

Marketplace Combined Data Matching Expiration Warning Notice – Multiple Applicant Household

Example: The Doe Family applied to enroll in qualified health plan (QHP) through the Marketplace. The Marketplace couldn't verify several important pieces of information for certain members of the Doe Family which resulted in data matching issues (DMIs):

- The household's annual income
- John's citizenship/immigration status
- Mary's health coverage through a public program
- Sue's enrollment or eligibility for employer-sponsored coverage
- Mikey's status as an American Indian or Alaska Native

This notice lets the Does know that they need to submit documentation or their coverage through the Marketplace and/or any financial assistance they are receiving may change. It describes the acceptable documents to submit to resolve their DMIs and instructions for how to submit those documents.

\$(hh_contact_first_name) \$(hh_contact_last_name)
\$(hh_contact_street_name_1)
\$(special_address_2_line)
\$(hh_contact_city_name), \$(hh_contact_state_code) \$(hh_contact_zip_plus_4_code)

\$(todays_date)

Application date: \$(application_submission_date)
Application ID: \$(application_identifier)

\$(hh_contact_state_code), \$(application_identifier)

ACT NOW: You must submit the requested documents immediately or you may risk losing your Marketplace health coverage and/or the help you're getting to pay for your Marketplace health coverage.

We received the application you submitted for health coverage through the Health Insurance Marketplace. We're following up because we need some additional information so we can verify eligibility for you and/or members of your household.

The table below shows information we need to verify your or your household member's eligibility and what will happen to your Marketplace coverage if we cannot verify the information. The list of acceptable documents for verifying the information is included with this letter. Please submit copies of these documents **along with a copy of the front page of this letter** so we can process the documents quickly. We must receive your documents **by the due dates below**.

Applicant Name	What We Need to Verify	Documents Needed By	Result If We Can't Verify
John Doe	Citizenship or immigration status	1/22/16	Marketplace coverage will end
All Applicants in Doe Household	Annual household income	1/17/16	Financial help will change or end

Mary Doe	Not receiving health coverage from Medicare, Medicaid, the Veterans Administration, the Peace Corps or another public program	1/17/16	Financial help will end
Sue Doe	Not enrolled in or eligible for qualifying Employer-sponsored coverage	1/17/16	Financial help will end
Mikey Doe	American Indian or Alaska Native status	1/17/16	Financial help will change or end

What should I do next?

1. Look at the attached list of documents that can be used to verify your information. **Send us copies (not originals)** of the documents you have so we can complete the verification. For any one issue, you may need to send more than one document, so please read the list(s) carefully.
2. Either upload a copy of the documents to your Marketplace account on HealthCare.gov or mail copies of the documents to the address below. Uploading documents is the fastest way to get the documents processed. If you mail documents, be sure to mail a copy and keep the originals for your records.

Where to send copies of your documents

Health Insurance Marketplace
Attn: Supporting Documentation
465 Industrial Blvd.
London, KY 40750

For more help

- Visit HealthCare.gov, or call the Marketplace Call Center at 1-800-318-2596. TTY users should call 1-855-889-4325. You can also make an appointment with an assister who can help you. Information is available at LocalHelp.HealthCare.gov.
- Get language assistance services. If you need language assistance in a language other than English, you have the right to get help and information in your language at no cost. Information about how to access these language assistance services is included with this notice, as a separate page. You can also call the Marketplace Call Center to get information on these services.
- Call the Marketplace Call Center to request a reasonable accommodation if you have a disability. These accommodations are available and provided at no cost to you.

Sincerely,

Health Insurance Marketplace

Privacy Disclosure: The Health Insurance Marketplace protects the privacy and security of the personally identifiable information (PII) that you have provided (see [Healthcare.gov/privacy/](https://www.healthcare.gov/privacy/)). This notice was generated by the Marketplace based on 45 CFR 155.230 and 45 CFR part 155, subpart D. The PII used to create this notice was collected from information you provided to the Health Insurance Marketplace. The Marketplace may have used data from other federal or state agencies or a consumer reporting agency to determine eligibility for the individuals on your application. If you have questions about this data, contact the Marketplace at 1-800-318-2596 (TTY: 1-855-889-4325).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1207.

