[redacted]
For official use

nystateofhealth
The Official Health Plan Marketplace
PO BOX 11000 Albany, New York 12211

Contact us for questions or to find in-person help:
1-855-355-5777 (TTY: 1-800-662-1220)
nystateofhealth.ny.gov

[redacted]

Case Number: MC[redacted]
Date of Notice: August 18, 2025
Submission Date: August 18, 2025

IMPORTANT INFORMATION ABOUT YOUR MEDICAID COVERAGE

[redacted] Member ID: PX[redacted] / CIN: [redacted]

Decision About Your Benefits

Starting August 01, 2025, you qualify for Medicaid without Long Term Care.

Starting September 01, 2025, you qualify for Medicare Savings Program - Qualified Medicare Beneficiary.

Action Needed:

Your Medicaid coverage does not require or allow you to enroll in a health plan. You can get services covered by Medicaid by using your New York State Benefit Identification card (Medicaid card). This can be at any provider that takes Medicaid.

Make sure your providers accept Medicaid. To have your services paid by Medicaid, you must use Medicaid providers. To find a Medicaid provider near you, please call the Medicaid Helpline at 1-800-541-2831.

Helpful Information:

- **You may get your health insurance premiums paid by Medicaid.** If you are enrolled or can enroll in employer group health insurance, call us for more information.
- Show your other health insurance or MEDICARE card and your Medicaid card when you get medical services. The provider must bill the other health insurance or MEDICARE before billing Medicaid.
- Medicaid may pay for extra benefits and services not covered by your other health insurance or MEDICARE if your provider takes Medicaid.
- You don't need to take any action right now. NY State of Health is checking data sources to verify your resource information, which we will use to confirm whether you still qualify. We will contact you if you need to send in additional proof of your resources.

- The Medicare Savings Program - Qualified Medicare Beneficiary helps you pay for your Medicare premium, deductibles, and co-insurance.

How We Made Our Decision

We look at your household size, income, resources and other information listed in the application or a change you submitted on August 18, 2025, and information from state and federal data sources to decide if you qualify.

Note: The Medicare Savings Program does not look at your resources. If you think we made a mistake, contact us right away at **1-855-355-5777 (TTY: 1-800-662-1220).**

[redacted] Member ID: PX[redacted] / CIN: [redacted]

You qualify for Medicaid without Long Term Care because:

- Your monthly countable income of $174.17 is under the income limits of $1,800.00 for a household size of 1 to qualify for Medicaid without Long Term Care. Your income is the amount of money you make in a month. We base your income on information you gave us. We base your income on information we get from state and federal data sources. Come back and update your account if this is no longer your household income.
- Your total resources (things you own) of $0.00 that you reported to us is under the resource limit of $32,396.00 for a household size of 1 to qualify for Medicaid without Long Term Care. We base your resources on information you give us and information we may get from other sources.

You qualify for Medicare Savings Program - Qualified Medicare Beneficiary because:

- Your monthly countable income of $174.17 is under the income limits of $1,800.00 for a household size of 1 to qualify for Medicare Savings Program - Qualified Medicare Beneficiary. Your income is the amount of money you make in a month. We base your income on information you gave us. Come back and update your account if this is no longer your household income.

Legal Reference

▶ We made our decision for Tina Kellam based on these rules:

- United States Code: 42 U.S.C. § 1396w
- New York Codes, Rules and Regulations: 18 N.Y.C.R.R. § 349.3(b); § 351.1(b)(2)(ii); § 351.2; § 351.2(h); § 351.5; § 351.6; § 351.8(a)(2)(ii); § 360-4.1; § 360-4.2; § 360-4.3; § 360-4.4; § 360-4.5; § 360-4.6; § 360-4.7 and § 360-7.7(g)
- New York Social Services Law: N.Y.S.O.S. § 366-a(2) and § 367-a(3)(a)

How to Request Medicaid Reimbursement for Paid Medical Bills

You may get your money back if you paid medical bills in the 3 months before or after you applied for health insurance. The bills must be for services that Medicaid covers.

