



ANDREA MCKENZIE
230 Brook Ave Apt 4
Bronx, NY 10454-4102

November 30, 2017
Account ID: AC0005255026

Dear ANDREA MCKENZIE,

We have reviewed your application for health insurance through NY State of Health dated November 29, 2017.

The income information in your application does not match what NY State of Health received from state and federal data sources. More information is needed to confirm the information in your application.

Request for Additional Information to Confirm Your Eligibility

Additional information is required to confirm eligibility for members of your household. Please review the following table to determine what information is required for your household.

Provide proof of **Household Income** by **December 14, 2017** for:

ANDREA MCKENZIE

Marketplace ID: HX0006889402

PLEASE NOTE: If you miss the due date, NY State of Health will not be able to determine your eligibility for health coverage.

You will find a list of acceptable documents at the end of this notice. Pick the type of document that best applies to you and send it to us. Only send in copies. Keep any original documents.

To send us proof, you can:

- Upload your documents by logging into your account on our website (www.nystateofhealth.ny.gov);
- Fax your documents to 1-855-900-5557; or
- Mail your documents to:

NY State of Health
PO Box 11727
Albany, New York 12211

Call NY State of Health at 1-855-355-5777 (TTY: 1-800-662-1220) to get help in other languages or for help reading this notice. This notice is also available in other formats. Call for more information. To find a navigator or certified application assistor near you, visit <https://www.nystateofhealth.ny.gov> or call us.

T002-EL000031086539

You may be excused from sending in documents in certain situations. Call us at 1-855-355-5777 (TTY: 1-800-662-1220) for more information.

Things to remember when sending proof:

1. Write your first and last name, date of birth, Account ID and Marketplace ID on all documents you send in.
2. Always include the bar code page if you mail or fax your documents.

How to Contact NY State of Health

Contact us if you have any questions about this letter. Let us know if you need help applying for or accessing your health insurance. You can contact us in any of the following ways:

- By calling 1-855-355-5777 (TTY: 1-800-662-1220)
- By mail at:

NY State of Health
PO Box 11727
Albany, New York 12211

Sincerely,

NY State of Health, The Official Health Plan Marketplace

Legal Reference:

Listed below are the specific laws and government regulations which give NY State of Health the authority and which set the rules under which we can offer affordable health insurance to New York State residents.

Eligibility standards for enrollment through NY State of Health may be found at 45 CFR §155.305.

We are sending you this notice based on Section 366-a(2) and (5) of the Social Services Law.

HIPAA Privacy Notice

New York State is committed to protecting your privacy. To learn more about NY State of Health's privacy practices go to www.nystateofhealth.ny.gov or call customer service at 1-855-355-5777 (TTY: 1-800-662-1220).

Request for Additional Information – Documentation List

This chart shows the most common sources of income. Pick the document that best applies to you and send it to us. Only send in copies. Keep any original documents.

Please Note: If you miss the due date, you may lose your insurance or receive less help paying for your coverage.

You must report all of the income for your household. This includes income for household members who are not applying for coverage. If proof of income is requested for a child, please send in proof of income for parent/caretaker(s).

If you receive...	Then, send us one of the following documents.
Income from a Job	<ul style="list-style-type: none"> • If you get paid on a regular basis: Paycheck stubs, showing employee information, pay date or pay period, and gross amount of pay, for the 4 weeks prior to date listed on this notice • If you do not get paid on a regular basis: Income information, along with a written explanation, signed and dated, of your work and frequency of income/pay for the 4 weeks prior to date listed on this notice • Letter from employer with company contact information and gross pay information, signed by the employer and dated
Self-Employment Income	<ul style="list-style-type: none"> • Detailed records of business earnings and expenses (e.g., business bank account records, invoices, checks) for the last three (3) months • Business pay rolls and records (e.g., balance sheets from accounting software, Excel or Word documents detailing income/expenses) for the last three (3) months • Filed 1040 tax return, signed and dated, from the previous year if representative of attested income. • Note: Tax Schedules alone are not acceptable.
Rental Income	<ul style="list-style-type: none"> • Rent checks or rental payment receipts • Current lease • Signed letter from tenant with monthly rent amount • Filed tax return if representative of attested rental income
NYS Unemployment Benefits	<ul style="list-style-type: none"> • Award letter/certificate • Monthly benefit statement from NYS Department of Labor • Printout of recipient's payment information from NYS Department of Labor's website • Copy of Direct Payment Card with statement • Letter from the NYS Department of Labor with your reason for denial
Social Security Retirement Benefits	<ul style="list-style-type: none"> • Award letter/certificate dated within the last year • Annual benefit statement • Correspondence from the Social Security Administration with your award status (denied, award amount, still pending)

