



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

Notice of Decision

Decision Date: April 25, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029457



On April 19, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 6, 2017 eligibility and plan enrollment notices, and NYSOH's failure to determine you and your spouse eligible for a special enrollment period.

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
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Issues

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

Did NY State of Health (NYSOH) properly determine that you and your spouse were eligible for up to \$541.00 per month in advance payment for a premium tax credit (APTC), effective January 1, 2018?

Did NYSOH fail to determine that you and your spouse were eligible for a special enrollment period?

Procedural History

On December 5, 2017, you submitted an application for financial assistance through NYSOH.

On December 6, 2017, NYSOH issued an eligibility determination notice stating, in relevant parts, that you and your spouse were eligible for up to \$514.00 in APTC for a limited time, effective January 1, 2018. The notice instructed you to provide proof of income for you and your spouse by March 5, 2018, to confirm your eligibility.

Also on December 6, 2017, NYSOH issued a plan enrollment notice stating, in relevant parts, that as of December 5, 2017, you and your spouse were enrolled in a qualified health plan (QHP) with an enrollment start date of January 1, 2018.

On January 24, 2018, you faxed income documentation to NYSOH (see Document [REDACTED]; uploaded 2/02/2018).

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On February 3, 2018, NYSOH issued an eligibility determination notice stating, in relevant part, that you and your spouse was newly eligible to purchase a qualified health plan (QHP) at full cost, effective March 1, 2018.

On February 3, 2018, NYSOH issued a plan enrollment notice stating that you and your spouse were enrolled in a QHP, without financial assistance, with an enrollment start of January 1, 2018.

On February 17, 2018, you faxed income documentation to NYSOH (see Document [REDACTED] uploaded 2/22/2018).

On February 24, 2018, NYSOH issued an eligibility determination notice stating, in relevant part, that you and your spouse were eligible for a tax credit up to \$783.00 per month, effective March 1, 2018.

On February 28, 2018, NYSOH issued a plan enrollment notice that you and your spouse were enrolled in a QHP, with APTC of up to \$783.00 per month and an enrollment start of January 1, 2018. The notice further stated that APTC in the full amount would be applied to your monthly premium starting on March 1, 2018.

On February 28, 2018, NYSOH issued a notice confirming that as of February 27, 2018, you requested a telephone hearing to review the following issue: "Denial of Special Enrollment Period (SEP)."

On April 19, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken and the record was fully developed during the hearing. The record was closed at the end of the hearing.

Findings of Fact

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

- 1) You testified that you and your spouse should have received more APTC toward your health insurance premiums for the months of January 2018 and February 2018.
- 2) According to your NYSOH account and testimony, on December 5, 2017, you accessed your account and submitted a financial assistance application.
- 3) According to your December 5, 2017 application, you attested that your expected 2018 annual household income would be \$90,712.04.
- 4) According to your December 5, 2017 application and testimony, you expect to file a 2018 federal income tax return with the tax status of

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married filing jointly, and you expected to claim your two children as dependents on that tax return.

- 5) According to your NYSOH account, you and your spouse reside in Ulster County, New York.
- 6) According to your NYSOH account and testimony, on December 5, 2017, you and your spouse were enrolled in a QHP.
- 7) You testified that you and your spouse want to change to a QHP with a lower annual deductible.
- 8) On January 24, 2018, you submitted Profit & Loss Statements for [REDACTED] for the months of October, November and December 2017. On the cover sheet you stated that this was proof of income for your company of which you were a 50% owner. The statements reflect that you were issued net income of:
 - (1) \$2,080.32 in October 2017;
 - (2) \$19,735.80 in November 2017;
 - (3) \$12,436.18 in December 2017;

(see Document [REDACTED]; uploaded 2/02/2018).
- 9) According to your NYSOH account, on February 3, 2018, NYSOH recalculated your income using the documentation submitted on January 24, 2018, to be (\$2,080.32 (+) \$19,735.80 (+) \$12,436.18 x 4 quarterly periods) \$137,009.20.
- 10) On February 17, 2018, you submitted your 2017 Form 1040 U.S. Individual Income Tax Return (see Document [REDACTED]; uploaded 2/22/2018).
- 11) According to your NYSOH account, on February 23, 2018, NYSOH recalculated your household income using the documentation submitted on February 17, 2018, to be \$64,440.00.

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

Applicable Law and Regulations

Household Composition

For APTC and CSR, the household size equals the number of individuals for whom the taxpayers are allowed a deduction under 26 USC § 151 for the taxable year, which typically includes: (1) the taxpayer, (2) his or her spouse, and (3) any claimed dependents (26 USC § 36B(d)(1)).

