



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: AP000000030374



Dear [REDACTED],

On May 9, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's July 20, 2017 and March 20, 2018 eligibility determination notices.

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

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

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the Account ID at the top of this notice.

Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

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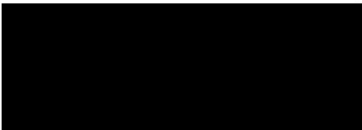


STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: May 22, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000030374



Issues

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

Was your appeal of NY State of Health's July 20, 2017 eligibility determination notice timely?

Did NY State of Health properly determine that you were eligible for Medicaid effective July 1, 2017?

Did NY State of Health properly determine that your oldest child was eligible for Medicaid effective July 1, 2017?

Did NY State of Health properly determine that you were no longer eligible for Medicaid, but would continue to receive Medicaid coverage until July 31, 2018?

Did NY State of Health properly determine that your oldest child was no longer eligible for Medicaid, but would continue to receive Medicaid coverage until June 30, 2018?

Procedural History

On March 3, 2017, NY State of Health (NYSOH) issued a renewal notice stating that you and your oldest child now qualify for health care coverage under the Essential Plan, effective May 1, 2017.

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On March 17, 2017, NYSOH issued an enrollment confirmation notice, stating that you and your oldest child were enrolled in the Essential Plan with a \$20 monthly premium, effective May 1, 2017.

On July 11, 2017, NYSOH issued a disenrollment notice stating that you and your oldest child were disenrolled from the Essential Plan as of May 31, 2017 because you did not pay your insurance bill by the deadline.

On July 19, 2017, income information in your NYSOH account was updated.

On July 20, 2017, NYSOH issued a notice of eligibility determination stating that you and your oldest child were eligible for Medicaid because your household income of \$27,104.00 was at or below the allowable income limit. This eligibility was effective as of July 1, 2017.

Also on July 20, 2017, NYSOH issued an enrollment confirmation notice stating that you and your oldest child were enrolled in a Medicaid Managed Care plan with a September 1, 2017 enrollment start date.

On March 19, 2018 NYSOH received your updated application for health insurance, including updated income information. That day, a preliminary eligibility determination was prepared stating that you and your oldest child were no longer eligible for Medicaid but that your Medicaid coverage would continue.

Also on March 19, 2018, you contacted NYSOH's Account Review Unit and requested an appeal of that preliminary eligibility determination insofar as you and your oldest child's enrollment in Medicaid had been continued.

On March 20, 2018, NYSOH issued a notice of eligibility determination, based on your March 19, 2018 application, stating that you and your oldest child were no longer eligible for Medicaid. However, your Medicaid coverage would continue until July 31, 2018 and your oldest child's Medicaid coverage would continue until June 30, 2018 because certain individuals determined eligible for Medicaid remain eligible for benefits for 12 continuous months from the date that they were determined eligible. This eligibility was effective as of March 1, 2018.

Also on March 20, 2018, NYSOH issued an enrollment confirmation notice stating that you and your oldest child were enrolled in a Medicaid plan with a September 1, 2017 enrollment start date.

On May 15, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During your hearing, you gave the Hearing Officer permission to review recordings of your telephone conversations with NYSOH regarding your eligibility and coverage. 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 filed your 2017 tax return with a tax filing status of head of household, and claimed two dependents, including your oldest child.
- 2) You also testified that you expect to file your 2018 federal income tax return as head of household and claim two dependents, including your oldest child.
- 3) Your oldest child's date of birth is [REDACTED] and [REDACTED] is a full-time student.
- 4) On July 19, 2018, four applications for financial assistance were submitted over the phone on your behalf by an NYSOH representative.
- 5) The first application submitted on July 19, 2017 listed household income of \$16,800.00. The last three applications submitted that day listed household income of \$27,104.00.
- 6) You testified that your actual income at the time of the July 19, 2017 applications was approximately \$900.00 per week.
- 7) You testified that, in March of 2018, you discovered you and your child had been enrolled in a Medicaid Managed Care plan since September 1, 2017.
- 8) On March 19, 2018, your application was updated to indicate an annual household income of \$36,000.00.
- 9) The Hearing Officer reviewed telephone records of your conversations with NYSOH and determined the following:
 - a. On July 19, 2017, you updated your application by phone and told the NYSOH representative that you were earning an average of \$700.00 per week, that your hours varied from week to week and that your current temporary position had begun on [REDACTED].
 - b. During the July 19, 2017 call, you reviewed your year-to-date income records, including income you received in January of 2017 from your previous employer, and reported your

calculation of \$27,104.00 in projected household income for 2017. This amount was entered into your application and used to determine your and your oldest child's eligibility.

