



STATE OF NEW YORK
DEPARTMENT OF HEALTH
PO Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: May 9, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029644



Dear [REDACTED]

On May 2, 2018, you appeared by telephone at a hearing on your appeal requesting 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
PO 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
PO Box 11729
Albany, NY 12211

Decision

Decision Date: May 9, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029644



Issue

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

Are you and your spouse eligible to enroll in an insurance coverage for 2018 outside of the open enrollment period?

Procedural History

On January 12, 2017, NYSOH issued a notice of eligibility determination stating you and your spouse were eligible for Medicaid, effective January 1, 2017. You were subsequently enrolled in a Medicaid Managed Care plan.

On September 22, 2017, NYSOH issued a renewal notice stating you and your spouse were newly eligible to receive up to \$716.53 per month in advance payments of the premium tax credit (APTC), and eligible for cost-sharing reductions if you enrolled in a silver level qualified health plan (QHP), effective December 1, 2017. The notice advised you to select a QHP for enrollment between October 16, 2017 and November 15, 2017.

On October 18, 2017, NYSOH issued a disenrollment notice, stating you and your spouse were disenrolled from your Medicaid Managed Care plan, effective November 30, 2017, because you were no longer eligible to enroll in that plan.

On November 14, 2017, you updated your NYSOH application.

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On November 15, 2017, NYSOH issued a notice of eligibility determination stating you and your spouse were eligible to receive up to \$629.00 per month in APTC, effective December 1, 2017.

On November 16, 2017, NYSOH issued a notice of enrollment confirmation, confirming you and your spouse's enrollment in an Oscar silver level QHP with a monthly premium of \$337.89, after the application of your APTC to your premium, beginning December 1, 2017. The notice stated you would receive an invoice from your plan, and that you must pay the monthly premium to start and keep your coverage.

On December 15, 2017, you updated your NYSOH application.

On December 16, 2017, NYSOH issued a notice of eligibility determination stating you and your spouse were eligible to receive up to \$867.00 per month in APTC, and eligible for cost-sharing reductions if you enrolled in a silver level QHP, beginning January 1, 2018.

That same day, NYSOH issued a disenrollment notice stating you and your spouse's enrollment in your Oscar silver level QHP was ending, effective January 1, 2018, because you asked for your coverage to end on December 15, 2017.

Also on December 16, 2017, NYSOH issued a notice of enrollment confirmation stating you and your spouse were enrolled in an Oscar bronze level QHP, with a monthly premium of \$156.77, after the application of your APTC to your monthly premium, beginning January 1, 2018.

On January 15, 2018, you updated your enrollment.

On January 16, 2018, NYSOH issued a notice of enrollment confirmation, confirming you and your spouse's enrollment in your Oscar bronze level QHP with a monthly premium of \$859.27, after the application of \$110.00 of your APTC to your monthly premium, beginning February 1, 2018.

On January 31, 2018, you updated your enrollment.

On February 1, 2018, NYSOH issued a notice of enrollment confirmation, confirming you and your spouse's enrollment in your Oscar bronze level QHP with a monthly premium of \$102.27 per month, after the application of your full APTC amount to your monthly premium, beginning February 1, 2018.

On February 2, 2018, NYSOH issued a disenrollment notice, stating you and your spouse were disenrolled from your QHP, effective February 28, 2018, because you asked for your coverage to end on February 1, 2018.

On February 7, 2018, you tried to re-enroll in a QHP on behalf of yourself and your spouse through NYSOH.

On March 2, 2018, you spoke with NYSOH's Account Review Unit and appealed NYSOH's refusal to allow you to apply for health insurance and NYSOH's failure to allow you to enroll in insurance coverage.

On May 2, 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) You testified that you are requesting a special enrollment period to enroll into a health plan on behalf of yourself and your spouse, and that you are looking to enroll in coverage going forward only.
- 2) You and your spouse were found eligible for Medicaid effective January 1, 2017.
- 3) On September 22, 2017, NYSOH issued a renewal notice that contained a new eligibility determination stating you and your spouse were newly eligible to receive APTC, effective December 1, 2017.
- 4) On November 14, 2017, you updated your application and you and your spouse were again found eligible for APTC, as well as cost-sharing reductions, and you enrolled into an Oscar silver level QHP beginning December 1, 2017.
- 5) You testified you contacted NYSOH to update your income information, and were told you would not be eligible for Medicaid in December 2017 because you were over the income limit.
- 6) You testified you enrolled into a plan for December 2017, but you knew your income was going down again, and you wanted to avoid paying the premium if you did not need the coverage, so you waited and did not make a premium payment.
- 7) You testified you updated your account again in December 2017 for the 2018 coverage year.