DOCUMENTS NEEDED TO PROVE CITIZENSHIP OR U.S. NATIONAL STATUS

If you want to keep your coverage through the Marketplace, you need to send additional documents proving that you're either a citizen or national, or that you are lawfully present in the U.S. Please keep your original document(s) and send us a copy.

Documents to Prove Your Status as a U.S. Citizen or U.S. National

If you're a citizen, you only need a copy of one document from the first list below to prove U.S. citizenship or nationality:

- U.S. passport
 - Certificate of Naturalization (N-550/N-570)
 - Certificate of Citizenship (N-560/N-561)
 - State-issued Enhanced Driver's License (available in Michigan, New York, Vermont and Washington)
 - Document from a Federally recognized Indian Tribe that includes the person's name, the name of the Federally recognized Indian Tribe that issued the document, and shows the person's membership, enrollment or affiliation with the Tribe.
- Documents you can provide include:
- A Tribal enrollment card
 - A Certificate of Degree of Indian Blood
 - A Tribal census document
 - Documents on Tribal letterhead signed by a Tribal official

If you are a U.S. citizen or national but you don't have any of the documents listed above, you need to send copies of documents from the lists below, including one from List A and one from List B OR one from List A and two from List C:

List A. Select 1 document	List B. 1 document from List B (plus 1 from List A):
<ul style="list-style-type: none"> - U.S. public birth certificate - Consular Report of Birth Abroad (FS-240, CRBA) - Certification of Report of Birth (DS-1350) - Certification of Birth Abroad (FS-545) - U.S. Citizen Identification Card (I-197 or the prior version I-179) - Northern Mariana Card (I-873) - Final adoption decree showing the person's name and U.S. place of birth - U.S. Civil Service Employment Record showing employment before June 1, 1976 - Military record showing a U.S. place of birth - U.S. medical record from a clinic, hospital, physician, midwife or institution showing a U.S. place of birth - U.S. life, health or other insurance record showing U.S. place of birth - Religious record showing U.S. place of birth recorded in the U.S. - School record showing the child's name and U.S. place of birth - Federal or State census record showing U.S. citizenship or U.S. place of birth - Documentation of a foreign-born adopted child who received automatic U.S. citizenship (IR3 or IH3) 	<ul style="list-style-type: none"> - Driver's license issued by a State or Territory or Identification card issued by the Federal, State, or local government - School identification card - U.S. military card or draft record or Military dependent's identification card - U.S. Coast Guard Merchant Mariner card - Voter Registration Card <p>The documents above must have a photograph or other information such as name, age, sex, race, height, weight, eye color, or address</p> <ul style="list-style-type: none"> - For children under 19, a clinic, doctor, hospital, or school record, including preschool or day care records
	List C. Or 2 documents from List C (plus 1 from List A):
	<ul style="list-style-type: none"> - Two documents containing consistent information about an applicant's identity, such as employer IDs, high school and college diplomas, marriage certificates, divorce decrees, property deeds or titles

DOCUMENTS NEEDED TO PROVE IMMIGRATION STATUS

Documents to Prove Immigration Status

Send us your most recent immigration document that shows your current immigration status. The box below presents several types of documents you can submit. Please keep your original document and send us a copy:

- Permanent Resident Card, "Green Card" (I-551)
- Reentry Permit (I-327)
- Refugee Travel Document (I-571)
- Employment Authorization Card (I-766)
- Machine Readable Immigrant Visa (with temporary I-551 language)
- Temporary I-551 Stamp (on passport or I-94/I-94A)
- Arrival/Departure Record (I-94/I-94A)
- Arrival/Departure Record in foreign passport (I-94)
- Foreign Passport
- Certificate of Eligibility for Nonimmigrant Student Status (I-20)
- Certificate of Eligibility for Exchange Visitor Status (DS2019)
- Notice of Action (I-797)
- Document indicating membership in a federally recognized Indian tribe or American Indian born in Canada
- Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)
- Office of Refugee Resettlement (ORR) eligibility letter (if under 18)
- Document indicating withholding of removal
- Administrative order staying removal issued by the Department of Homeland Security

DOCUMENTS NEEDED TO PROVE YOUR ANNUAL HOUSEHOLD INCOME FOR 2015

If you want to keep the help you're receiving to pay for Marketplace coverage, you need to send additional documents proving your household's annual income, including income earned by every member of your household, whether or not they are seeking health coverage. If your expected household income has changed since you submitted your application, please update your information in your Marketplace account on HealthCare.gov, or by calling the Marketplace Call Center at 1-800-318-2596. The box below presents several types of documents you can submit. You may need to submit more than one document depending on your household's situation (for example, you'll submit multiple documents if your income sources are different than what was included on your last tax return). Please keep your original document(s) and send us a copy.

