



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

Notice of Decision

Decision Date: April 19, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000031574

[REDACTED]
[REDACTED]
[REDACTED]

On April 17, 2018, you and your witness appeared by telephone at a hearing on your appeal of NY State of Health's March 17, 2018 discontinuance and disenrollment notices, the April 7, 2018 eligibility determination notice and the April 12, 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.

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

Decision

Decision Date: April 19, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000031574

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) properly determine you were not eligible for health insurance through NYSOH for the month of April 2018?

Procedural History

On March 17, 2017, NYSOH issued an eligibility determination notice stating you were eligible for Medicaid, effective April 1, 2017. You were subsequently enrolled into a Medicaid Managed Care plan.

On February 2, 2018, NYSOH issue a notice stating it was time to renew your health coverage for the upcoming coverage year. The notice indicted that based on information received from state and federal data sources, NYSOH could not determine whether you qualified for financial help with your health coverage. You were directed to update your account by March 15, 2018 or you were at risk of losing your health coverage.

No updates were received by March 15, 2018.

On March 17, 2018, NYSOH issued an eligibility determination notice, based on a March 16, 2018 systematic eligibility redetermination, stating you did not qualify for health coverage through NYSOH, effective April 1, 2018, because you did not respond to the renewal notice and did not complete your renewal within the required timeframe.

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Also on March 17, 2018, NYSOH issued a disenrollment notice stating your Medicaid Managed Care plan coverage would end on March 31, 2018, because you were no longer eligible for health insurance through NYSOH.

On April 4, 2018, NYSOH received an updated application for financial assistance with health insurance submitted on your behalf.

On April 5, 2018, NYSOH issued a notice stating the income information in your application did not match the information received from state and federal data sources. The notice directed you to submit proof of your income by April 19, 2018, or NYSOH would be unable to determine your eligibility for health coverage.

Also on April 5, 2018, NYSOH received another updated application for financial assistance with health insurance submitted on your behalf.

On April 6, 2018, NYSOH issued a notice of eligibility determination stating you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, for a limited time, effective May 1, 2018. You were directed to submit proof of your income by July 4, 2018 to confirm your eligibility or you might lose your insurance or receive less help paying for your coverage.

Also on April 6, 2018, NYSOH issued an enrollment notice, based on your April 5, 2018 plan selection, confirming your enrollment in an Essential Plan, effective May 1, 2018.

On April 7, 2018, NYSOH issued an eligibility determination, based on an April 6, 2018 systematic eligibility redetermination, stating you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective May 1, 2018.

On April 10, 2018 another updated application for financial assistance with health insurance submitted on your behalf. That day a preliminary eligibility determination was prepared placing you in a pending Medicaid status with income documentation requested prior to determining your eligibility.

Also on April 10, 2018, you spoke to NYSOH's Account Review Unit and appealed insofar as you were not eligible for health coverage for the month of April 2018.

On April 11, 2018, NYSOH issued a notice stating the income information in your application did not match the information received from state and federal data sources. The notice directed you to submit proof of your income by April 25, 2018, or NYSOH would be unable to determine your eligibility for health coverage.

Also on April 11, 2018, NYSOH issued a disenrollment notice stating your Essential Plan enrollment was terminated, effective May 1, 2018, because you were no longer eligible to enroll in that plan.

Additionally, on April 11, 2018, NYSOH systematically redetermined your eligibility.

On April 12, 2018, NYSOH issued an eligibility determination notice stating you were eligible to enroll in the Essential Plan with no monthly premium, effective May 1, 2018.

Also on April 11, 2018, NYSOH issued an enrollment notice confirming your enrollment in an Essential Plan, effective May 1, 2018.

On April 17, 2018, you had an expedited telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. While under oath, you waived your right to written notice of the hearing. The record was developed during the hearing and closed thereafter.

Findings of Fact

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

- 1) You were determined eligible for Medicaid, effective April 1, 2017 and subsequently enrolled in a Medicaid Managed Care plan.
- 2) On February 2, 2018, NYSOH issued a renewal notice directing you to update your account by March 15, 2018.
- 3) You testified that you believe you received the renewal notice, but you did not open it until April 2018, because you had not been not keeping up with your mail due to [REDACTED].
- 4) Your account confirms that no updates were made to your account by March 15, 2018.
- 5) Your Medicaid coverage was terminated, effective March 31, 2018.
- 6) On April 4, 2018, you updated your application over the phone. The application submitted that day listed your annual income for 2018 as \$16,000.00 consisting of 10 Social Security benefit payments you would receive during 2018, in the amount of \$1,600.00 monthly, beginning in March.