- c. During the July 19, 2017 call, the NYSOH representative informed you that you and your oldest child had been determined eligible for Medicaid as of July 1, 2017. You were also told that new Medicaid cards would be delivered to you, and you were provided with a tracking number for those cards. You expressed dissatisfaction with no longer being eligible for the Essential Plan, but then elected to enroll in a Medicaid Managed Care plan issued by the same insurer. The representative informed you that your and your child's Medicaid Managed Care plan coverage would begin September 1, 2017. You then requested to speak with the Account Review Unit, insofar as your and your child's coverage would not begin as of June 1, 2018.
- d. During the July 19, 2017 call, you were transferred to the Account Review Unit and spoke with a representative about your and your child's eligibility for the Essential Plan. You then requested an appeal for Essential Plan coverage beginning June 1, 2018. The Account Review representative agreed to resubmit your application, and you reconfirmed the annual income projection of \$27,104.00 that you had provided to the first NYSOH representative with whom you spoke. The Account Review representative then placed you on hold while [REDACTED] resubmitted your application; the call was disconnected before the preliminary eligibility results could be reported to you.
- e. On July 25, 2017, you called to report that you had just discovered that you and your child were scheduled to be enrolled in a Medicaid Managed Care plan as of September 1, 2017. You stated that you believed you and your child should still be enrolled in the Essential Plan because the insurer told you the week before to remit a past-due payment for that coverage for the month of June. However, when you attempted to make that payment, you discovered that you had "a totally different account now" with the insurer for a Medicaid plan. Your call was transferred to the Account Review Unit, where the representative informed you that you had been enrolled in "straight Medicaid" as of July 1, 2017, and you replied that your enrollment should reflect coverage as of June 1, 2017 in the Essential Plan. This call also disconnected before any redetermination of your and your child's eligibility could be completed.

- f. On July 26, 2017, you called asking to speak with the Account Review Unit. This call was also disconnected, and there is no record of your having spoken with Account Review at that time.
 - g. On December 18, 2017, you called to report that you had repeatedly attempted to change your address with your insurer, and they directed you to contact NYSOH about correcting your contact information. You reported your correct address, and the representative replied that this was the address NYSOH also had on file, which had been acknowledged in writing on November 18, 2017. The representative then attempted to resubmit your application in an attempt to report your correct address to the insurer. The representative began to review your 2018 income information with you, and you stated that your plan had been changed several months before to a Medicaid plan. You then stopped the resubmission process because you believed that it “would drop me to a Medicaid plan, which I don’t want because none of my doctors are on that plan.”
 - h. On January 30, 2018, you called to report that you received two 1095A forms from NYSOH: the first reflected that you and your child had been enrolled in the Essential Plan for May of 2017, and you stated that you and your child had, “for the rest of the year, a different plan.” You complained that one of the two forms did not reflect any coverage for May or June 2017, but that you had insurance for June. The representative then placed you on hold; the call was disconnected before any further action was taken.
 - i. On March 19, 2018, you called to report that you had just learned that your Essential Plan coverage had been cancelled as of August 31, 2017. You were transferred to the Account Review Unit, and when the representative asked you when your Essential Plan enrollment had ended, you stated that you believed you should have continuing coverage. You reported that you received new Essential Plan cards in August, and that you and your child had been using that coverage since that time. The representative then stated that they have no record of Essential Plan enrollment after August 31, 2018. You then requested an appeal.
- 10) You testified that you and your child had been enrolled in Essential Plan coverage during the same period that your NYSOH enrollment records reflect enrollment in a Medicaid Managed Care plan. You

paid regular \$20 monthly premiums for each of your Essential Plan enrollments from May 2017 onward.

- 11) You testified that you received a refund check from your Essential Plan Insurer, reflecting premium payments for your coverage for the months of September through December 2017. However, premium payments for your oldest child's Essential Plan coverage continue to be deducted from your bank account.
- 12) You testified that you are seeking you and your oldest child to be reenrolled into the Essential Plan as of the start of your Medicaid Managed Care enrollment.

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

Applicable Law and Regulations

Valid Appeal Requests

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) an eligibility determination for an exemption; (4) a failure by the Exchange to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) 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)).

Individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notice of eligibility determination by NYSOH (45 CFR §155.520(b)(2); 18 NYCRR 358-3.5(b)(1)).

However, where an appeal request is untimely, the appeal request may be considered valid if the applicant or enrollee sufficiently demonstrates within a reasonable timeframe as determined by NYSOH that failure to timely submit the appeal was due to exceptional circumstances and should not preclude the appeal (45 CFR §155.520(d)(2)(i)(D)).

