yiddish)**

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

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).