Social Security Disability Benefits	<ul style="list-style-type: none"> • Award letter/certificate dated within the last year • Annual benefit statement • Correspondence from the Social Security Administration with your award status (denied, award amount, still pending)
Additional Income	<ul style="list-style-type: none"> • Filed 1040 tax return from the previous year if representative of attested income • Alimony received: court order stating alimony amount or signed statement from individual providing alimony with amount and frequency • Rental, R-E, royalties, partnerships, S-Corps, trusts: rent checks or rental payment receipts, current lease, signed letter from tenant with monthly rental amount, royalty checks, or financial record of payment from trusts • Taxable Interest/Tax Exempt Interest: 1099 • Ordinary/Qualified Dividends: 1099, IRS Form 1065 or 1120S, or letter from the financial institution with dividend amount • Capital Gains Distributions and Losses: 1099, IRS Form 894, or letter from the financial institution with distribution or loss amount • IRA Distributions/Pensions Annuities: 1099-R or documentation of the distribution amount from the financial institution • Taxable Refunds, Credits or Offsets of State and Local Income Taxes: 1099-G • Business Income or Loss: see acceptable proof of Self-Employment Income listed above • Business Income or Loss (See acceptable proof of Self-Employment Income listed above.) • Farm Income (See acceptable proof of Self-Employment Income listed above.) • Stock Options: 1099, letter from the financial institution with distribution amount • Cancelled Debt: 1099 • Foreign Earned Income (See acceptable proof of Wages and Salary listed above.) • Gambling Income: Form W-2G
No income or have recently lost your source of income	<ul style="list-style-type: none"> • A letter from your previous employer with a termination date • Proof you have applied for unemployment benefits • Statement from the NYS Department of Labor showing unemployment benefits have been exhausted. • Letter from the Social Security Administration stating your benefits have ended.

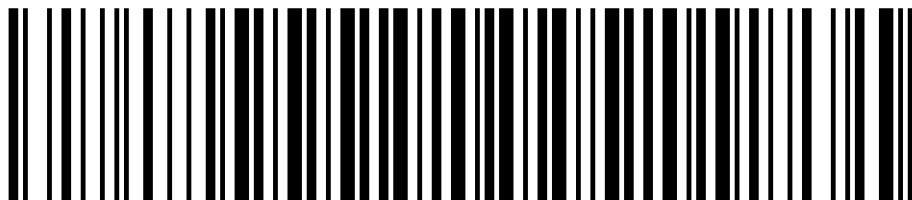
***Note:** Up to three months of income documentation is required if you want to be considered for Medicaid coverage to help pay for prior medical bills. Please see "Additional Information Required to Confirm Your Eligibility" section of this letter for the specific time period we are requesting your proof of income.

THINGS TO REMEMBER WHEN SENDING DOCUMENTS TO NY STATE OF HEALTH:

1. Write your first and last name, date of birth, Account ID and Marketplace ID on all documents you send in.
2. Always include this bar code page if you mail or fax your documents. The bar code is needed to link the documents you send to your NY State of Health account and to process your application. Without the bar code, your application and/or documents may take longer to process.
3. To send us required documents, you can:
 - Upload your documents by logging into your account on our website (<http://www.nystateofhealth.ny.gov>); or
 - Fax your documents to 1-855-900-5557; or
 - Mail your documents to:

NY State of Health
PO Box 11727
Albany, New York 12211

**You must include this bar code
page when you fax or mail any
documents to NY State of Health.**



AC0005255026

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।

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. yebɛtumi ama wo obi a okyerɛ kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

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.