Send us a copy of the medical bills and proof of payment. The bills must show dates of service, what service you received, and the procedure code (CPT code). For prescription drugs, they must list the prescription drug name, amount, strength, and National Drug Code (NDC). **Include your name, contact info, and account number with the bills.**

Send to:
NY State of Health
Reimbursement Unit
P.O. Box 11780
Albany, NY 12211

If we asked for documents to prove you were eligible for Medicaid in the 3 months before you applied, send those to NY State of Health first. After we determine that you were eligible for Medicaid during this time and you received a notice of eligibility, send your paid bills to the address above.

We will pay no more than the Medicaid rate in effect at the time of service, even if you paid more. We will

How to Get Unpaid Medical Bills Paid by Medicaid

If you have unpaid medical bills for a month when you were eligible for Medicaid, give the provider (if a Medicaid provider) your CIN. Ask them to bill Medicaid for covered services.

Important information about your New York State Benefit Identification card (Medicaid card)

If you are new to Medicaid, you will get a New York State Benefit Identification card (Medicaid card) in the mail. If you had Medicaid before and have a card, you should use that card.

You must bring your card each time you use medical services.

If you need medical care before you get your card, you must make sure the provider accepts Medicaid. Medicaid can only pay the bill if the provider accepts it.

For more information on which services are covered services or to find a Medicaid provider near you, call the Medicaid Helpline at 1-800-541-2831.

Call NY State of Health at 1-855-355-5777 if you do not get your Medicaid card, or if your card does not work, is lost, or stolen. Keep your Medicaid card even if you stop receiving benefits. You may use the same card again if you qualify for Medicaid in the future.

You Must Report Changes

Over the next year, you must tell NY State of Health about any changes that would affect your eligibility for enrollment in health insurance within 30 days of such a change. You need to tell us if:

- Your income changes;
- You get access to or enroll in the New York State Health Insurance Program (NYSHIP);
- Your eligibility for health insurance from a job changes;
- The cost of your health insurance premium from a job changes;
- You become qualified for other health insurance;
- You move;
- There is a change in immigration status;
- Your household changes. For example, you marry/divorce, become pregnant, or have a child; adopt a child, or a child is placed for adoption with you;
- There is a change in full-time student status (if applicable to application members);
- You change how you plan to file your taxes. For example, you will claim new dependents.

If you do not report changes within 30 days and they affect your ability to get government help with insurance costs, you may have to pay back some or all of the assistance subsidies you received.

HOW TO REPORT CHANGES TO NY STATE OF HEALTH

Contact us if you have any questions about this Notice. Let us know if you need help applying for or accessing your health insurance coverage.

Call us at:
1-855-355-5777
(TTY: 1-800-662-1220)

Mail:
NY State of Health
PO Box 11781
Albany, NY 12211

Log into your account at **nystateofhealth.ny.gov** or contact us to tell us about any changes.

If You Think We Made a Mistake

If you think we made a mistake about your eligibility, you can call us to discuss your concerns. Call NY State of Health at 1-855-355-5777 (TTY: 1-800-662-1220).

You can appeal a decision:

- That you do not meet the rules for coverage under Medicaid;
- That you do not meet the rules for the Medicare Savings Program;
- Delayed by NY State of Health. Example: You did not get a notice telling you if you meet the rules for Medicaid coverage within the required 45 days.

NY State of Health has a coordinated appeals process, which means that its Appeals Unit will hear all the issues listed above.

For appeals of **medical care or services** please contact the NYS Office of Temporary and Disability Assistance (OTDA). You can contact OTDA and request a fair hearing:
https://otda.ny.gov/hearings/request/

By Mail: NYS Office of Temporary and Disability Assistance
Office of Administrative Hearings,
40 North Pearl Street, 15th Floor,
Albany, NY 12243

By Fax: 518-473-6735

By Phone: 1(800)342-3334

How to Request an Appeal and Additional Information

An appeal is your request to NY State of Health to review and change a decision we have made about your eligibility.

