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

Notice of Decision

Decision Date: May 22, 2018

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000029588

[redacted]

Dear [redacted]

On May 16, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's February 28, 2018 eligibility determination notice.

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

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

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:

  NY State of Health Appeals
  P.O. Box 11729
  Albany, NY 12211

- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the NY State of Health 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 22, 2018

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000029588

[redacted]

Issues

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

> Did NY State of Health properly determine that you and your oldest child were eligible to receive up to $416.00 per month in advance payments of the premium tax credit, effective April 1, 2018?
>
> Did NY State of Health properly determine that you and your oldest child were not eligible for cost-sharing reductions?
>
> Did NY State of Health properly determine that you and your oldest child were not eligible for the Essential Plan?
>
> Did NY State of Health properly determine that your youngest child was eligible to enroll in a Child Health Plus plan with a $30.00 monthly premium, effective April 1, 2018?
>
> Is your request for a special enrollment period at the time of the hearing to enroll yourself and your children into more affordable health insurance coverage through NYSOH outside of the open enrollment period for the 2018 coverage year ripe for review?

Procedural History

On February 27, 2018, NY State of Health (NYSOH) received your updated application for financial assistance with health insurance.

On February 28, 2018, NYSOH issued an eligibility determination notice stating that you and your oldest child were eligible to receive up to $416.00 per month in advance payments of the premium tax credit (APTC) and your youngest child was eligible to enroll in a Child Health Plus plan with a $30.00 monthly premium, both effective April 1, 2018. The notice also stated that you and your oldest were not eligible for cost-sharing reductions or the Essential Plan because your annual household income was over the allowable income limits for those programs. This notice further directed you and your oldest child to select a qualified health plan (QHP) for enrollment by April 28, 2018, or you and your oldest child could not get coverage for 2018.

Also on February 28, 2018, NYSOH issued a plan enrollment notice confirming your and your oldest child's enrollment in a bronze-level QHP, with the maximum about of APTC applied to the monthly premium, both effective April 1, 2018, and your youngest child's enrollment in a Child Health Plus plan with a $30.00 monthly premium, effective April 1, 2018.

On March 1, 2018, you spoke to NYSOH's Account Review Unit and appealed that February 28, 2018 eligibility determination notice insofar as you and your children were not eligible for an increased amount of financial assistance.

On April 3, 2018, NYSOH received your updated application, which indicated that you and your children no longer needed health insurance through NYSOH.

On April 4, 2018, NYSOH issued a discontinuance notice stating that you and your children were no longer eligible for health insurance through NYSOH, effective May 1, 2018. This notice further stated that this was because you indicated that you and your children no longer wanted to receive coverage.

Also on April 4, 2018, NYSOH issued a plan disenrollment notice confirming your and your oldest child's disenrollment from your QHP, effective April 30, 2018, and your youngest child's disenrollment from her Child Health Plus plan, effective April 30, 2018.

On May 16, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. 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) The application that was submitted on February 27, 2018, indicated that you expect to file your tax return for 2018 with a tax filing status of head of

household and you will claim your two children as dependents on that tax return.

2) You testified that you expect to file your tax return for 2018 with a tax filing status of head of household, but that you only expect to claim your youngest child as a dependent on that tax return.

3) You testified that your oldest child plans on filing his own tax return for 2018 and he has already filed his own taxes for 2017.

4) You are seeking health insurance for yourself and your two children.

5) The application that was submitted on February 27, 2018, listed an expected annual household income of $58,720.00, consisting of $40,000.00 you earn from your employment and $18,720.00 your oldest child earned from his employment. You testified that these amounts were correct.

6) Your application states that you will not be taking any deductions on your 2018 tax return.

7) On the date of your February 27, 2018 application, your oldest child was [redacted] and your youngest child was [redacted]

8) Your application states that you and your children live in [redacted] NY.

9) Following the February 27, 2018 application, your NYSOH account indicates that you and your oldest child were found eligible for a special enrollment period (SEP) until April 28, 2018, so that you and your oldest child could enroll into coverage outside of the 2018 open enrollment period.

10) You testified that you enrolled yourself and your oldest child into a bronze-level QHP and your youngest child into a Child Health Plus plan with a $30.00 monthly premium on February 27, 2018 and this coverage was effective April 1, 2018.