Documents to Prove Your Annual Household Income

- 1040 Tax Return (Federal or State Versions) - Must contain first and last name, income amount, and tax year.
- W2s and/or 1099s (includes 1099 MISC, 1099G, 1099R, 1099SSA, 1099DIV, 1099S, 1099INT) - Must contain first and last name, income amount, year, and employer name (if applicable).
- Pay Stub - Must contain first and last name, income amount, and pay period or frequency of pay with date of payment. If a pay stub includes overtime, please indicate average overtime amount per paycheck.
- Self-Employment Documentation (includes 1040 Schedule C, most recent quarterly or year-to-date profit and loss statement, self-employment ledger) - Must contain first and last name, company name, and income amount. If submitting a self-employment ledger, include dates covered by the ledger, and the net income from profit/loss.
- Social Security Administration Statements (Social Security Benefits Letter) - Must contain first and last name, benefit amount, and frequency of pay.
- Unemployment Benefits (Unemployment Benefits Letter) - Must contain first and last name, source/agency, benefits amount, and duration (start and end date, if applicable).

The dates on these documents may be from 2015. You can provide recent pay stubs if you don't expect your income to change. If you do expect your income to go up or down in 2016, you can provide other documents, like a document that states when contract work will end or what your new wages will be. If any of your income comes from freelance work, you can fill out a self-employment ledger that includes your expected income.

**DOCUMENTS NEEDED TO PROVE YOU'RE NOT ENROLLED IN OR ELIGIBLE FOR QUALIFYING
EMPLOYER-SPONSORED COVERAGE**

If you want to keep the help you're receiving to pay for Marketplace coverage, you need to send additional documents (examples below) proving that you are neither enrolled in employer-sponsored coverage nor eligible for employer-sponsored coverage that is affordable and meets the minimum value standard. If you're enrolled in employer health coverage or eligible for employer health coverage that's affordable and meets the minimum value standard, you should immediately end your Marketplace coverage with premium tax credits. If you still want a Marketplace plan, you'll have to pay the full price without a tax credit or other savings. The box below presents three types of documents you can submit—you only need to choose one, as relevant. Please keep your original document and send us a copy.

Documents to Prove Your Employer-Sponsored Coverage Status

- Completed Employer Coverage Tool (available at www.healthcare.gov/downloads/employer-coverage-tool.pdf)
- Letter or other documentation from an employer that includes **one or more of the following**:
 - Statement that the employer doesn't currently offer coverage to the employee (or the employee's family member)
 - Statement that the employer doesn't provide coverage that meets the minimum value standard
 - Statement showing the cost of the employee's share of the premium for the lowest-cost self-only plan that meets the minimum value standard (factoring in wellness incentives), if offered
- Health insurance letter that contains confirmation of health coverage and expiration dates for coverage received outside of the Marketplace

**DOCUMENTS NEEDED TO VERIFY YOU'RE NOT CURRENTLY ENROLLED IN COVERAGE OR BENEFITS
FROM ANOTHER PUBLIC ENTITY**

If you want to keep the help you're receiving to pay for Marketplace coverage, you need to send in documents (examples below) to prove you're not currently enrolled in health coverage from another public entity such as Medicare or Medicaid benefits, or health services through the Veterans Administration or through the Peace Corps. Please keep the original and send us a copy. If you are enrolled in health coverage from another public entity, you should immediately end your Marketplace coverage with premium tax credits. If you are enrolled in health coverage from another public entity and you still want a Marketplace plan, you'll have to pay the full price without a tax credit or other savings. The box below presents several types of documents you can submit—you only need to choose one, as relevant. Please keep your original document(s) and send us a copy.