How and When to Ask for an Agency Conference

If you think our decision was wrong or if you do not understand our decision, please call us to arrange a meeting. Sometimes this is the fastest way to solve any problems you may have. We encourage you to do this even when you ask for an appeal.
If you only ask for a meeting with us, we will not keep your benefits the same while you appeal. Your benefits will stay the same only if you ask for your coverage to continue.

How and When to Ask for an Appeal

You have 60 calendar days from the date on this notice to ask for an appeal. You will receive a letter from NY State of Health saying that we received your request. We will send you a letter telling you the date and time of your appeal hearing.

Asking for Your Coverage to Continue

If you have coverage, you can ask to keep it while you go through the appeals process. You must ask for this when you ask for an appeal. This means that your current insurance program will continue until a decision is made about your appeal. If you have Medicaid coverage, we will continue your coverage if you request it within 10 days from the date of this notice OR before the eligibility effective date listed in this notice, whichever is later.

The Appeal Hearing

The hearing is your chance to explain why you disagree with the NY State of Health's decision. A hearing officer will make a decision about your appeal. The hearing officer will not take sides and will not favor you or NY State of Health. The officer will conduct the hearing by phone. Here is what you need to do before, during, and after the hearing.

Before the hearing

Look at the documents NY State of Health used to make a decision about your eligibility. You can send us information that might help us understand your appeal.

You can request specific policy materials necessary to help you decide whether to ask for an appeal or to help you prepare for your appeal hearing. We may try to resolve your issues through an informal dispute resolution process.

During the hearing

You can have someone with you during your telephone hearing if you want to. That person can be a friend, relative, lawyer, or other individual. Or you can participate in your hearing on your own.
If you think you need a lawyer to help you with this problem, you may be able to obtain a lawyer at no cost to you by contacting:
New York State of Health
1-855-355-5777
(TTY: 1-800-662-1220)

NY State of Health
PO Box 11782
Albany, NY 12211

After the hearing

The outcome of an appeal could change the eligibility of other people on your account even if they do not ask for an appeal.

If the appeal is not resolved in your favor, you may be responsible for the cost of the health coverage that you used while your appeal was being processed. Here are some examples of what you may have to do when the appeal is not resolved in your favor:

- If you received coverage through Medicaid while your appeal is being determined, you may have to pay back the cost of Medicaid benefits you received.

HOW TO REQUEST AN APPEAL OR REQUEST MORE INFORMATION

Contact us if you have any questions about this Notice. Let us know if you need help applying for or accessing your health insurance coverage.

Call us at:
1-855-355-5777
(TTY: 1-800-662-1220)

Fax your response to:
1-855-900-5557

Mail request to:
NY State of Health
PO Box 11782
Albany, NY 12211

Important! You must take steps to set up your online account.

Your NY State of Health online account has important information about your household. You can view and update your application at any time by accessing your online account. This means you can keep track of your health insurance information, including your notices.

To set up your online account, go to **nystateofhealth.ny.gov**. Click on **GET STARTED.** Then, Click **LOGIN** if you already have a NY.gov ID, or Click on **REGISTER** if you are a new user.

After you log in, enter this **invitation code- MC824844643991552-** to confirm your personal information and finish setting up your account.

MEDICAID THROUGH NY STATE OF HEALTH

When Does My Coverage Start?

Your Medicaid coverage of Community Coverage without Long Term Care starts on the first day of the month that you qualify for Medicaid. Review this notice for when your Medicaid starts and any action you need to take to keep your Medicaid

Most individuals who are eligible for Medicaid are required to enroll in a Mainstream Medicaid Managed Care plan. If you are eligible to enroll in a Mainstream Medicaid Managed Care plan and do not choose a plan, one will be chosen for you.

If you pick a plan by the 15th of the month, your Mainstream Medicaid Managed Care plan enrollment will start on the first day of the following month. If you pick a plan between the 16th and the end of the month, your enrollment in the plan will start on the first day of the month following the next month. For example, if you pick a plan on April 18th, your Mainstream Medicaid Managed Care plan enrollment will begin on June 1st.

You should use your New York State Benefit Identification card (Medicaid card) to get medical services before you enroll in a plan or if you are not eligible to enroll in a plan.

