

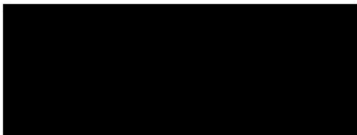


STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: May 7, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029230



Dear [REDACTED]

On April 27, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's March 15, 2018 and March 16, 2018 eligibility determination notices and March 16, 2018 plan enrollment 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
Albany, NY 12211

Decision

Decision Date: May 7, 2018

NY State of Health Account ID: [REDACTED] and [REDACTED]
Appeal Identification Number: AP000000029230 and AP000000030212



Issue

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

Did NY State of Health (NYSOH) properly determined that your spouse's eligibility for and enrollment in her qualified health plan with an APTC of \$40.00 per month, and your child's enrollment in his Child Health Plus plan, were effective April 1, 2018?

Procedural History

On November 28, 2017, NYSOH received an application for financial assistance for your household in NYSOH Account [REDACTED] (first account).

On November 29, 2018, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to share an advance premium tax credit (APTC) of up to \$550.00 per month, and your child was eligible for Child Health Plus with a \$30.00 monthly premium, all effective January 1, 2018.

On December 13, 2018, NYSOH issued a plan enrollment notice confirming your and your spouse's enrollment in your qualified health plan, and your child's enrollment in his Child Health Plus plan, all effective January 1, 2018.

On January 27, 2018, you updated your household's application for financial assistance on your first account.

On January 28, 2018, NYSOH issued an eligibility determination notice stating that your spouse was eligible for an APTC of up to \$40.00 per month, effective February 1, 2018. That notice also stated that your child was eligible to purchase

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a qualified health plan at full cost, effective March 1, 2018, because he was enrolled in employer-sponsored health insurance.

Also on January 28, 2018, NYSOH issued a discontinuance notice stating that you did not qualify for health coverage through NYSOH, effective March 1, 2018, because you no longer wished to receive coverage.

Finally, on January 28, 2018, NYSOH issued a disenrollment notice, stating that your coverage with your qualified health plan would end on February 28, 2018.

On February 6, 2018, NYSOH Account [REDACTED] (second account) was created. That same day, NYSOH received an application for financial assistance for your spouse and child on this account.

On February 7, 2018, NYSOH issued an eligibility determination notice stating that your spouse and child were eligible to purchase a qualified health plan at full cost through NYSOH, effective March 1, 2018. The notice further stated your spouse and child were not eligible for Medicaid, the Essential Plan, or APTC because your spouse and child were qualified for coverage on another NYSOH account.

Also on February 7, 2018, NYSOH issued a plan enrollment notice confirming your spouse's enrollment in a qualified health plan, beginning March 1, 2018, and directing you select a health plan for your child on your second account (Account [REDACTED])

On February 18, 2018, NYSOH received an updated application for financial assistance for your spouse and child on your second account.

On February 19, 2018, NYSOH issued an eligibility determination notice stating that your spouse did not qualify to select a plan outside of the open enrollment period, but that your child was eligible to purchase a qualified health plan at full cost through NYSOH, effective April 1, 2018.

On February 22, 2018, NYSOH received updated applications for financial assistance for your spouse and child on your second account. That day a preliminary determination was made, stating that your spouse did not qualify to select a plan outside of the open enrollment period, but that your child was eligible to purchase a qualified health plan at full cost.

Also on February 22, 2018, you spoke to NYSOH's Account Review Unit and appealed that preliminary determination insofar as your child was no longer eligible for Child Health Plus and your spouse was not eligible for additional financial assistance.

Finally, on February 22, 2018, your request for an appeal on your second account was assigned appeal number AP000000029230.

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On February 23, 2018, NYSOH issued an eligibility determination notice stating that your spouse did not qualify to select a plan outside of the open enrollment period, but that your child was eligible to purchase a qualified health plan at full cost.

Also on February 23, 2018, NYSOH issued a plan enrollment notice stating that your spouse and child were enrolled into a qualified health plan, both effective March 1, 2018.

On February 26, 2018, NYSOH received an updated application for financial assistance on your first account ([REDACTED]).

On February 27, 2018, NYSOH issued an eligibility determination notice stating that your child was eligible for Child Health Plus with a \$30.00 monthly premium, effective April 1, 2018.

Also on February 27, NYSOH issued a plan enrollment notice confirming your child's enrollment in his Child Health Plus plan began April 1, 2018.