- 7) According to your account, NYSOH was unable to verify the income information in your application and documentation was requested to confirm your income prior to NYSOH determining your eligibility for health insurance.
- 8) On April 5, 2018 your application was updated again online. You testified that an application counselor at [REDACTED] submitted the application on your behalf.
- 9) The April 5, 2018 application listed your annual income for 2018 as \$19,200.00 consisting of 12 Social Security benefit payments you would receive in the amount of \$1,600.00.
- 10) Based on the information in the April 5, 2018 application, NYSOH determined you conditionally eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective May 1, 2018. You were directed to submit proof of your income to confirm your eligibility.
- 11) An Essential Plan enrollment request was submitted on your behalf on April 5, 2018 and coverage though that plan became effective May 1, 2018.
- 12) On April 6, 2018, you uploaded a copy of a Social Security benefit award letter dated February 24, 2018, stating you were entitled to monthly benefits beginning February 2018. The letter indicated that your monthly payment would be \$1,635.00 and that you would receive your payment for the month of February 2018 on or about March 21, 2018. The notice stated that after your initial payment, you would receive a monthly payment on or about the third Wednesday of each month.
- 13) According to your account, NYSOH verified your income documentation on April 6, 2018 and confirmed the information in your prior application finding you fully eligible for the Essential Plan with a \$20.00 monthly premium, effective May 1, 2018.
- 14) On April 10, 2018, your application was updated again over the phone and your attested annual income was reduced to \$16,350.00 consisting of 12 Social Security benefit payments in the amount of \$1,362.50.
- 15) Based on the information in the April 10, 2018 application, NYSOH placed you in a pending Medicaid status with income documentation requested to confirm your income prior to NYSOH determining your eligibility for health insurance.
- 16) Your Essential Plan enrollment was terminated due to your pending Medicaid status.

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- 17) According to your account, on April 11, 2018, NYSOH again verified the income documentation you had previously submitted and recalculated your annual income as \$17,985.00 based on 11 Social Security benefit payments in the amount of \$1,635.00.
- 18) Based on the recalculated annual income, NYSOH redetermined your eligibility on April 11, 2018 and found you fully eligible to enroll in the Essential Plan with no monthly premium, effective May 1, 2018.
- 19) An Essential Plan was selected on your behalf the same day, April 11, 2018, and coverage though that plan became effective on May 1, 2018.
- 20) You appealed insofar as you were not eligible for health coverage though NYSOH for the month of April 2018.
- 21) You testified that you have been diagnosed with an [REDACTED] [REDACTED] and that your medical providers will not treat you unless you have active insurance coverage.
- 22) Your applications indicate that you will not file a tax return in 2018. You testified that information is not accurate. You testified that in 2018 you will file a tax return with a tax filing status of single and you will claim no dependents on that tax return.
- 23) You testified that your sole income in 2018 is from Social Security benefits that you just began receiving.
- 24) You testified that you received your first benefit payment in March 2018 and that, at the time of the hearing, you had not yet received a payment for April.
- 25) You testified that you will only receive 10 Social Security benefit payments in 2018, because you did not receive the February 2018 payment until March 2018. You testified that a representative at your Social Security office confirmed that you will only receive 10 benefit payments in 2018.

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

Applicable Law and Regulations

Medicaid Renewal

In general, NYSOH must review Medicaid eligibility once every twelve months or “whenever it receives information about a change in a beneficiary’s

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circumstances that may affect eligibility” (42 CFR § 435.916(a)(1), (d)). NYSOH must make its “redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency” (42 CFR § 435.916(a)(2)).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (45 CFR § 155.335(c), (e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates provided by the individual (45 CFR §155.335(h)).

Verification Process

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

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

Essential Plan - Eligibility

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 \$12,060.00 for a one-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)).