- 8) Your NYSOH account reflects you disenrolled from your Oscar silver level QHP on December 15, 2017, and selected an Oscar bronze level QHP for enrollment, with coverage beginning January 1, 2018.
- 9) You testified you again were not sure you wanted the coverage for January 2018, as your income had gone down, and you did not want to pay the premium if you did not need the coverage.
- 10) You testified you received invoices for the premiums for December and January, but you did not pay those bills.
- 11) You testified you spoke with your QHP in January 2018 because you wanted to make sure you could still have coverage for February if you did not choose to keep your coverage for the months of December and January.
- 12) You testified your QHP told you that you could just wait to pay your premium until February, and you would not have coverage for January 2018.
- 13) You testified you chose to enroll in coverage for December and January, instead of waiting, because you were told by your QHP you could enroll, and then wait until the middle of the month to pay your premium if you ended up needing coverage in that month.
- 14) You testified you knew you had to enroll in coverage for February as you were aware that the open enrollment period was ending, so you went back in and updated your enrollment again in January 2018.
- 15) Your NYSOH account reflects you updated your enrollment on January 15, 2018 and changed the amount of APTC applied to your premium.
- 16) You testified you misread the “slider” on the NYSOH website and confused the amount of APTC versus the amount of premium you would be responsible for.
- 17) You testified you called NYSOH to ask them to change your enrollment so your full APTC would be applied to your February 2018 premium, and they did so.
- 18) Your NYSOH account reflects your enrollment was updated on January 31, 2018, and a new enrollment notice was issued on February 1, 2018 stating your full APTC would be applied to your monthly premium, beginning February 1, 2018.

- 19) You testified you are not sure when you first spoke to NYSOH about wanting to cancel your coverage for December and January.
- 20) You testified you do not recall NYSOH's response to your request to not have coverage for the months of December and January.
- 21) You testified you never asked NYSOH to cancel your coverage entirely for 2018, as you knew you had to enroll and begin paying premiums starting in February so that you could keep your coverage for 2018.
- 22) You testified your QHP canceled the invoices for December and January, and billed you for February only; you testified you paid this invoice for your February 2018 coverage.
- 23) You testified you found out at the end of February or early March that you had been disenrolled from your coverage, effective March 1, 2018.
- 24) You testified you do not know why this happened, but you assume it must have something to do with your request not to have coverage in December and January.
- 25) Your NYSOH account reflects, on February 1, 2018, someone from NYSOH deleted your enrollment in your QHP, and a notice was issued on February 2, 2018 stating your enrollment in your QHP was ending, effective February 28, 2018, because you asked NYSOH to end your coverage.
- 26) A note entered in NYSOH's system on February 2, 2018 in Incident [REDACTED] reads, "Request granted; member's marketplace coverage for December 2017 & for 2018 has been canceled. Case closed."
- 27) You testified you tried to re-enroll in coverage, but were told you could not because it was outside the open enrollment period.
- 28) On February 7, 2018, you tried to reapply for health insurance, but you were not allowed to submit an application, nor were you allowed to enroll into a health plan. You subsequently tried to reapply on February 12, 2018 and March 2, 2018 as well, but were not allowed to apply or reenroll on any of those dates.

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

Applicable Law and Regulations

Medicaid Continuous Coverage

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 federal poverty level (FPL) for the applicable family size (42 CFR §§ 435.119(b), 435.911(b)(1), 435.603(d)(4); NY Social Services Law (NY SSL) § 366(1)(b)).

Generally, most adults determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage, even if they lose Medicaid eligibility because of any changes or updates they make to their NYSOH account. For example, even if income increases above the Medicaid limit allowed for the household size, the insured will remain covered under Medicaid for a 12-month period. This 12-month period is referred to as “continuous coverage” and is set based on the start date of the original Medicaid eligibility determination or the date of a subsequent Medicaid eligibility determination based on modified adjusted gross income (NY SSL § 366(4)(c)).

An individual will be enrolled or remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical care, citizenship status, lack of state residence, failing to provide a valid Social Security number, or having third party health insurance (NY SSL § 366(4)(c)).

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 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 QHP, and an enrollee may change their enrollment to

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another plan. This is generally permitted when a triggering event occurs, including:

The qualified individual's or his or her dependent's, enrollment or non-enrollment in a QHP 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.

(45 CFR § 155.420(d)(4)).

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 QHP (45 CFR § 155.420(c)(1)).

Application Process and Notice of Eligibility Determination

NYSOH must accept an application and make an eligibility determination for an applicant seeking an eligibility determination, at any time during the year (45 CFR § 155.310(c)).

When an individual applies for insurance through NYSOH, NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)).