On March 14, 2018, NYSOH received an updated application for financial assistance on your household's first account. That day a preliminary determination was made, stating that your spouse was eligible for a qualified health plan at full cost, and that your child was eligible for Child Health Plus with a \$15.00 monthly premium, both effective April 1, 2018.

Also on March 14, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of preliminary determination insofar the start date for your spouse and your child's health insurance did not begin on February 1, 2018.

Finally, on March 14, 2018, your request for an appeal on your first account was assigned appeal number AP000000030212.

On March 15, 2018, NYSOH issued an eligibility determination notice stating that your spouse was eligible to purchase a qualified health plan at full cost, and your child was eligible for Child Health Plus with a \$15.00 monthly premium, effective April 1, 2018.

Also on March 15, 2018, NYSOH issued a plan enrollment notice confirming your confirming your child's enrollment in his Child Health Plus plan began March 1, 2018. That notice directed your spouse to sign into your NYSOH account and answer questions about the Special Enrollment Period for 2018 to determine if she may enroll in a qualified health plan.

On March 15, 2018, NYSOH received an updated application for financial assistance on your household's first account.

On March 16, 2018, NYSOH issued an eligibility determination notice stating that your spouse was eligible for up to \$40.00 per month in APTC, effective April 1, 2018.

Also on March 16, 2018, NYSOH issued a plan enrollment notice confirming your spouse's enrollment in a qualified health plan beginning April 1, 2018, and your child's enrollment in his Child Health Plus plan began March 1, 2018.

On April 27, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, the Hearing Officer consolidated both hearing requests. Both hearing requests were heard under Appeal Number AP000000029230 and AP000000030212, and this Decision will apply to both accounts. The record was developed during the hearing and closed at the end of the hearing.

Findings of Fact

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

- 1) Your household has two NYSOH accounts. NYSOH Account [REDACTED] is your household's first account, and NYSOH Account [REDACTED] is your household's second account.
- 2) According to your first account, you and your spouse were found eligible to share an APTC of up to \$550.00 per month, and your child was eligible for Child Health Plus with a \$30.00 monthly premium, all effective January 1, 2018.
- 3) You testified that on January 27, 2018, you updated your first NYSOH account to cancel your coverage through NYSOH, and to continue your coverage for your spouse and child.
- 4) According to your first account and your testimony, as a result of that updated application, your spouse's eligibility for financial assistance continued, but your child was determined ineligible for Child Health Plus because he was enrolled in employer-sponsored health insurance.
- 5) According to the TPL/RRE DS details in your first account, your child has been enrolled in Child Health Plus through NYSOH since his birth in November 2016, and he has never been enrolled in any third-party health insurance.
- 6) You testified that you contacted NYSOH by telephone and a NYSOH representative told you that the only way to correct the problem and enroll your child into a Child Health Plus was to create another NYSOH account.

- 7) According to NYSOH Account [REDACTED] your household's second account, was created in your spouse's name on February 6, 2018.
- 8) According to your Account [REDACTED] neither your spouse nor your child were eligible for financial assistance for health insurance in this account because they both qualified for coverage in your first NYSOH account.
- 9) According to your NYSOH account, you submitted additional applications for your spouse and child on your first account, Account [REDACTED] and they were eventually found eligible for financial assistance and enrolled health plans as of April 1, 2018.
- 10) According to the Eligibility and Enrollments tab in your first account, Account [REDACTED] your spouse has a gap in her eligibility for the month of March 2018, and a gap in her enrollment in her qualified health plan for the months of February 2018 and March 2018. Your child has a gap in his eligibility for the month of March 2018.
- 11) You testified that you are seeking this appeal to eliminate the gaps in your spouse's and your child's eligibility and enrollment.
- 12) You testified that you want to have your first account, Account [REDACTED] remain your active NYSOH account, and that you want to deactivate the second account, Account [REDACTED]

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

Applicable Law and Regulations

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)).

Child Health Plus

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

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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 CHP premiums are not timely paid or the child no longer resides in New York State, gains access to or obtains other health insurance coverage, or becomes eligible for Medicaid (NY Public Health Law § 2510(6)).

“A State must specify a method for determining the effective date of eligibility for [Child Health Plus], which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between [Child Health Plus] and other insurance affordability programs as family circumstances change and avoids gaps or overlaps in coverage” (42 CFR § 457.340(f)).

