



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

Notice of Decision

Decision Date: May 17, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029532



Dear [REDACTED]

On April 25, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 29, 2018 denial notice, March 1, 2018 eligibility determination notice and March 1, 2018 notice of retroactive Medicaid.

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).

This page intentionally left blank.



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

Decision

Decision Date: May 17, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029532



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 you did not qualify for health insurance through NYSOH?

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

Did NYSOH properly determine that you were not eligible for Medicaid for the months of November 2017 and December 2017?

Procedural History

On January 3, 2018, NYSOH issued a notice stating that additional information was required to confirm your eligibility for health insurance. The notice directed you to provide proof of your household income by January 17, 2018.

On January 29, 2018, NYSOH issued a denial notice stating that you do not qualify for health coverage through NYSOH because you did not provide proof of your income by the deadline.

On February 28, 2018, NYSOH received your updated application for health insurance and request for assistance with medical bills for the months of November 2017 and December 2017. That day, a preliminary eligibility determination was prepared stating that you do not qualify to select a health plan

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).

outside of the open enrollment period, and that you were not eligible for Medicaid for the months of November 2017 and December 2018.

Also on February 28, 2018, you spoke to NYSOH's Account Review Unit and appealed your denial of health insurance through NYSOH, your inability to enroll in a qualified health plan outside of the open enrollment period, and the denial of your request for financial assistance with medical bills for months of November 2017 and December 2018.

On March 1, 2018, NYSOH issued an eligibility determination notice stating that you do not qualify to select a health plan outside of the open enrollment period for 2018. The notice further stated that if you did for a Special Enrollment Period, you would have been eligible to receive up to \$368.00 per month in APTC and cost-sharing reductions if you enrolled in a silver level qualified health plan, both effective April 1, 2018.

Also on March 1, 2018, NYSOH issued an eligibility determination notice stating that you were not eligible for Medicaid for the months of November 2017 and December 2017.

On April 25, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open until May 10, 2018, to allow you to submit proof of your income for the months of November 2017 and December 2017.

On May 8, 2018, NYSOH received supporting documents by fax. The documents were incorporated into the record as Appellant's [REDACTED] and uploaded into your NYSOH account as Document [REDACTED]. The record remained open until May 10, 2018 and was closed that day.

Findings of Fact

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

- 1) According to your NYSOH account and your testimony, a broker assisted you with our January 2, 2018 application for financial assistance.
- 2) You testified, and provided documentation to show, that you emailed proof of your income to the broker on January 10, 2018 (see Document [REDACTED]).
- 3) According to your NYSOH account and your testimony, the broker did not submit the income documentation to NYSOH before the January 17, 2018 deadline.

- 4) You testified that you believed the broker uploaded your income documents to your NYSOH account on time.
- 5) You testified that you believed you were enrolled in health insurance until [REDACTED], when you contacted NYSOH by telephone and a NYSOH representative told you that you did not have coverage. You were assisted with updating your application for health insurance.
- 6) You testified that you are seeking Medicaid retroactively for November 2017 and December 2017.
- 7) You testified that you had two jobs in the months of November 2017 and December 2017, and that your combined gross monthly income from both jobs was approximately \$2,000.00 per month.
- 8) You faxed copies of some, but not all, of your paystubs from each of your employers for the months of November 2017 and December 2017 (see Document [REDACTED]).
- 9) Your February 28, 2018 application lists that you anticipate filing your 2018 taxes as single, and that you will not claim any dependents on that tax return.

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

Applicable Law and Regulations

Verification Process

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income (45 CFR §155.320(c)(1)(i), 42 CFR § 435.945).

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f) 42 CFR § 435.952).

Open Enrollment Period

NYSOH must provide annual open enrollment periods during which time qualified individuals may enroll in a health plan and enrollees may change health plans (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

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).

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).

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. NYSOH has not elected to adopt this subsection at this time.

(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)).

Medicaid for Adults between the Ages of 19 and 65

Medicaid can be provided through NYSOH to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), NY Social Services Law § 366(1)(b)).

In an analysis of Medicaid eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4). On the date of your application, that was the 2017 FPL, which is \$1,005.00 for a one-person household (82 Fed. Reg. 8831).

Legal Analysis

The first issue under review is whether NYSOH properly determined that you did not qualify for health insurance through NYSOH.

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income.

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence.

On January 2, 2018, you submitted an application for health insurance with the assistance of a broker. The income amount that was entered into this application did not match federal and state data sources. As a result, NYSOH asked that you submit proof of your household income by January 17, 2018.

No documentation was received by the January 17, 2018, and as a result, you were denied health insurance through NYSOH. However, the credible evidence of record reflects that this was through no fault of your own.

According to your testimony and the credible evidence of record, you emailed proof of your income to the broker assisting you with your application for health insurance on January 10, 2018. The broker never uploaded that documentation into your NYSOH account. As a direct result of the broker's failure to upload your income documentation into your NYSOH account, you were denied health insurance through NYSOH.

Since the record reflects that the January 29, 2018 denial notice was the direct result of a broker error and no fault of your own, it is RESCINDED.

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

NYSOH provided an open enrollment period from November 1, 2017 until January 31, 2018. On February 28, 2018, after the open enrollment had ended, you submitted an updated application for health insurance and requested to enroll in a qualified health plan. On March 1, 2018, NYSOH issued a notice stating that you do not qualify to enroll in a qualified health plan outside of 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.