Advance Payments of Premium Tax Credit

Advance payments of the premium tax credit (APTC) are generally available to a person who is eligible to enroll in a qualified health plan (QHP) and (1) expects to have a household income between 138% and 400% of the applicable federal poverty level (FPL), (2) expects to file a tax return and claim a personal exemption deduction for a person who meets the eligibility requirements to enroll in a QHP, and (3) is not otherwise eligible for minimum essential coverage except through the individual market (see 45 CFR § 155.305(f), 42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)).

The maximum amount of APTC that can be authorized equals:

- 1) the cost of the health insurance premium for the taxpayer's coverage family in the second lowest cost silver plan offered through NY State of Health in the county where the taxpayer resides

minus

- 2) the taxpayer's expected contribution amount

(see 26 USC § 36B, 26 CFR § 1.36B-3).

The taxpayer's expected contribution amount is the amount that the taxpayer is expected to spend on health insurance premiums. The expected contribution for 2018 is set by federal law at 2.01% to 9.56% of household income (26 USC § 36B(b)(3)(A), 26 CFR § 1.36B-3, IRS Rev. Proc. 2017-36).

In an analysis of APTC eligibility, the determination is based on the FPL for the first day of the open enrollment period of the benefit year for which coverage is requested (45 CFR §§ 155.300(a), 155.305(f)(1)(i)). On the date of your application, that was the 2017 FPL, which is \$24,600.00 for a four-person household (82 Federal Register 8831).

For annual household income in the range of at least 300% but less than 400% of the 2017 FPL, the expected contribution is 9.56% of the household income (26 CFR § 1.36B-3(g)(1), 45 CFR § 155.300(a), IRS Rev. Proc. 2017-36).

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People who use the APTC to help pay health insurance premiums must file a federal tax return and reconcile their expected income (stated on NYSOH application) with their actual income (stated on their federal income tax return). Those who take less tax credit in advance than they claim on the tax return may get the rest of it as an income tax refund or have their tax bill reduced. Those who take more tax credit in advance than they can claim on their tax return will owe the difference as additional income taxes (26 CFR § 1.36B-4).

QHP/APTC - Effective Date

Upon making an initial eligibility determination, NYSOH must implement the eligibility determination for enrollment in a QHP, with APTC, and CSR, in accordance with 45 CFR §155.410(c), (f) and §155.420(b), as applicable (45 CFR § 155.310(f)(1)).

For benefit years beginning on or after January 1, 2016, NYSOH must ensure that coverage is effective:

- (1) January 1, for QHP selections received by NYSOH on or before December 15 of the calendar year preceding the benefit year;
- (2) February 1, for QHP selections received by NYSOH from December 16 of the calendar year preceding the benefit year through January 15 of the benefit year;
- (3) March 1, for QHP selections received by NYSOH from January 16 through January 31 of the benefit year

(45 CFR §155.410(f)(2)).

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).

Open Enrollment Period

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

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through January 31, 2018 for applications processed through NYSOH (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.
 - (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)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that you and your spouse were eligible for up to \$514.00 of APTC per month, effective January 1, 2018.

On December 5, 2017, you submitted an application for financial assistance through NYSOH. In that application you attested that your expected 2018 annual household income would be \$90,712.04 and NYSOH relied upon this information in determining your and your spouse's eligibility for financial assistance.

For an individual who expects to file a federal income tax return, the household equals the taxpayers and the number of individuals for whom the taxpayer is claiming as a dependent.

You attested that you expect to file a 2018 federal income tax return, with the tax status of married filing jointly, and expected to claim your two children as dependents on that return. Therefore, you and your spouse are in a four-person household for purposes of this analysis.

You and your spouse reside in Ulster County, New York, where the second lowest cost silver plan available for a couple through NYSOH costs \$1,236.50 per month.

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An annual income of \$90,712.04 is 368.75% of the 2017 FPL for a four-person household. At 368.75% of the 2017 FPL, the expected contribution is 9.56% of the household income, or \$722.67 per month.

The maximum amount of APTC that can be approved equals the cost of the second lowest cost silver plan available through NYSOH for a couple in your county (\$1,236.50 per month) minus your expected contribution (\$722.67 per month), which equals \$513.83 per month. Therefore, rounding to the nearest dollar, NYSOH correctly determined you and your spouse to be eligible for up to \$514.00 per month in APTC.

The date on which a QHP and APTC can take effect depends on the day a person selects the plan for enrollment. QHP selections received by NYSOH on or before December 15, 2017, were effectuated January 1, 2018.