Documents to Verify You're Not Currently Receiving Coverage from Another Public Entity

- Letter from health insurer including coverage termination date
- Statement of health benefits that provides confirmation of health coverage and expiration dates
- Letter from Veterans Administration that provides confirmation of health coverage and expiration dates
- Letter from Peace Corps that provides confirmation of health coverage and expiration dates
- Letter or statement of Medicare or Medicaid benefits that proves confirmation of health coverage and expiration dates
- Letter or statement of Medicaid or Children's Health Insurance Program (CHIP) benefits that proves confirmation of health coverage and expiration dates
 - Consumers should note that some state Medicaid and/or CHIP programs are known by names specific to that state

DOCUMENTS NEEDED TO PROVE YOUR AMERICAN INDIAN OR ALASKA NATIVE STATUS

If you want to keep the help you're receiving to pay for Marketplace coverage, you need to send additional documents proving your American Indian or Alaska Native status. The box below presents several types of documents you can submit—you only need to choose one, as relevant. Please keep your original document and send us a copy.

Documents to Verify Your American Indian or Alaska Native Status

- Tribal Enrollment/Membership Card
- Authentic document from a tribe declaring membership for an individual
- U.S. American Indian/Alaska Native tribal enrollment or shareholder documentation
 - Enrollment or membership document from a federally-recognized tribe or the Bureau of Indian Affairs (BIA). It must be on tribal letterhead or an enrollment/membership card that contains the tribal seal and/or an official signature
 - Document issued by an Alaska Native village/tribe, or an Alaska Native Corporation Settlement Act (ANCSA) regional or village corporation acknowledging shareholder status
- Certificate of Degree of Indian Blood (CDIB) issued by the BIA or a tribe, if the CDIB includes tribal enrollment information
- Letter from the Marketplace granting a tribal exemption based on tribal membership or Alaska Native shareholder status
- I-872 American Indian Card (Texas and Oklahoma Kickapoo American and Mexican members)

This Notice has Important Information. This notice has important information about your application or coverage through the Health Insurance Marketplace. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 1-800-318-2596 and wait through the opening. When an agent answers, state the language you need and you'll be connected with an interpreter.

العربية (Arabic)

يحتوي هذا الإشعار على معلومات هامة بخصوص طلبك أو تغطيتك من خلال سوق التأمين الصحي. ابحث عن التواريخ الرئيسية في هذا الإشعار. قد تحتاج الى اتخاذ اجراء في مواعيد معينة للحفاظ على تغطيتك الصحية او للمساعدة في التكاليف. لك الحق في الحصول على هذه المعلومات و على المساعدة بلغتك من دون اي تكلفة. اتصل بالرقم 1-800-318-2596 و انتظر عند سماعك الافتتاحية . عندما يجيبك الممثل قم بتحديد اللغة التي تحتاج و سيجري وصلك بالمرتبم..

中文 (Chinese)

本通知包含您通过健康保险市场的申请或保险范围方面的重要信息。查阅本通知中的重要日期。您可能需要在某些截止日期前采取行动以续保或有助于节省某些费用。您有权免费获取本信息以及您所使用语种的帮助。请致电 1-800-318-2596 并聽完全部錄音。當有代表接聽時，请说明您所需的语种，届时将有译员与您联系。

Français (French) Cet avis contient des informations importantes concernant votre demande ou votre couverture à travers le Marché d'assurance maladie. Recherchez les dates clés dans le présent avis. Vous pourrez avoir besoin de prendre des mesures avant certaines dates limites afin de garder votre couverture santé ou de vous aider avec les coûts. Vous avez le droit d'obtenir ces informations et de l'aide dans votre langue sans frais. Appelez le 1-800-318-2596 et appuyez sur « 0 » à deux reprises attendre à travers l'ouverture. Quand l'agent répond indiquez la langue dont vous avez besoin et vous serez mis en relation avec un interprète.

Kreyòl (French Creole) Avi sa a genen fòmasyon enpòtan sou aplikasyon w lanoswap woteksyon atravè Health Insurance Marketplace la. Gade pou dat kle nan avi sa a. Ou ka bezwen pran aksyon payansètendat limit pou ou kenbe asirans sante ou oswa edakdepansyo. Ou gendwa pou ou jwenn en fòmasyon sa a akèd nan lang ou sanpa sa pakoute ou anyen. Rele 1-800-318-2596 epi rete tann ouvèti an. Lè yon ajan reponn, di lang ou bezwen an epi ou pral konekte ak yon entèprèt.