Essential Plan – Effective Dates of Coverage

The effective date of coverage by an Essential Plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i); see also 42 CFR § 600.320). For selections received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

Medicaid - Eligibility

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

In an analysis of Medicaid eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4). On the date of your application, that was the 2018 FPL, which is \$12,140.00 for a one-person household (83 Fed. Reg. 2642).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

Medicaid – Effective Dates of Coverage

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b)).

Medicaid Managed Care (MMC) plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H(6)(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019, N.Y. Soc. Serv. Law § 364-j(1)(c); 18 NYCRR § 360-10.3(h)).

Legal Analysis

The issue is whether NYSOH properly determined you were not eligible for health coverage for the month of April 2018.

You were determined eligible for Medicaid, effective April 1, 2017 and subsequently enrolled in a Medicaid Managed Care plan. In accordance with the above regulations, on February 2, 2018, NYSOH issued a renewal notice advising that you must update your account by March 15, 2018 to renew your cover for the next coverage year. Although you testified that you believe you received the renewal notice, you further testified that you did not open the notice until April 2018, because you had not been keeping up with your mail due to [REDACTED]. Based on the evidence, it is concluded that NYSOH provided you with adequate notice that you needed to update your account by March 15, 2018 to continue your health coverage.

Since your account confirms that no updates were made to your account by the March 15, 2018 deadline, NYSOH properly terminated your Medicaid coverage at the conclusion of the 12-month term, on March 31, 2018.

Therefore, the March 17, 2018 discontinuance and disenrollment notices stating your eligibility for Medicaid and your enrollment in a Medicaid Managed Care plan would end on March 31, 2018, were correct and are AFFIRMED.

According to your account, the first updated application received by NYSOH on your behalf for 2018 coverage was on April 4, 2018. That application listed your annual income for 2018 as \$16,000.00 consisting of 10 Social Security benefit payments you would receive in the amount of \$1,600.00 monthly. According to your account, NYSOH was unable to verify the income information in your application.

Pursuant to the regulations, for all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income. If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence. The notice issued by NYSOH on April 5, 2018 indicated that there was a discrepancy between the information in your application and the information received from state and federal data sources. That notice directed you to submit proof of your income before NYSOH could determine your eligibility for health coverage.

However, the following day, April 5, 2018, your application was updated again by an application counselor at [REDACTED]. That application increased your attested annual income for 2018 to \$19,200.00 consisting of 12 Social Security benefit payments you would receive in the amount of \$1,600.00. Based on the information in that application NYSOH determined you conditionally eligible for the Essential Plan with a \$20.00 monthly premium, effective May 1, 2018. You were still required to submit proof of your income to confirm your eligibility. Your account confirms that an Essential Plan enrollment request was submitted on your behalf on April 5, 2018 and coverage though that plan became effective May 1, 2018.

The next day, on April 6, 2018, you uploaded a copy of a Social Security benefit award letter dated February 24, 2018, stating you were entitled to monthly benefits beginning February 2018. The letter indicated that your monthly payment would be \$1,635.00 and that you would receive your payment for the month of February 2018 on or about March 21, 2018. The notice indicated that after your initial payment, you would receive a monthly payment on or about the third Wednesday of each month. It is concluded that this document confirms you will receive 10 Social Security benefit payments in the amount of \$1,635.00, payable from March 2018 through December 2018, for a total annual income of \$16,350.00.

Although, according to your account, NYSOH verified your income documentation on April 6, 2018, your account further confirms that NYSOH confirmed the income information in your April 5, 2018 application based upon that documentation and redetermined your eligibility the same day. However, as discussed above, the April 5, 2018 application listed your annual income for 2018 as \$19,200.00 based on your reported receipt of 12 Social Security benefit payments of \$1,600.00. Since the evidence establishes that you submitted documentation confirming you would only receive 10 Social Security benefit payments in 2018 and, thus, your annual income was \$16,350.00, it is concluded that NYSOH's April 7, 2018 eligibility determination is not supported by the record.

Therefore, the April 7, 2018 eligibility determination notice stating you were eligible for the Essential Plan with a \$20.00 monthly premium, effective May 1, 2018, was not correct and must be RESCINDED.