You must make sure the medical services provider accepts Medicaid. The Medicaid program can only pay or reimburse a bill for approved medical services if the provider accepts Medicaid. To find a Medicaid provider near you, please call the Medicaid Helpline at 1-800-541-2831.

Health Plan ID Card and New York State Benefit Identification Card (Medicaid Card)

All consumers enrolled in a Mainstream Medicaid Managed Care plan get two (2) cards – a New York State Benefit Identification card (Medicaid Card) and a health plan identification card from the Mainstream Medicaid Managed Care plan. Bring both cards each time you use medical services.

If you are new to the Medicaid program, you will receive a Medicaid card in the mail. If you received Medicaid benefits in the past and were issued a card at that time, you should use that card.

Some services, such as pharmacy benefits, are not covered by your health plan and must be obtained from Medicaid providers. Your prescription drug coverage will be provided through NYRx, the NY Medicaid Pharmacy Program. Most pharmacies in New York State accept NYRx. Show your New York State Benefit Identification card (Medicaid card) or your health plan identification card to the pharmacy when getting your prescriptions filled.

- **Call NY State of Health immediately if you do not get your Medicaid card or your card does not work, is lost or stolen. You should keep your Medicaid card even if you stop receiving benefits. The same card may be used again if you qualify for Medicaid in the future.**

Monthly Premiums and Cost Sharing

There is no monthly premium for Medicaid.

Certain services under Medicaid require a small copay, but there are times when no copay is needed. The most you would ever spend in copays under Medicaid in one year would be $200.

Covered Benefits

- Hospital inpatient and outpatient services
- Clinic Services
- Prescription drugs
- Durable medical equipment
- Lab and imaging services
- Family planning services
- Emergency ambulance transportation to a hospital
- Preventive health and dental care and treatment by doctors and dentists
- Limited care in a nursing home (if you are enrolled in a Mainstream managed care plan you may qualify for nursing home care for a limited time*)
- Care through home health agencies and personal care (if you are enrolled in a managed care plan*)
- Treatment for mental health and/or substance use disorder
- Services for individuals with intellectual and/or developmental disabilities
- Transportation to medical appointments, including public transportation and car mileage
- Stop-smoking products like gum and patches

*If you are not enrolled in a Mainstream managed care plan and you need nursing home care, home care or personal care, you can apply through your local department of social services. If you need help finding contact information for your local department of social services, please call the Medicaid Helpline at 1-800-541-2831.

Note: Covered benefits may be limited in the following situations:

- Coverage is limited to off the grounds inpatient hospital stays only for individuals eligible for Medicaid who are incarcerated in a state or local correctional facility, or who are between 21 and 64 years of age and residing in a psychiatric center;
- Individuals who are not U.S. citizens, nationals, Native American or who do not have satisfactory immigration status are only eligible for coverage for the treatment of emergency medical conditions;

For more information on what services are covered by Medicaid, please call the Medicaid Helpline at 1-800-541-2831.

You should contact your Mainstream Medicaid Managed Care plan directly for any questions about services covered through your health plan and providers. You should contact your new Mainstream Medicaid Managed Care plan to select your Primary Care Provider (PCP). If you are choosing a new doctor, call the doctor's office first to make sure that the medical practice is accepting new patients and is participating in the health plan you have selected.

Special Populations: Call NY State of Health for More Information

You may be eligible to enroll in a special needs Medicaid Managed Care Plan.

HIV Special Needs Plans (SNPs)– SNPs are designed to meet the specialized health needs of individuals who are homeless, transgender, or living with HIV/AIDS.

Health and Recovery Plans (HARPs)– HARPs are for adults in need of specialized care for physical and behavioral health services. HARPs provide services such as doctor visits, mental health and substance use disorder services, medications, and hospital care. HARPs offer access to Home and Community BasedServices (HCBS).

Medicaid members who are eligible for a HARP or SNP may transfer to one of these plans at any time.