Deutsch (German) Diese Benachrichtigung enthält wichtige Informationen zu Ihrem Antrag oder Versicherung durch den Health Insurance Marketplace. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie müssen möglicherweise bis zu bestimmten Stichtagen handeln, um Ihre Krankenversicherung aufrechtzuerhalten oder Hilfe mit Kosten zu erhalten. Sie haben das Recht, diese Informationen und Hilfe in Ihrer Sprache kostenlos zu erhalten. Rufen Sie 1-800-318-2596 an und warten Sie die Ansage ab. Wenn sich ein Mitarbeiter meldet, wählen Sie die Sprache aus, die Sie benötigen und Sie werden mit einem Dolmetscher verbunden.

ગુજરાતી (Gujarati) આ સૂચનામાં આરોગ્ય વીમા માર્કેટસ્થળ સમારક્રમે તમારી અરજી અથવા સર્વગ્રાહી વીમો વિશેની મહત્વની માહિતી છે. આ સૂચનામાં મહત્વની તારીખો માટે જુઓ. તમે તમારા આરોગ્ય આવરી લેવા અથવા ખર્ચમાં મદદ કરવા માટે અમુક ચોક્કસ નિશ્ચિત સમય ને હદમાં ધ્યાનમાં રાખીને પગલાં લેવાની જરૂર પડે છે. મને કોઈ પણ ખર્ચ વિના તમારી ભાષામાં આજ્ઞાકારી અને મદદ મેળવવાનો અધિકાર છે. 1-800-318-2596 અને શરૂઆતના મારક્રમે રાહ જુઓ. એક એજન્ટ જવાબ આપે, ત્યારે તેમને તમે જરૂરી ભાષા જણાવો અને તેમને દુભાષિયો સાથે જોડવામાં આવશે.

हिन्दी (Hindi) इस सूचना में स्वास्थ्य बीमा मार्केटप्लेस के माध्यम से आपके आवेदन या कवरेज से सम्बंधित महत्वपूर्ण जानकारी है। इस सूचना में मुख्य तिथियों के लिए देखें। आपको अपने स्वास्थ्य के कवरेज रखने के लिए एलागत से सम्बंधित मदद के लिए अनिश्चित समय सीमा के भीतर कार्रवाई करने की आवश्यकता हो सकती है। आप को कोई लागत के बिना अपनी भाषा में जानकारी और सहायता प्राप्त करने का अधिकार है। 1-800-318-2596 पर कॉल कीजिये और उद्घाटन संदेश के समाप्ति की प्रतीक्षा कीजिये। एजेंट से आप की जरूरत भाषा व्यक्त कीजिये और आपको एक दुभाषिया के साथ जोड़ा जाएगा।



한국어 (Korean) 이 통지서에는 건강 보험 시장을 통한 귀하의 신청이나 보험 커버리지에 관한 중요한 정보가 포함되어 있습니다. 이 통지서에 나타난 중요한 날짜들을 잘 찾아 보십시오. 귀하는 귀하의 보험 커버리지를 계속 유지시키거나 경비를 절감하는 도움을 얻기 위해서 일정한 마감일 까지 필요한 조치를 취해야 할 수도 있습니다. 귀하는 귀하의 언어로 이 정보와 도움을 무료로 받을 수 있는 권리가 있습니다. 1-800-318-2596 로 전화하시고 시작하기 전에 기다리십시오. 직원이 전화를 받으면 귀하가 필요한 언어를 말씀하십시오. 그러면 통역사와 연결될 것입니다.

Polski (Polish) To ogłoszenie zawiera ważne informacje odnośnie Państwa wniosku o ubezpieczenie lub polisy zdrowotnej zakupionej przez Rynek Ubezpieczeń Zdrowotnych. Prosimy zwrócić uwagę na kluczowe daty zawarte w tym ogłoszeniu aby przy podejmowaniu ewentualnych decyzji dotyczących odnowienia polisy lub pomocy związanej z kosztami, nie przekroczyć terminów. Macie Państwo prawo do bezpłatnej informacji we własnym języku. W tym celu prosimy o telefon pod numer 1 800 318 2596, następnie proszę poczekać na zgłoszenie się operatora i wypowiedzenie preferowanego języka a rozmowa zostanie przełączona do tłumacza.