11) You testified that you contacted NYSOH on March 1, 2018, to find out what other QHPs were available to you and your oldest child that would be more cost-effective, but you were unable to find any plans that would fit into your budget and declined to change your and your oldest child's enrollment at that time.

12) You testified that, after being informed by your and your oldest child's QHP that you would be financially responsible to pay the monthly

insurance premium for the months you and your oldest child remained enrolled in coverage, you decided to disenrolled yourself and your children from health insurance coverage through NYSOH.

13) You testified that you are not able to afford the health insurance costs for you and your children unless you are eligible for additional financial assistance.

14) You testified that you would like yourself and your oldest child to be found eligible to enroll in the Essential Plan and your youngest child to be found eligible to enroll in a Child Health Plus plan with a $9.00 monthly premium, like you and your children had in prior years.

15) You testified that you are also seeking a special enrollment period so that you and your children can enroll into more affordable coverage for the remainder of the 2018 health insurance year.

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

Applicable Law and Regulations

Advance Payments of Premium Tax Credit

APTC are generally available to a person who is eligible to enroll in a qualified health plan 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 qualified health plan, and (3) is not otherwise eligible for minimum essential coverage except through the individual market (*see* 45 CFR § 155.305(f), 26 CFR § 1.36B-2, 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 $20,420.00 for a three-person household (82 Federal Register 8831).

For annual household income in the range of at least 250% but less than 300% of the 2017 FPL, the expected contribution for 2018 is between 8.10% and 9.56% of the household income (26 CFR § 1.36B-3(g)(1), 45 CFR § 155.300(a), IRS Rev. Proc. 2017-36).

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).

Cost-Sharing Reductions

Cost-sharing reductions are available to a person who (1) is eligible to enroll in a qualified health plan through NYSOH, (2) meets the requirements to receive APTC, (3) is expected to have an annual household income that does not exceed 250% of the FPL for the first day of the open enrollment period of the benefit year for which coverage is requested, and (4) is enrolled in a silver-level qualified health plan (45 CFR § 155.300(a), 45 CFR § 155.305(g)(1)).

Essential Plan

NYSOH must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable FPL or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated (*see* 42 CFR § 600.305, 42 CFR § 435.603(d)(4), 45 CFR § 155.305(e), NY Social Services Law § 369-gg(3), 42 USC § 18051).

In an analysis of Essential Plan eligibility, the determination is based on the FPL in effect on the first day of the benefit year for which coverage is requested (45 CFR § 155.300(a)). On the date of your application that was the 2017 FPL, which is $20,420.00 for a three-person household (82 Fed. Reg. 8831).

A person who has a household income that is at or below 150% of the FPL has a $0.00 premium contribution (New York's Basic Health Plan Blueprint, p. 21, as approved January 2016; see https://www.medicaid.gov/basic-health-program/downloads/ny-blueprint.pdf).

A person who has a household income greater than 150% of the FPL or below 200% of the FPL has a $20.00 per month premium contribution (New York's Basic Health Plan Blueprint, as approved January 2016).

The Essential Plan is considered minimum essential coverage; therefore, a person who is eligible for the Essential Plan is not eligible for any premium tax credit because they are eligible for minimum essential coverage through the individual market (*see* 26 CFR § 1.36B-2(c)(1), 26 USC § 5000A(f)(1)(C)).

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 CHP 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 PHL § 2511(2)(a)(iii)). To be eligible to enroll in CHP with subsidy payments, a child must not be "eligible for medical assistance"; that is, must not be eligible for Medicaid (NY PHL § 2511(2)(b)).

The amount of the premium payment, if any, that must be made on behalf of a child who enrolls in a CHP plan depends upon the child's family household income (NY PHL § 2510(9)(d)). No payments are required for eligible children whose family household income is less than 160% of the FPL (NY PHL § 2510(9)(d)(1)). If the family household income is 160% or higher, premiums range from $9.00 per month to $60.00 per month (NY PHL § 2510(9)(d)).

The CHP premium is $30.00 per month for a child whose family household income is between 251% and 300% of the FPL, but no more than $90.00 per month per family (NY PHL § 2510(9)(d)(iv)).