You may be able to opt out of enrolling into a Mainstream Medicaid Managed Care plan. Some people have a special situation that allows them to choose to either join a health plan or to receive regular (fee-for-service) Medicaid. This includes Native Americans and people in certain waiver programs, such as the Traumatic Brain Injury (TBI) waiver and Office for People With Developmental Disabilities (OPWDD) waiver. If you think you may have one of these special situations, or would like to learn more about your options, you can call NY State of Health.

Other Health Insurance or Medicare

You must present your health insurance card or Medicare card AND your Medicaid card to your provider at the time of service. The provider is required to bill the other insurance or Medicare before billing Medicaid.

Medicaid may pay for additional benefits and services that are not covered by your other health insurance or Medicare if your provider accepts Medicaid.

▶ **If you lose your other health insurance or get new insurance, please update this information in your account or call us.**

You may be able to get health insurance premiums paid by Medicaid. If you are enrolled, or can be enrolled in employer group health insurance, Medicaid may be able to pay your premiums. Call us for more information.

If you have Medicare, NY State of Health will determine if you are eligible for reimbursement of your Medicare Part B premiums and notify you of our decision in a separate notice.

Changing Plans

If you are enrolled in a Mainstream Medicaid Managed Care plan, you will have 90 days from the effective date of your health plan enrollment to change your plan for any reason. You can only change plans if there is another health plan available in your area. After 90 days, you will not be able to change your health plan for the next 9 months, unless you have a good reason. For more information about this, contact NY State of Health.

Renewal

Your eligibility for Medicaid Community Coverage without Long Term Care must be renewed every year. NY State of Health will contact you if we need information to complete the renewal.

OTHER IMPORTANT INFORMATION

Go Paperless

Make managing your account easier by going paperless. All your important notices will be in one secure place. You can read your notices online at any time. We will send you an email alert when a new notice is available on your NY State of Health account. You must log into your account to view your notices. We will not include any private or confidential information in the email.

If you want to go paperless, log into your account and select "Manage Case Profile" in the left navigation panel of the dashboard. Under "Communication Preferences," choose "Send me an email" to get email alerts when new notices are posted to your NY State of Health account. You can change this selection at any time.

It is important your address is correct in your account. Make sure that we have your current mailing and residential address. Coverage for you or your family may be impacted if we do not have your current address.

Health Insurance Portability and Accountability Act (HIPAA)

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

New York Medicaid Program Notice Of Privacy Practices

This Notice Describes how Medical Information About You May be Used and Disclosed and how You can Get Access to This Information. Please Review it Carefully.

The New York Medicaid program must tell you how we use, share, and protect your health information. The New York Medicaid program includes regular Medicaid, Medicaid Managed Care, Family Health Plus, and Child Health Plus. The program is administered by the New York State Department of Health and the Local Departments of Social Services.

Your Health Information is Private.

We are required to keep your information private, share your information only when we need to, provide you with notice of our legal duties and privacy practices with respect to your protected health information, and follow the privacy practices in this notice. We must make special efforts to protect the names of people who get HIV/AIDS or drug and alcohol services.

We are required to notify you should a breach of your information occur.

What Health Information Does the New York Medicaid Program Have?

When you applied for Medicaid, Family Health Plus, or Child Health Plus, you may have provided us with information about your health. When your doctors, clinics, hospitals, Medicaid managed care plans and Medicaid Advantage and other health care providers send in claims for payment, we also get information about your health, treatments and medications.

How Does the New York Medicaid Program Use and Share Your Health Information?

We must share your health information when:

- You or your representative requests your health information.
- Government agencies request the information as allowed by law such as audits.
- The law requires us to share your information.

In your Medicaid application, you gave the New York Medicaid program the right to use and share your health information to pay for your health care and operate the program. For example, we use and share your information to:

- Pay your doctor, hospital, and/or other health care provider bills.
- Make sure you receive quality health care and that all the rules and laws have been followed.

We may review your health information:

- To determine whether you received the correct medical procedure or health care equipment.
- Contact you about important medical information or changes in your health benefits.
- Make sure you are enrolled in the right health program.
- Collect payment from other insurance companies.
- To determine eligibility in Medicare Part D or other insurance program that might be more economical to you.

