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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: March 06, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP0000027663547

[redacted]

Dear [redacted]

On November 4, 2016, New York State of Health (NYSOH) issued a disenrollment notice stating that your youngest child's health plan would end effective November 30, 2016 because they were no longer eligible to remain enrolled in their current health insurance.

On November 23, 2016, NYSOH issued a notice stating that you and your eldest child's health insurance coverage would end November 30, 2016 because you were no longer eligible to enroll in the Essential Plan.

On November 28, 2016, you requested an appeal insofar as you and your children being disenrolled from their health insurance coverage effective November 30, 2016.

On March 2, 2017, you had a scheduled telephone hearing with a Hearing Officer from the NYSOH's Appeals Unit. At the hearing your spouse confirmed that you no longer wanted to pursue your appeal and withdrew your appeal on the record through sworn testimony.

Accordingly, we are dismissing your appeal.

How does this Dismissal Affect Your Eligibility?

The Appeals Unit of NY State of Health will not review your appeal at this time.

This dismissal will not affect any determinations made after the appeal request.

If You Think Your Appeal Should Not Be Dismissed

Under some circumstances, you can ask us to vacate (cancel) this dismissal. You must ask us in writing within 30 days after the date on this notice. In that writing you also must state a good reason for us to do this.

If you ask us in writing to vacate this dismissal, NYSOH's Appeals Unit will review your request and send you a decision on that request.

If we deny your request to vacate this dismissal, we will tell you that in writing.

If you do not respond to this notice within 30 days, your appeal will remain dismissed. No further action will be taken on it by NYSOH.

Appeal Identification Number

When communicating with NYSOH about this appeal, please reference Appeal Identification Number at the top of this notice.

How to Contact NYSOH

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

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.530.

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

A Copy of this Notice of Dismissal Has Been Provided To

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