Your account confirms that you subsequently updated your application again on April 10, 2018 reducing your attested annual income to \$16,350.00 consisting of 12 Social Security benefit payments in the amount of \$1,362.50. Although, the evidence establishes that the annual income amount attested to in that application was accurate, the monthly benefit payments information was inaccurate and NYSOH placed you in a pending Medicaid status with additional income documentation requested prior to determining your eligibility for health coverage. You were disenrolled from your Essential Plan due to the pending Medicaid status.

Your account confirms that NYSOH reverified your previously submitted income documentation on April 11, 2018. However, NYSOH erroneously recalculated your annual income as \$17,985.00, based on you purportedly receiving 11 Social Security benefit payments in 2018 in the amount of \$1,635.00. Since as discussed above, the documentary evidence previously submitted established that your annual income for 2018 was only \$16,350.00, NYSOH's April 11, 2018 eligibility determination was based on a miscalculation of your annual income and; therefore, is not supported by the record.

Thus, the April 11, 2018 eligibility determination notice stating you were eligible for the Essential Plan with no monthly premium, effective May 1, 2018, was not correct and is RESCINDED.

You appealed insofar as NYSOH determined you were not eligible for health coverage for the month of April 2018. As discussed above, NYSOH's April 2018 eligibility determinations were based on calculations of your income which are not supported by the record. Based on the regulations and the evidence establishing that you did not update your application for 2018 coverage until April 2018, it is concluded that the only way you could be eligible for health coverage in April 2018 is if you were eligible for Medicaid, since that coverage would have become effective on the first day of the month in which you applied.

Since the evidence establishes that as of April 6, 2017, NYSOH was in possession of documentality evidence establishing your annual income for 2018 is \$16,350.00, it is concluded that NYSOH should have determined your eligibility for health coverage based on that information.

The evidence establishes that you are in a one-person household, because you testified that you intend to file a tax return for 2018 with a tax filing status of single and you will claim no dependents on that tax return.

Pursuant to the regulations, Medicaid can be provided through NYSOH to adults between the ages of 19 and 65 who meet the non-financial requirements and have a household modified adjusted gross income that is at or below 138% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$12,140.00 for a one-person household. Since \$16,350.00 is 134.68% of the 2018 FPL, under the 138% allowable income limit, the evidence establishes that you are eligible for Medicaid based on your annual income.

In accordance with the above cited regulations, since you submitted evidence on April 6, 2018 establishing your eligibility for Medicaid, your fee-for-service Medicaid coverage is effective on the first day of that month; that is, on April 1, 2018.

Since the evidence establishes that you submitted documentation establishing your eligibility for Medicaid prior to the fifteenth day of the month, pursuant to the above cited regulations, you were eligible to enroll in a Medicaid Managed Care plan effective on the first day of the next following month; that is, on May 1, 2018.

Therefore, based on the foregoing your case is RETURNED to NYSOH to reinstate your Medicaid fee-for-service coverage, effective April 1, 2018, and to assist you in enrolling in a Medicaid Managed Care plan, effective May 1, 2018.

Decision

The March 17, 2018 discontinuance and disenrollment notices are AFFIRMED.

The April 7, 2018 and April 11, 2018 eligibility determination notices are RESCINDED.

Your case is RETURNED to NYSOH to reinstate your Medicaid fee-for-service coverage, effective April 1, 2018 and to assist you in enrolling in a Medicaid Managed Care plan, effective May 1, 2018.

Effective Date of this Decision: April 19, 2018

How this Decision Affects Your Eligibility

Your prior Medicaid coverage properly ended on March 31, 2018.

You are eligible for fee-for-service Medicaid coverage, effective April 1, 2018.

Your case is being sent back to NYSOH to reinstate your Medicaid fee-for-service coverage, effective April 1, 2018 and to assist you in enrolling in a Medicaid Managed Care plan, effective 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 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

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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 March 17, 2018 discontinuance and disenrollment notices are **AFFIRMED**.

The April 7, 2018 and April 11, 2018 eligibility determination notices are **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate your Medicaid fee-for-service coverage, effective April 1, 2018 and to assist you in enrolling in a Medicaid Managed Care plan, effective May 1, 2018.

Your prior Medicaid coverage properly ended on March 31, 2018.

You are eligible for fee-for-service Medicaid coverage, effective April 1, 2018.

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 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&btumi 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 אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.