We may also use and share your health information under limited circumstances to:

- To state and other federal agencies that have the legal right to get Medicaid data (like to make sure Medicaid is making proper payments).
- For public health activities (like reporting disease outbreaks).
- For government health care oversight activities (like investigating fraud and abuse).
- For judicial and administrative proceedings (like responding to a court order).
- For law enforcement purposes (like providing limited information to find a missing person).
- For research studies that meet all privacy law requirements (like research to prevent a disease or disability).
- To avoid a serious and imminent threat to health or safety.
- To contact you about new or changed Medicaid benefits.
- To health care providers and their business associates for care coordination, treatment and quality improvement purposes, like participation in an Accountable Care Organization (ACO).
- Study health care: We may look at the health information of many consumers to find ways to provide better health care.
- Prevent or respond to serious health or safety problems for you or your community as allowed by federal and state law.

We must have your written permission to use or share your health information for any purpose not mentioned in this notice.

What Are Your Rights?

You or your representative have the right to:

- Get a paper copy of this notice.
- See or get a copy of your health information. If your request is denied, you have the right to review the denial.
- Ask to change your health information. We will look at all requests, but cannot change bills sent by your doctor, clinic, hospital or other health care provider.
- Ask to limit how we use and share your information. We will look at all requests, but do not have to agree to do what you ask.
- Ask us to contact you regarding your health information in different ways (for example, you can ask us to send your mail to a different address).
- Ask for special forms that you sign permitting us to share your health information with whomever you choose. You can take back your permission at any time, as long as the information has not already been shared.
- Get a list of those who received your health information. This list will not include health information requested by you or your representative, information used to operate the New York Medicaid program or information given out for law enforcement purposes.

For more privacy information, to make a request or to report a privacy problem/complaint*, please contact the Medicaid Help Line Office at: 1-800-541-2831. TTY users should call 1-800-662-1220. The Help Line will direct your calls to the correct state and local department of social services office.

You may also report a complaint to:

The Office for Civil Rights, Department of Health and Human Services
Jacob Javits Federal Building
26 Federal Plaza, Suite 3312
New York, New York 10278
(Telephone) (212) 264-3313 or 1-800-368-1019
(Fax) (212) 264-3039 or
(TDD) (212) 264-2355.

* You will not be penalized for filing a complaint.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all protected health information we maintain.

If we change the information in this notice, we will send you a new notice and post a new notice on the New York State Department of Health web site.

Notice of Nondiscrimination Policy

NY State of Health complies with applicable Federal civil rights laws and state laws and does not discriminate on the basis of race, color, national origin, creed/religion, sex, age, marital/family status, disability, pregnancy-related conditions, arrest record, criminal conviction(s), gender identity, sexual

orientation, predisposing genetic characteristics, military status, domestic violence victim status and/or retaliation.

If you believe that NY State of Health has discriminated against you, you may file a complaint by going to: **health.ny.gov/regulations/discrimination_complaints/** or by emailing the Diversity Management Office at **DMO@health.ny.gov.**

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically at **https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf** or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201; 1-800-368-1019 (TTY: 1-800-537-7697). Complaint forms are available at **hhs.gov/ocr/office/file/index.html**.

Accommodations

NY State of Health provides free aids and services to people with disabilities to communicate effectively with us, such as:

- TTY through New York Relay Service
- If you are blind or seriously visually impaired and need notices or other written materials in an alternative format (large print, audio or data CD, or Braille), contact 1-855-355-5777 (TTY: 1-800-662-1220).

NY State of Health also provides free language assistance services to people whose primary language is not English, such as:

- Qualified interpreters
- Written information in other languages

If you need these services or for more information on Reasonable Accommodations, please call 1-855-355-5777 (TTY: 1-800-662-1220).

Register to Vote

If you are not currently registered to vote in your area and would like to register, you can do so in the following ways:

- **Online:** Visit the New York State Department of Motor Vehicles voter registration page: **dmv.ny.gov/more-info/electronic-voter-registration-application**.
- **By Mail:** Complete the New York State Agency voter registration form included with this notice and mail it back to us.