The State of New York has provided that a child’s period of eligibility for Child Health Plus 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).

Legal Analysis

The issue under review is whether NYSOH properly determined that your spouse’s eligibility for and enrollment in her qualified health plan with an APTC of \$40.00 per month, and your child’s enrollment in his Child Health Plus plan, were effective April 1, 2018.

According to your first account, your spouse has a gap in her eligibility for the month of March 2018, and a gap in her enrollment in her qualified health plan for the months of February 2018 and March 2018. Your child has a gap in his eligibility for the month of March 2018. You testified that you are seeking this appeal to eliminate the gaps in your spouse’s and your child’s eligibility and enrollment.

Based on the credible evidence in the record, NYSOH last received an application for financial assistance and a plan enrollment selection for your spouse and child on March 14, 2018, through your first account, Account [REDACTED]

The date on which a 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.

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Since you selected your spouse's qualified health plan on March 15, 2018, and your child's Child Health Plus plan on March 14, 2018 your spouse and your child's eligibility and enrollment in their health insurance would ordinarily take effect the first day of the first month following March 2018; that is, as of April 1, 2018. However, the credible evidence of record demonstrates that the April 1, 2018 start date was the result of errors made by NYSOH, and through no fault of your own.

The record reflects that you and your spouse were found eligible to share an APTC of up to \$550.00 per month, and your child was eligible for Child Health Plus with a \$30.00 monthly premium, all effective January 1, 2018.

You testified, and the record reflects, that on January 27, 2018, you updated your NYSOH account because you no longer wanted to receive health insurance through NYSOH, although you wanted your spouse and your child to continue their enrollment and coverage through NYSOH.

You testified, and the record reflects, that as a result of the January 27, 2018 application, your spouse's eligibility for financial assistance continued, but your child was no longer eligible for Child Health Plus. The January 28, 2018 eligibility determination notice stated that this was because your child was enrolled in employer-sponsored health insurance.

According to your NYSOH account, your child has been enrolled in Child Health Plus through NYSOH since his birth in November 2016, and he has never been enrolled in any third-party health insurance. Based on the credible evidence of the record, it is reasonable to conclude that your child did not, and has not, had insurance outside NYSOH such that the employer-sponsored health insurance hit was in error.

You testified that a NYSOH representative told you that the only way to correct this error would be for you to create a second NYSOH account. The record reflects that you created a second account, Account [REDACTED] on February 6, 2018, and an application for financial assistance was submitted on behalf of your spouse and your child that same day. You testified and the record reflects, your spouse and child were found ineligible for financial assistance through NYSOH because they were qualified for coverage on your first NYSOH account.

You testified, and the record reflects, that you submitted additional applications for your spouse and child on your first account. As a result of those applications, your spouse was found eligible for \$40.00 per month in APTC and enrolled into a qualified health plan, effective April 1, 2018. Your child was found eligible for Child Health Plus with a \$15.00 monthly premium beginning April 1, 2018, and enrolled into a Child Health Plus plan beginning March 1, 2018.

Based on your credible testimony, it is reasonable to conclude that but for an error finding your child was enrolled in employer-sponsored health insurance,

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and the information provided to you by a NYSOH representative directing you to create a second account instead of correcting the error regarding your child's enrollment in employer-sponsored insurance, your spouse and your child should have remained enrolled in their health plans as of February 1, 2018.

Therefore, the March 15, 2018 eligibility determination issued from Account [REDACTED] stating that your child is eligible for Child Health Plus with a \$15.00 monthly premium effective April 1, 2018 is MODIFIED to reflect a March 1, 2018 start date.

The March 16, 2018 eligibility determination notice stating that your spouse was eligible for up to \$40.00 per month in APTC, effective April 1, 2018, is MODIFIED to reflect a February 1, 2018 start date.

The March 16, 2018 plan enrollment notice confirming your spouse's enrollment in a qualified health plan beginning April 1, 2018, is MODIFIED to reflect a February 1, 2018 start date. Your child's March 1, 2018 enrollment date remains undisturbed.

Your case is RETURNED to reinstate your spouse's eligibility and enrollment in her qualified health plan with an APTC of \$40.00 per month as of February 1, 2018, and your child's enrollment in his Child Health Plus plan with a \$30.00 monthly premium as of March 1, 2018, in Account [REDACTED]

Additionally, you testified that you wish to have your first NYSOH account, [REDACTED] remain your primary account and to have your second NYSOH account, [REDACTED] deactivated.