Any required notice issued by NYSOH must include an explanation of the action referenced in the notice, including the effective date of the action, and the factual and legal basis for such action (45 CFR § 155.230(a)).

Appeal of an Eligibility Determination

An applicant has the right to appeal to NYSOH's Appeals Unit any failure by NYSOH to provide timely notice of an eligibility determination (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

Legal Analysis

The issue under review is whether you and your spouse qualify to enroll in a QHP outside of the open enrollment period.

You testified that you are appealing the denial of a special enrollment period to reenroll into a health plan through NYSOH.

On February 7, 12, and March 2, 2018, you requested to reenroll into a health plan.

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It appears that NYSOH did not allow you to apply for a special enrollment period, and the record does not include any notice of eligibility determination or redetermination denying any request for a special enrollment period.

NYSOH is required to accept applications any time during the year, and it must then promptly issue a notice of eligibility determination that includes the factual and legal basis for any finding.

You attempted to apply for coverage through NYSOH, by way of a special enrollment period, on February 7, 12, and March 2, 2018; however, NYSOH refused to accept your applications as it is required to do. Consequently, it also failed to issue a corresponding notice of eligibility determination regarding your request for a special enrollment period.

Therefore, the Appeals Unit of NYSOH finds that NYSOH improperly refused to accept your application and improperly failed to issue the appropriate notice of eligibility determination, as it is required to do pursuant to regulations.

Once the annual open enrollment period ends, a health plan enrollee must qualify for a special enrollment period to enroll in a health plan, or to change enrollment to another health plan offered in NYSOH. To qualify for a special enrollment period, a person must experience a triggering event.

NYSOH provided an open enrollment period from November 1, 2017 through January 31, 2018. You originally updated your NYSOH account on November 14, 2017, in response to a renewal notice dated September 22, 2017. As a result, your eligibility was updated for December 2017, and you and your spouse were found eligible for APTC in the month of December, and you enrolled into a QHP. However, as you and your spouse were enrolled in Medicaid as of January 1, 2017, your Medicaid coverage should not have ended until December 31, 2017.

Under New York State law, once a person is eligible for Medicaid, that eligibility continues for 12 months, even if the household income rises above 138% of the FPL. This provision is called “continuous coverage.”

Credible evidence confirms that you and your spouse were eligible for Medicaid effective January 1, 2017, and that even though your estimated annual income increased when you modified your application on November 14, 2017, you remain enrolled in Medicaid for the remainder of your 12-month eligibility period. Therefore, you and your spouse should never have been found eligible for APTC for December 2017, but should have remained in your Medicaid coverage until December 31, 2017. As such, the November 15, 2017 eligibility determination and November 16, 2017 enrollment confirmation notices are **RESCINDED**. Your case is **RETURNED** to NYSOH to reinstate you and your spouse in your Medicaid coverage for the month of December 2017.

You updated your account again on December 15, 2017 for coverage beginning January 1, 2018, and you and your spouse were again found eligible for APTC. You selected an Oscar bronze level QHP for enrollment, with coverage beginning January 1, 2018. Therefore, the record reflects you and your spouse initially enrolled in coverage during the 2018 open enrollment period.

You testified that, during this time, your income had decreased, and you were not sure you could afford your coverage, so you waited to pay. You testified you contacted your QHP and asked whether you could have your coverage start in February 2018 if you decided not to pay the January 2018 premium and not to have coverage in January, and your health plan told you that you could simply wait and pay the premium beginning February 2018. You testified you decided to do this, and you updated your enrollment again in January 2018 to ensure you would have coverage for February 2018. You testified your QHP canceled the invoices for December 2017 and January 2018, as you elected not to have coverage in those months, and sent you a bill for February 2018, which you paid.

However, on February 2, 2018, NYSOH issued a notice stating you and your spouse's enrollment in your QHP was ending, effective February 28, 2018, because you requested to end your coverage. You testified you never asked NYSOH to cancel your coverage: you only ever told them that you did not want coverage for December and January.

You first attempted to re-enroll in coverage on February 7, 2018, which was outside the open enrollment period. Therefore, to enroll in a plan or change your coverage, you would need to be eligible for a special enrollment period.

A special enrollment period can be granted if a qualified individual's enrollment or non-enrollment in a QHP 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.

You credibly testified you never requested to have your coverage canceled entirely, and that you believe this must have happened because you asked NYSOH to cancel your coverage for December and January. Your NYSOH account reflects that someone went in and retroactively canceled your coverage for December and January, as well as your coverage going forward. Your credible testimony indicates you did not ask NYSOH to do this. However, because of NYSOH's actions in canceling you entirely, you were unable to re-enroll in coverage.