Important Information to Know

- Applying to register or choosing not to register to vote will not affect your eligibility or the assistance you will receive from NY State of Health.
- If you need help filling out the voter registration application or would like to request a paper application form, we are here to help. Contact customer service at 1-855-355-5777 (TTY: 1-800-662-1220). Whether or not to seek assistance is entirely up to you. You may complete the application form in private.

If you believe someone has interfered with your right to register or decline to register to vote, your right to privacy in making this decision, or your right to choose your political party or preferences, you can file a complaint with:

NYS Board of Elections

40 North Pearl St., Suite 5

Albany, NY 12207-2729

Telephone: 1-800-469-6872

TDD/TTY users can contact the New York State Relay at 711

elections.ny.gov/

NYS Agency-Based Voter Registration Form

"If you are not registered to vote where you live now, would you like to apply to register here today?"

- ☐ **YES** If you checked **YES**, please complete the **VOTER REGISTRATION APPLICATION** below
- ☐ **NO** because I choose not to register ***OR***
- ☐ I am already registered at my current address ***OR***
- ☐ I asked for and received a mail registration form

If you do not check any box, you will be considered to have decided not to register to vote at this time.

Signature _____ Date / /

Please Print Name _____

Important!

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

Información en español: si le interesa obtener este formulario en español, llame al 1-800-367-8683

中文資料:若您有興趣索取中文資料表格, 請電: 1-800-367-8683

한국어: 한국어 한국어 양식을 원하시면 1-800-367-8683 으로 전화 하십시오.

যদি আপনি এই ফর্মটি ইংরেজীতে পেতে চান তাহলে 1-800-367-8683 নম্বরে ফোন করুন

VOTER REGISTRATION APPLICATION (instructions on back)

☐ Yes, I need an application for an Absentee Ballot **Please print or type in blue or black ink** ☐ Yes, I would like to be an Election Day worker

1	**Are you a U.S. citizen?** ☐ YES ☐ NO If you answered **NO**, do not complete this form	2	**A) Will you be 18 years old on or before election day?** ☐ YES ☐ NO **B) Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote, and that until you will be eighteen years of age at the time of such election your registration will be marked "pending" and you will be unable to cast a ballot in any election?** ☐ YES ☐ NO If you answered **NO** to both of the prior questions, you cannot register to vote.	**For Board Use Only**
3	Last Name	First Name	Middle Initial	Suffix
4	Address where you live (do not give P.O. box)	Apt. No.	City/Town/Village	Zip Code / County
5	Address where you get your mail (if different than above)	P.O. Box, Star Route, etc.	Post Office	Zip Code
6	Date of Birth	7 Gender (optional)	8 Telephone (optional)	Email (optional)
10	The last year you voted / In county/state	Your address was (give house number, street and city) / Under the name (if different from your name now)	9	**ID Number** (Check the applicable box and provide your number) ☐ New York State DMV number — — — — — — — — — ☐ Last four digits of your Social Security number — — — — ☐ I do not have a New York State DMV or Social Security number
11	**Political Party** **I wish to enroll in a political party** ☐ Democratic party ☐ Republican party ☐ Conservative party ☐ Working Families party ☐ Other _____ **I do not wish to enroll in any political party and wish to be an independent voter** ☐ No party		12	**Affidavit: I swear or affirm that** • I am a citizen of the United States. • I will have lived in the county, city or village for at least 30 days before the election. • I will meet all requirements to register to vote in New York State. • This is my signature or mark on the line below. • The above information is true, I understand that if it is not true, I can be convicted and fined up to $5,000 and/or jailed for up to four years. Signature or Mark in ink _____ Date / /

(Optional) Register to donate your organs and tissues

Last Name			
First Name	Middle Initial	Suffix	
Address			
Apt Number	City/Town/Village	Zip Code	
Birth Date	Gender ☐ M ☐ F		
Eye Color	Height Ft. In.		
Email	DMV or ID NYC Number		

By signing below, you certify that you are:

- 16 years of age or older
- Consent to donate all of your organs and tissues for transplantation, research, or both;
- Authorizing the Board of Elections to provide your name and identifying information to NYS Donate Life Registry for enrollment;
- And authorizing the Registry to allow access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and others approved by the NYS Commissioner of Health hospitals upon your death.