Medicaid for Adults

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

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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 relevant FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4). On the date of your July 19, 2017 application, that was the 2017 FPL, which is \$20,420.00 for a three-person household (82 Fed. Reg. 8831). On the date of your March 19, 2018 application, that was the 2018 FPL, which is \$20,780.00 for a three-person household (83 Fed. Reg. 2642).

Medicaid for Children

A child aged 19 or 20, whose primary residence is with their parents, is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 155% of the federal poverty level (FPL) for the applicable family size (NY Social Services Law § 366(b)(7); New York State Department of Social Services Administrative Directive 13 OHIP/ADM-03).

In an analysis of Medicaid eligibility, the determination is based on the relevant FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4). On the date of your July 19, 2017 application, that was the 2017 FPL, which is \$20,420.00 for a three-person household (82 Fed. Reg. 8831). On the date of your March 19, 2018 application, that was the 2018 FPL, which is \$20,780.00 for a three-person household (83 Fed. Reg. 2642).

Medicaid Continuous Coverage

Generally, most individuals 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 Social Services Law § 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 Social Services Law § 366(4)(c)).

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Legal Analysis

The first issue under review is whether your appeal of NYSOH's July 20, 2017 eligibility determination notice was timely.

On July 19, 2017, you contacted NYSOH by phone and updated your financial assistance application.

On July 20, 2017, NYSOH issued a notice stating that you and your oldest child were eligible for Medicaid, effective July 1, 2017. On March 19, 2018, you contacted NYSOH and a formal appeal was filed because you believe, you and your oldest child should have Essential Plan coverage as of September 1, 2017.

Generally, individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notice of eligibility determination by NYSOH. For an appeal to have been timely on the issue of your and your child's Medicaid eligibility, as stated in the July 20, 2017 eligibility determination notice, an appeal should have been filed by September 19, 2017.

Where an appeal request is untimely, the appeal request may be considered valid if the applicant or enrollee sufficiently demonstrates within a reasonable timeframe as determined by NYSOH that failure to timely submit the appeal was due to exceptional circumstances and should not preclude the appeal.

The record reflects that you first requested an appeal of you and your oldest child's Medicaid eligibility while speaking with the NYSOH Account Review Unit on July 19, 2017. However, when your call was subsequently disconnected, the Account Review representative closed your complaint and no further action was taken on your appeal request. You then called NYSOH on July 25, 2017, and spoke with the Account Review Unit about your July 20, 2017 eligibility determination, requesting review of your eligibility for the Essential Plan instead. After this call was also disconnected, no further action was taken on your request.

The review of your further call records from December 18, 2017 and January 30, 2018 suggest that you may have had reason to believe that you and your child had remained enrolled in the Essential Plan for a period of months after your enrollment in a Medicaid Managed Care plan began on September 1, 2017, and that you did not discover that you had been enrolled in a Medicaid plan until March 19, 2018.

Therefore, your failure to timely submit an appeal of the July 20, 2017 eligibility determination notice was due to exceptional circumstances and should not preclude the appeal.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

The second issue under review is whether NYSOH properly determined that you were eligible for Medicaid effective July 1, 2017.

You were in a three-person household. According to the record, you expected to file your 2017 tax return as head of household and claim two children as dependents.

On July 19, 2018, four applications for financial assistance were submitted over the phone on your behalf by an NYSOH representative. The first application submitted on July 19, 2018 listed household income of \$16,800.00. The last three applications submitted that day listed household income of \$27,104.00.

A review of call recordings from July 19, 2017 indicate that the income amount you provided in your application was verbally relayed to the NYSOH representative by you. You stated that you were earning an average of \$700.00 per week, and that your hours varied from week to week. You reviewed your year-to-date income records, including income you received in January of 2017 from your previous employer, and reported your calculation of \$27,104.00 in projected household income for 2017 to the NYSOH representative.

Therefore, NYSOH correctly determined your annual household income to be \$27,104.00 as reported by you in your July 19, 2017 phone application.

Medicaid can be provided through NYSOH to adults between the ages of 19 and 64 who meet the non-financial requirements and have a household MAGI that is at or below 138% 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 \$27,104.00 is 132.73% of the 2017 FPL, NYSOH properly found you eligible for Medicaid on an expected annual income basis, using the information provided in your application.

Since the July 20, 2017 eligibility determination properly stated that, based on the information you provided, you were eligible for Medicaid, it is correct and is **AFFIRMED**.