This decision renders MOOT any and all eligibility determinations from Account [REDACTED]. The issues raised in the associated appeal, AP000000030212, are consolidated into AP000000029320.

The decisions made herein apply to AP000000029230, and relate to the associated account, Account [REDACTED]

Your case is also RETURNED to NYSOH to deactivate [REDACTED]

Decision

The March 15, 2018 eligibility determination is MODIFIED in part to reflect a March 1, 2018 Child Health Plus start date for your child in Account [REDACTED]

The March 16, 2018 eligibility determination is MODIFIED to reflect a February 1, 2018 qualified health plan start date with APTC of \$40.00 per month to be applied as of that date for your spouse in Account [REDACTED]

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).

The March 16, 2018, NYSOH plan enrollment notice from Account [REDACTED] is MODIFIED in part to reflect a February 1, 2018 start date for your spouse. The March 1, 2018 enrollment start date for your child remains undisturbed.

Your case is RETURNED to reinstate your spouse's eligibility and enrollment in her qualified health plan with an APTC of \$40.00 per month as of February 1, 2018, and to reinstate your child's enrollment in his Child Health Plus plan with a \$30.00 monthly premium as of March 1, 2018.

This decision renders MOOT any and all eligibility determinations from Account [REDACTED]. The issues raised in the associated appeal, AP000000030212, are consolidated into AP000000029320.

The decisions made herein apply to AP000000029230, and relate to the associated account, Account [REDACTED]

Your case is also RETURNED to NYSOH to deactivate [REDACTED] [REDACTED]

Effective Date of this Decision: May 7, 2018

How this Decision Affects Your Eligibility

Your spouse's eligibility and enrollment in her qualified health plan with an APTC of \$40.00 per month should have started on February 1, 2018.

Your child's enrollment in his Child Health Plus plan with a \$15.00 monthly premium should have started on March 1, 2018.

Your case is being sent back to NYSOH to begin your spouse's eligibility and enrollment in her qualified health plan with an APTC of \$40.00 per month on February 1, 2018, and your child's enrollment in his Child Health Plus plan with a \$30.00 monthly premium on March 1, 2018.

You will be responsible for any premium payments due during those months.

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

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must be done within four months of the Decision Date, which appears on the first page of this Decision.

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

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

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

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

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

You can contact us in any of the following ways:

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

Summary

The March 15, 2018 eligibility determination is MODIFIED in part to reflect a March 1, 2018 Child Health Plus start date for your child in Account [REDACTED]

The March 16, 2018 eligibility determination is MODIFIED to reflect a February 1, 2018 qualified health plan start date with APTC of \$40.00 per month to be applied as of that date for your spouse in Account [REDACTED]

The March 16, 2018, NYSOH plan enrollment notice from Account [REDACTED] is MODIFIED in part to reflect a February 1, 2018 start date for your spouse. The March 1, 2018 enrollment start date for your child remains undisturbed.

Your case is RETURNED to reinstate your spouse's eligibility and enrollment in her qualified health plan with an APTC of \$40.00 per month as of February 1, 2018, and to reinstate your child's enrollment in his Child Health Plus plan with a \$30.00 monthly premium as of March 1, 2018.

This decision renders MOOT any and all eligibility determinations from Account [REDACTED]. The issues raised in the associated appeal, AP000000030212, are consolidated into AP000000029320.

The decisions made herein apply to AP000000029230, and relate to the associated account, Account [REDACTED]

Your case is also RETURNED to NYSOH to deactivate [REDACTED] [REDACTED]. Your spouse's eligibility and enrollment in her qualified health plan with an APTC of \$40.00 per month should have started on February 1, 2018.

Your child's enrollment in his Child Health Plus plan with a \$15.00 monthly premium should have started on March 1, 2018.

Your case is being sent back to NYSOH to begin your spouse's eligibility and enrollment in her qualified health plan with an APTC of \$40.00 per month on February 1, 2018, and your child's enrollment in his Child Health Plus plan with a \$30.00 monthly premium on March 1, 2018.

You will be responsible for any premium payments due during those months.

Legal Authority

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

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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 1-855-355-5777번으로 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 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).