Since the record indicates that you and your spouse's non-enrollment into a QHP was the direct result of the erroneous actions of NYSOH representatives, you should have been granted a special enrollment period as of February 7, 2018.

Your case is RETURNED to NYSOH to assist you in enrolling in a health plan on behalf of yourself and your spouse. You may choose to enroll into a QHP with a start date of March 1, 2018, the date your coverage would have become effective had NYSOH allowed you to select a plan on February 7, 2018. In the alternative, you may elect to enroll into coverage effective a later month, or from this point forward.

You have 60 days from the date of this decision in which to select your plan. Be prepared to select a start date of your coverage when you select your plan, keeping in mind you may owe back premiums for any period during which you want coverage, and that the amount owed in premiums may exceed any medical expenses you incurred.

Decision

The November 15, 2017 eligibility determination notice is RESCINDED.

The November 16, 2017 enrollment confirmation notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate you and your spouse in Medicaid and your Medicaid Managed Care plan for the month of December 2017.

NYSOH improperly failed to allow you to apply for a special enrollment period and improperly failed to issue an eligibility determination regarding your request for a special enrollment period.

NYSOH improperly denied you a special enrollment period.

NYSOH's verbal determination that you do not qualify to select a health plan outside of the open enrollment period was incorrect, you should have been found eligible for a special enrollment period as of February 7, 2018.

Your case is RETURNED to NYSOH to assist you in enrolling into a QHP on behalf of yourself and your spouse. You may choose to enroll into a QHP with a start date of March 1, 2018, the date your coverage would have become effective had NYSOH allowed you to select a plan on February 7, 2018. In the alternative, you may elect to enroll into coverage effective a later month, or from this point forward.

You have 60 days from the date of this decision in which to select your plan.

Effective Date of this Decision: May 9, 2018

How this Decision Affects Your Eligibility

NYSOH improperly ended you and your spouse's Medicaid coverage as of November 30, 2017.

You and your spouse should have remained enrolled in your Medicaid coverage and Medicaid Managed Care plan in the month of December 2017, and your case is being sent back to NYSOH to reinstate you and your spouse in Medicaid for the month of December.

NYSOH improperly denied you a special enrollment period.

Your case is being sent back to NYSOH to allow you to enroll into coverage on behalf of yourself and your spouse as of March 1, 2018, or you may elect to enroll into coverage from this point forward.

You have 60 days from the date of this decision in which to select your plan. Be prepared to select a start date of your coverage when you select your plan, keeping in mind you may owe back premiums for any period during which you want coverage, and that the amount owed in premiums may exceed any medical expenses you incurred.

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

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Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

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

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

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

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

You can contact us in any of the following ways:

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

Summary

The November 15, 2017 eligibility determination notice is RESCINDED.

The November 16, 2017 enrollment confirmation notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate you and your spouse in Medicaid and your Medicaid Managed Care plan for the month of 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).

NYSOH improperly failed to allow you to apply for a special enrollment period and improperly failed to issue an eligibility determination regarding your request for a special enrollment period.

NYSOH improperly denied you a special enrollment period.

NYSOH's verbal determination that you do not qualify to select a health plan outside of the open enrollment period was incorrect, you should have been found eligible for a special enrollment period as of February 7, 2018.

Your case is RETURNED to NYSOH to assist you in enrolling into a QHP on behalf of yourself and your spouse. You may choose to enroll into a QHP with a start date of March 1, 2018, the date your coverage would have become effective had NYSOH allowed you to select a plan on February 7, 2018. In the alternative, you may elect to enroll into coverage effective a later month, or from this point forward.

You have 60 days from the date of this decision in which to select your plan.

NYSOH improperly ended you and your spouse's Medicaid coverage as of November 30, 2017.

You and your spouse should have remained enrolled in your Medicaid coverage and Medicaid Managed Care plan in the month of December 2017, and your case is being sent back to NYSOH to reinstate you and your spouse in Medicaid for the month of December.

NYSOH improperly denied you a special enrollment period.

Your case is being sent back to NYSOH to allow you to enroll into coverage on behalf of yourself and your spouse as of March 1, 2018, or you may elect to enroll into coverage from this point forward.

You have 60 days from the date of this decision in which to select your plan. Be prepared to select a start date of your coverage when you select your plan, keeping in mind you may owe back premiums for any period during which you want coverage, and that the amount owed in premiums may exceed any medical expenses you incurred.

Legal Authority

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

A Copy of this Decision Has Been Provided To:



Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

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Français (French)

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

हिंदी (Hindi)

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

日本語 (Japanese)

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

नेपाली (Nepali)

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

Polski (Polish)

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

Twi (Twi)

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

(Urdu) اردو

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

Tiếng Việt (Vietnamese)

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

אידיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען איך 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).