The record reflects that on December 5, 2017, you and your spouse were enrolled in a QHP. Therefore, NYSOH properly enrolled you and your spouse in a QHP, with up to \$514.00 of APTC per month, effective January 1, 2018, such that the December 6, 2017 eligibility determination and plan enrollment notices are AFFIRMED.

The second issue under review is whether NYSOH properly determined that you and your spouse did not qualify for a special enrollment period.

You testified that you are appealing the fact that you and your spouse were determined ineligible for a special enrollment period. The record does not contain a notice of eligibility determination regarding the issue of your and your spouse's eligibility for a special enrollment period. The record does contain a notice issued by NYSOH on February 28, 2018, confirming that as of February 27, 2018, you requested a telephone hearing to review the following issue: "Denial of Special Enrollment Period (SEP)" (see Document [REDACTED]).

The February 28, 2018 notice, along with your testimony regarding the relief that you are seeking to qualify for a special enrollment period to select a QHP with a lower deductible, permits an inference that NYSOH did deny your request for a special enrollment period. 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.

Once the annual open enrollment period ends, a health plan enrollee must qualify for a special enrollment period 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. An enrollee who is determined newly eligible or newly ineligible for advance payments of the premium tax credit or has a change in eligibility for cost-sharing reductions, are eligible for a special 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).

On December 6, 2017, NYSOH issued an eligibility determination notice instructing you and your spouse to provide proof of income by March 5, 2018, to confirm your eligibility for financial assistance. Based on that request for additional documentation, on January 24, 2018, you submitted Profit & Loss Statements for [REDACTED] for the months of October, November and December 2017. On the cover sheet you stated that this was proof of income for your company of which you were a 50% owner. Further, the statements reflect that you were issued net income of: (1) \$2,080.32 in October 2017; (2) \$19,735.80 in November 2017; (3) \$12,436.18 in December 2017 (Document [REDACTED]; uploaded 2/02/2018).

On February 3, 2018, NYSOH attempted to recalculate your income using the documentation submitted on January 24, 2018. NYSOH calculated your expected 2018 household income to be (\$2,080.32 (+) \$19,735.80 (+) \$12,436.18 x 4 quarterly periods) \$137,009.20. The record reflects that NYSOH failed to factor that you are only a 50% owner of that company. Therefore, your income should have been calculated to be (\$137,009.20 X 50% ownership) \$68,504.60.

Based on the miscalculation of your income, on February 3, 2018 notices were issued stating that you and your spouse were enrolled in a QHP, without financial assistance, effective March 1, 2018.

On February 17, 2018, you submitted your 2017 Form 1040 U.S. Individual Income Tax Return (see Document [REDACTED]; uploaded 2/22/2018). On February 23, 2018, NYSOH recalculated your household income using the documentation submitted on February 17, 2018, to be \$64,440.00. Based on that recalculation, on February 24, 2018, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible for APTC of up to \$783.00 per month, effective March 1, 2018.

Since you and your spouse were enrollees who were newly determined eligible for APTC as of February 24, 2018, you and your spouse were eligible for a special enrollment period. Based thereon, NYSOH failed to determine you and your spouse eligible for a special enrollment period.

Therefore, your case has been RETURNED to NYSOH to assist you and your spouse to enroll in a different QHP. You shall have 60 days from the decision date, as stated above, to enroll in a different QHP.

Decision

The December 6, 2017 eligibility and plan enrollment notices are AFFIRMED.

By this Decision, it is determined that NYSOH failed to determine you and your spouse eligible for a special enrollment period.

Your case has been RETURNED to NYSOH to assist you and your spouse to enroll in a different QHP. You shall have 60 days from the decision date, as stated above, to enroll in a different QHP.

Effective Date of this Decision: April 25, 2018

How this Decision Affects Your Eligibility

You and your spouse were properly enrolled in a QHP, with \$541.00 in APTC, for the months of January 2018 and February 2018.

You and your spouse are eligible for a special enrollment period and may change the QHP that you are currently enrolled in.

If You Disagree with this Decision (Appeal Rights)

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

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

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

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).

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 December 6, 2017 eligibility and plan enrollment notices are AFFIRMED.

By this Decision, it is determined that NYSOH failed to determine you and your spouse eligible for a special enrollment period.

Your case has been RETURNED to NYSOH to assist you and your spouse to enroll in a different QHP. You shall have 60 days from the decision date, as stated above, to enroll in a different QHP.

You and your spouse were properly enrolled in a QHP, with \$541.00 in APTC, for the months of January 2018 and February 2018.

You and your spouse are eligible for a special enrollment period and may change the QHP that you are currently enrolled in.

Legal Authority

We are issuing this determination in accordance with 45 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).

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 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.

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