In an analysis of Child Health Plus 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 2018 FPL, which was $20,780.00 for a three-person household (83 Fed. Reg. 2642).

Affordability Exemption

Under some circumstances, a person may receive an exemption from paying a penalty for not purchasing health insurance coverage. Such an exemption may be granted if that person can show that he or she experienced a financial hardship or has domestic circumstances that (1) caused an unexpected increase in essential expenses that prevented that person from obtaining health coverage under a QHP; (2) would have caused the person to experience serious deprivation of food, shelter, clothing, or other necessities, as a result of the expense of purchasing health coverage under a QHP; or (3) prevented that person from obtaining coverage under a QHP (45 CFR § 155.605(a), (g)).

NYSOH has deferred to the U.S. Department of Health and Human Services (HHS) on the matter of hardship exemptions (see 45 CFR § 155.505(c)). If you wish to be considered for a hardship exemption, you can check the Federal Marketplace website (www.healthcare.gov) for direction.

Appealable Issues

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 first issue under review is whether NYSOH properly determined that you and your oldest child were eligible for up to $416.00 per month in APTC.

The application that was submitted on February 27, 2018 listed an annual household income of $58,720.00, and the eligibility determination relied upon that information.

You and your oldest child are in a three-person household. This is because the application that was submitted on February 27, 2018, indicated that you expect to

file your 2018 income tax return as head of household and will claim your two children as dependents on that tax return.
You and your oldest child reside in [redacted], NY, where the second lowest cost silver plan available for a primary subscriber and one dependent under the age of 26 through NYSOH costs $865.81 per month.

An annual income of $58,720.00 is 287.56% of the 2017 FPL for a three-person household. At 287.56% of the FPL, the expected contribution to the cost of the health insurance premium in 2018 is 9.20% of income, or $450.19 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 primary subscriber with one dependent under the age of 26 in your county ($865.81 per month) minus your expected contribution ($450.19 per month), which equals $415.62 per month. Therefore, rounding to the nearest dollar, NYSOH correctly determined you and your oldest child to be eligible for up to $416.00 per month in APTC, based on the information in your application.

The second issue under review is whether you and your oldest child were properly determined ineligible for cost-sharing reductions.

Cost-sharing reductions are available to a person who has a household income no greater than 250% of the FPL. Since a household income of $58,720.00 is 287.56% of the applicable FPL, NYSOH correctly found you and your oldest child to be ineligible for cost-sharing reductions, based on the information in your application.

The third issue under review is whether NYSOH properly determined you and your oldest child were ineligible for the Essential Plan.

The Essential Plan is generally provided through NYSOH to individuals who meet the non-financial requirements and have a household modified adjusted gross income that is between 138% and 200% of the FPL for the applicable family size. On the date of your application, the relevant FPL was $20,420.00 for a three-person household. Since an annual household income of $58,720.00 is 287.56% of the 2017 FPL, NYSOH correctly found you and your oldest child to be ineligible for the Essential Plan.

The fourth issue under review is whether NYSOH properly determined that your youngest child was eligible to enroll in a Child Health Plus plan with a $30.00 monthly premium.

According to your February 27, 2018 application, you expect to file your 2018 tax return as head of household and you will claim your two children as dependents on that tax return. Therefore, your child is in a three-person household, based on the information listed in your application.

In the February 27, 2018 application, you attested to an expected annual household income of $57,720.00. This application also indicated that your youngest child was [redacted]. NYSOH relied upon this information when making a determination regarding your youngest child's eligibility for financial assistance with health insurance.

A child is eligible to enroll in Child Health Plus if they meet the non-financial requirements, are not eligible for Medicaid, and have a household income below 400% of the FPL. Households with an income between 251% and 300% of the 2018 FPL are responsible for a $30.00 per month Child Health Plus premium payment. On the date of your application, the relevant FPL was $20,780.00 for a three-person household.

Since $58,720.00 is 282.58% of the 2018 FPL, NYSOH properly found your child to be eligible to enroll in a Child Health Plus plan with a $30.00 monthly premium, based on the information in your application.