The third issue under review is whether NYSOH properly determined that your oldest child was eligible for Medicaid effective July 1, 2017

The record reflects that, at the time of your application, your oldest child was [REDACTED] was a full-time student with no income; was legally residing with you; and was declared as a dependent on your 2017 tax return.

Medicaid can be provided through NYSOH to a child aged 19 or 20, whose primary residence is with [REDACTED] parents, meets the non-financial criteria and has a household MAGI that falls at or below 155% 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 \$27,104.00 is 132.73% of the 2017 FPL, NYSOH properly found your child eligible for Medicaid on an expected annual income basis, using the information provided in your application.

Since the July 20, 2017 eligibility determination properly stated that, based on the information you provided, your oldest child was eligible for Medicaid, it is correct and is **AFFIRMED**.

The fourth issue under review is whether NYSOH properly determined that you were no longer eligible for Medicaid, but would continue to receive Medicaid coverage until July 31, 2018.

You updated your application on March 19, 2018 to reflect an increase in your annual household income to \$36,000.00, equaling 173.24% of the relevant FPL for your household size. As a result, you were found no longer eligible for Medicaid but your Medicaid coverage would continue until July 31, 2018.

Under the New York State continuous coverage 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.

Since you were properly found eligible for Medicaid effective July 1, 2017, you remain enrolled in Medicaid for the remainder of your 12-month eligibility period; that is until June 30, 2018.

Therefore, the March 20, 2018 eligibility determination is **MODIFIED** to state that your Medicaid coverage will continue until June 30, 2018.

The fifth issue under review is whether NYSOH properly determined that your oldest child was no longer eligible for Medicaid, but would continue to receive Medicaid coverage until June 30, 2018.

Under the New York State continuous coverage law, once a person is eligible for Medicaid, that eligibility continues for 12 months even if the household income rises above 155% of the FPL.

The record reflects that your oldest child was eligible for Medicaid effective July 1, 2017, and that even though your estimated annual income increased when you modified your application on March 19, 2018, your oldest child remains enrolled in Medicaid for the remainder of [REDACTED] 12-month eligibility period.

Therefore, the March 20, 2018 eligibility determination is correct as to your oldest child's Medicaid coverage end date and is **AFFIRMED**.

During your hearing, you testified that both you and your oldest child remained enrolled in an Essential Plan for a period of months after your Medicaid Managed Care coverage began. You further testified that you paid regular and timely premiums for that coverage; received approvals for medical services from the insurer; and that you believed your oldest child was still enrolled in Essential Plan coverage on the day of your hearing. However, you also stated that you had recently received a refund check from the insurer for your own premium payments for the months of September 2017 through December 2017.

Therefore, your case is **RETURNED** to NYSOH Plan Management to investigate your statements that you and your oldest child were enrolled into an Essential Plan during the same period of time you and your child had been enrolled into a Medicaid Managed Care plan as well as to facilitate reimbursement of premiums if necessary.

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Decision

The July 20, 2017 eligibility determination is **AFFIRMED**.

The March 20, 2018 eligibility determination is **MODIFIED** to state that your Medicaid coverage will end on June 30, 2018. It is **AFFIRMED** as it pertains to your child's eligibility.

Your case is **RETURNED** to NYSOH Plan Management to investigate your statements that you and your oldest child were enrolled into an Essential Plan during the same period of time you and your child had been enrolled into a Medicaid Managed Care plan as well as to facilitate reimbursement of premiums if necessary.

Effective Date of this Decision: May 22, 2018

How this Decision Affects Your Eligibility

Your and your child's Medicaid coverage, which began on July 1, 2017, continues until June 30, 2018, barring subsequent changes in your eligibility.

Your case is being returned to the NYSOH Office of Plan Management to investigate your and your child's enrollment records for possible double-enrollment errors since your Medicaid Managed Care coverage began.

If You Disagree with this Decision (Appeal Rights)

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

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

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

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

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:
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:

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).

- 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 July 20, 2017 eligibility determination is **AFFIRMED**.

The March 20, 2018 eligibility determination is **MODIFIED** to state that your Medicaid coverage will end on June 30, 2018. It is **AFFIRMED** as it pertains to your child's eligibility.

Your case is **RETURNED** to NYSOH Plan Management to investigate your statements that you and your oldest child were enrolled into an Essential Plan during the same period of time you and your child had been enrolled into a Medicaid Managed Care plan as well as to facilitate reimbursement of premiums if necessary.

Your Medicaid coverage, which began on July 1, 2017, continues until June 30, 2018, barring subsequent changes in your eligibility.

Legal Authority

We are sending you this notice 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 مجانًا.

বাংলা (Bengali)

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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।

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.

אַײַדיש (Yiddish)

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).

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.