Português (Portuguese) Este aviso contém informações importantes sobre sua aplicação ou cobertura ao longo do Mercado de Planos de Saúde (Health Insurance Marketplace). Observe as datas importantes nesse aviso. Você poderá precisar tomar medidas, até determinados prazos, para manter sua cobertura médica ou ajuda de custo. Você tem o direito de obter tais informações e auxílio em seu idioma, sem custo algum. Ligue para 1-800-318-2596 e espere através da introdução. Quando o agente atende, afirme o idioma que precisa e você será transferido para um intérprete.

Русский (Russian) В настоящем уведомлении содержится важная информация о вашей страховке через рынок медицинского страхования. Вы можете найти важные даты в данном уведомлении. Возможно, вам придется предпринять некоторые действия к конкретным срокам, с тем, чтобы сохранить вашу медицинскую страховку или финансовую помощь на медицинские расходы. Вы имеете право на получение этой информации и помощи на родном языке бесплатно. Позвоните по номеру 1-800-318-2596 и прослушайте вступительную информацию до конца. Когда ответит агент, укажите необходимый язык, и вас соединят с переводчиком.

Español (Spanish) Este aviso contiene información importante sobre su solicitud o la cobertura que tiene a través del Mercado de Seguros Médicos. Consulte las fechas importantes que figuran aquí. Es probable que deba tomar medidas antes de algunas fechas clave para mantener su cobertura de salud o seguir recibiendo ayuda para pagar los costos. Usted tiene derecho a recibir esta información y asistencia en su idioma en forma gratuita. Llame al 1-800-318-2596 y espere a través de la introducción. Cuando el agente atiende, indique el idioma que necesita y lo pondrán en comunicación con un intérprete.

Tagalog (Tagalog) Ang paunawa na ito ay may nilalamang mahalagang impormasyon tungkol sa iyong aplikasyon o kaseguruhan sa pamamagitan ng Health Insurance Marketplace. Tingnan ang mga mahalagang petsa sa paunawang ito. Maaring mangailangang gumawa ka ng hakbang sa loob ng mga itinakdang petsa upang mapanatili ang iyong kaseguruhan pangkalusugan o makatanggap ng tulong sa mga gastos. Mayroon kang karapatang makuha ang impormasyon na ito at tulong sa iyong wika ng walang gastos. Tumawag sa 1-800-318-2596 at maghintay ng pagkakataong mabuksan ang linya. Kapag sumagot ang isang ahente, sabihin ang kailangan mong wika at ikaw ay iuugnay sa isang tagapagsalin sa Tagalog.

اردو (Urdu)

اس نوٹس میں آپ کی درخواست یا Health Insurance Marketplace کے ذریعہ کوریج کے بارے میں اہم معلومات ہیں۔ اس نوٹس میں اہم تاریخوں کو تلاش کریں۔ آپ کو اپنی صحت کا کوریج برقرار رکھنے یا لاگتوں میں مدد کے لیے مخصوص حتمی تاریخوں تک کارروائی کرنے کی ضرورت ہوسکتی ہے۔ آپ کو یہ معلومات اور مدد بغیر کسی لاگت کے اپنی زبان میں حاصل کرنے کا حق ہے۔ 1-800-318-2596 پر کال کریں اس کے شروع ہونے کا انتظار کریں۔ جب کوئی ایجنٹ جواب دے تو، اپنی مطلوبہ زبان بتائیں اور آپ کو ایک مترجم کے ساتھ مربوط کر دیا جائے گا۔

Tiếng Việt (Vietnamese) Thông báo này có thông tin quan trọng bàn về đơn nộp hoặc hợp đồng bảo hiểm của chương trình Thị trường bảo hiểm sức khỏe Marketplace. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi 1-800-318-2596 và đợi nghe hết lời mở đầu do máy nói. Cho tới khi gặp một nhân viên trả lời, xin nói ngôn ngữ của mình là gì và quý vị sẽ được kết nối với một thông dịch viên.



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