Since the February 28, 2018 eligibility determination notice properly stated that, based on the information you provided, you and your oldest child were eligible for up to $416.00 per month in APTC, ineligible for cost-sharing reductions, ineligible for the Essential Plan and that your youngest child was eligible for a Child Health Plus plan with a $30.00 monthly premium, it is correct and is AFFIRMED.

However, you testified that, while your application states that you will claim your two children as dependents on your 2018 federal tax return, you now plan to claim your youngest child as your only dependent on your 2018 federal tax return. You further testified that your oldest child filed his own tax return for the 2017 tax year and plans on filing his own tax return in 2018.

NYSOH's Appeals Unit does not have the authority to change a consumer's tax filing status on their application. You will need to contact NYSOH and update your application to reflect a change in your tax filing status, if you so choose, as a change in tax filing status could change your household's eligibility for financial assistance.

During the hearing, you also testified that you are also seeking a special enrollment period so that you can enroll yourself and your children into more affordable health insurance coverage through NYSOH outside of the open enrollment period for the 2018 coverage year.

Your NYSOH account indicates that, after your February 27, 2018 application, you and your oldest child were granted a special enrollment period until April 28, 2018, to enroll into a QHP for the remainder of the 2018 coverage year. Your NYSOH account further indicates that you enrolled yourself and your oldest child into a QHP on February 27, 2018, with the maximum amount of APTC applied to

the monthly premium, effective April 1, 2018. You testified that you contacted NYSOH on March 1, 2018 to see if a more cost effective QHP was available for your and your oldest child's enrollment. However, you further testified that, after speaking with the NYSOH representative about the other QHPs available in your area, you determined that you were unable to afford any of the plans and declined to change your and your oldest child's enrollment. Your NYSOH account further indicates that a non-financial application was submitted on April 2, 2018 indicating that you and your children no longer needed health insurance through NYSOH and, as a result, you and your children were disenrolled from your health insurance coverage through NYSOH, effective April 30, 2018.

It is further noted that your there have been no applications submitted on your NYSOH account since the April 2, 2018 application; which resulted in you and your children being disenrolled from coverage. As such, there is no indication in your NYSOH account that you have attempted to obtain a special enrollment period nor is there any indication that NYSOH has denied you and your children a special enrollment period, either verbally or in writing. Therefore, there is no basis for NYSOH's Appeals Unit to review your request for a special enrollment period.

Since your request for a special enrollment period is not ripe for review at this time, it must be DISMISSED as a non-appealable issue.

Decision

The February 28, 2018 eligibility determination notice is AFFIRMED.

Your request for a special enrollment period is not ripe for review and must be DISMISSED as a non-appealable issue.

Effective Date of this Decision: May 22, 2018

How this Decision Affects Your Eligibility

NYSOH properly determined you and your oldest child were eligible for $416.00 per month in APTC, based on the information contained in your February 27, 2018 application.

NYSOH properly determined that you and your oldest child were ineligible for cost-sharing reductions.

NYSOH properly determined that you and your oldest child were ineligible to enroll in the Essential Plan.

NYSOH properly determined that your youngest child was eligible to enroll in a Child Health Plus plan with a $30.00 monthly premium.

This decision does not change your and your children's current eligibility and non-enrollment. You and your children remained un-enrolled into coverage as of May 1, 2018.

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 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 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 February 28, 2018 eligibility determination notice is AFFIRMED.

Your request for a special enrollment period is not ripe for review and must be DISMISSED as a non-appealable issue.

NYSOH properly determined you and your oldest child were eligible for $416.00 per month in APTC, based on the information contained in your February 27, 2018 application.

NYSOH properly determined that you and your oldest child were ineligible for cost-sharing reductions.

NYSOH properly determined that you and your oldest child were ineligible to enroll in the Essential Plan.

NYSOH properly determined that your youngest child was eligible to enroll in a Child Health Plus plan with a $30.00 monthly premium.

This decision does not change your and your children's current eligibility and non-enrollment. You and your children remained un-enrolled into coverage as of May 1, 2018.

Legal Authority

We are sending you this notice 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:

[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).

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。我们可以为您免费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 مجانًا.

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 महत्त्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई नि:शुल्क 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 yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yƐbƐtumi ama wo obi a ɔkyerƐ kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم1-855-355-5777 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).