The credible evidence of record reflects the following:

- 1) You first submitted an application for health insurance on January 2, 2018, during open enrollment, with the assistance of a broker;
- 2) You were required to submit proof of your household income to NYSOH by January 17, 2018;
- 3) You gave proof of your income to the broker on January 10, 2018, and believed the broker uploaded your income information into your account, and that you were eligible for health insurance;
- 4) The broker did not upload your income documentation into your NYSOH account by the January 17, 2018 deadline and, as a direct result, you were denied health insurance;
- 5) You discovered you did not have health insurance on February 28, 2018, when you contacted NYSOH by telephone;
- 6) During that phone call, a NYSOH representative told you that you did not have coverage through NYSOH, and assisted you with an application; and,
- 7) You were unable to enroll in a health plan because it was outside of the open enrollment period.

Based on the credible evidence of record, it is reasonable to conclude that but for the broker error you would have been enrolled into a qualified health plan during the open enrollment period. Since the record indicates that your non-enrollment into a qualified health plan during open enrollment was the direct result of an error made by a broker, an agent of NYSOH, you should have been granted a special enrollment period as of your January 2, 2018 application.

Therefore, NYSOH's March 1, 2018 eligibility determination notice that stated you do not qualify to select a health plan outside of the open enrollment period for 2017 is MODIFIED to reflect that you are 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 enrolling into a qualified health plan. You may choose to enroll into a qualified health plan as of January 2, 2018 because an agent of NYSOH erred in assisting you as of that date. In the

alternative, you may elect to enroll into coverage within 60 days from the date of this decision.

The third issue under review is whether NYSOH properly determined that you were not eligible for Medicaid for the months of November 2017 and December 2017.

You are in a one-person household for purposes of this analysis. This is because you file your taxes with a tax filing status of single and do not claim any dependents on your tax returns.

You submitted an application for financial assistance on February 28, 2018, and requested help paying for medical bills for the months of November 2017 and December 2017.

When an individual file an initial application for Medicaid, his or her eligibility for retroactive Medicaid depends on the date of application. To this end, it does not matter whether or not that initial application resulted in Medicaid going forward. Instead, an individual, who has filed an initial application for Medicaid through NYSOH, has the right to be evaluated for Medicaid for the three months before the month of his or her application.

Medicaid coverage can be made effective retroactively for up to three months prior to an individual's initial application if the individual received medical services that would have been covered under Medicaid and if they would have been eligible for Medicaid in those three months had they applied.

You testified that you are seeking Medicaid for the months of November 2017 and December 2017.

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size. To be eligible for Medicaid in November 2017 and December 2017, you would have needed to meet the non-financial criteria and have an income no greater than 138% of the FPL, which is \$1,387.00 per month. There is no indication in the record that you would have been ineligible for Medicaid based on non-financial criteria during November 2017 and December 2017.

You testified that you had two jobs in the months of November 2017 and December 2017, and that your combined gross monthly income from both jobs was approximately \$2,000.00 per month. The Hearing Officer left the record open until May 2, 2018 for you to submit copies of your paystubs for those months. On May 8, 2018, the Appeals Unit received copies of some, but not all, of your paystubs from each of your employers for the months of November 2017 and December 2017. Since there is an incomplete record of your paystubs, there is insufficient documentation to calculate your monthly income for those two

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).

months. As such, the February 1, 2018 eligibility determination issued by NSYOH cannot be disturbed.

Therefore, the March 1, 2018 notice stating that you are not eligible for retroactive Medicaid from November 1, 2017 through December 31, 2017 is **AFFIRMED**.

Decision

The January 29, 2018 denial notice is **RESCINDED**.

The March 1, 2018 eligibility determination notice that stated you do not qualify to select a health plan outside of the open enrollment period for 2017 is **MODIFIED** to reflect that you are 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 enrolling into a qualified health plan. You may choose to enroll into a qualified health plan 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.

The March 1, 2018 notice stating that you are not eligible for retroactive Medicaid from November 1, 2017 through December 31, 2017 is **AFFIRMED**.

Effective Date of this Decision: May 17, 2018

How this Decision Affects Your Eligibility

You should not have been denied health insurance for failure to submit income documentation, which was the result of broker error.

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, or 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.

You are not eligible for retroactive Medicaid for the months of November 2017 and December 2017.

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).

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:

- 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 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).

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 January 29, 2018 denial notice is **RESCINDED**.

You should not have been denied health insurance for failure to submit income documentation, which was the result of broker error.

The March 1, 2018 eligibility determination notice that stated you do not qualify to select a health plan outside of the open enrollment period for 2017 is **MODIFIED** to reflect that you are 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 enrolling into a qualified health plan. You may choose to enroll into a qualified health plan 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.

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, or 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.

The March 1, 2018 notice stating that you are not eligible for retroactive Medicaid from November 1, 2017 through December 31, 2017 is **AFFIRMED**.

You are not eligible for retroactive Medicaid for the months of November 2017 and December 2017.

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).

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।

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).

Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. y&b&tumi ama wo obi a okyer& kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

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

Tiếng Việt (Vietnamese)

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

אידיש (Yiddish)

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

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).