DONATE LIFE New York State

Signature _____ Date / /

Qualifications for Registration

You Can Use This Form To:

- register to vote in New York State;
- change your name and/or address, if there is a change since you last voted;
- enroll in a political party or change your enrollment;
- pre-register to vote if you are 16 or 17 years of age.

To Register You Must:

- be a U.S. citizen;
- be 18 years old (you may pre-register at 16 or 17 but cannot vote until you are 18);
- be a resident of the County, or of the City of New York at least 30 days before an election;
- not be in prison for a felony conviction;
- not claim the right to vote elsewhere; and
- not found to be incompetent by a court.

Important!

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

NYS Board of Elections
40 North Pearl St, Suite 5
Albany, NY 12207-2729
Telephone: 1-800-469-6872;
TDD/TTY users contact the New York State Relay at 711;
or visit our web site - www.elections.ny.gov

Your decision to register will remain confidential and will be used only for voter registration purposes. Anyone not choosing to register to vote and/or information regarding the office to which the application was submitted will remain confidential, to be used only for voter registration purposes.

Verifying your identity

We will try to check your identity before Election Day, through the DMV number (driver's license number or non-driver ID number), or the last four digits of your social security number, which you will fill in Box 9.

If you do not have a DMV or Social Security number, you may use a valid photo ID, a current utility bill, bank statement, paycheck, government check or some other government document that shows your name and address. You may include a copy of one of those types of ID with this form.

If we are unable to verify your identity before Election Day, you will be asked for ID when you vote for the first time.

To complete this form:

It is a crime to procure a false registration or to furnish false information to the Board of Elections.

Box 9: You must make one selection. For questions refer to Verifying your identity above.

Box 10: If you have never voted before, write "None". If you can't remember when you last voted, put a question mark (?). If you voted before under a different name, put down that name. If not, write "Same".

Box 11: Check one box only. Political party enrollment is optional but that, in order to vote in a primary election of a political party, a voter must enroll in that political party, unless state party rules allow otherwise.

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. Podemos proporcionarle gratuitamente un intérprete en el idioma que habla.

繁體中文 (Traditional Chinese)
這是一份重要文件。如果您在理解這份文件上需要幫助，請撥打電話：1-855-355-5777。 我們可為您免費提供一名會講您的語言的口譯人員。

简体中文 (Simplified Chinese)
这是一份重要文件。如果您在理解这份文件上需要帮助，请拨打电话：1-855-355-5777。 我们可为您免费提供一名会讲您的语言的口译人员。

Русский (Russian)
Это важный документ. Если вам нужна помощь, чтобы понять его, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить вам переводчика на ваш родной язык.

Kreyòl Ayisyen (Haitian Creole)
Sa a se yon dokiman enpòtan. Si ou bezwen èd pou w konprann li, tanpri rele 1-855-355-5777. Nou ka ba ou yon entèprèt gratis nan lang ou pale a.

বাংলা (Bengali)
এটি একটি গুরুত্বপূর্ণ নথি। যদি এটি বুঝতে আপনার সাহায্যের প্রয়োজন হয় তবে অনুগ্রহ করে 1-855-355-5777 এ কল করুন। আপনি যে ভাষায় কথা বলেন আমরা আপনাকে বিনামূল্যে সে ভাষায় দোভাষী প্রদান করতে পারি।

اللغة العربية (Arabic)
هذه الوثيقة مهمة. وإذا كنت بحاجة إلى مساعدة لفهم الوثيقة، يُرجى الاتصال على الرقم 1-855-355-5777. ويمكننا أن نوفر لك مترجمًا فوريًا باللغة التي تتحدثها مجانًا.

한국어 (Korean)
중요 문서입니다. 이해하는 데 도움이 필요하시면, 1-855-355-5777번으로 전화하십시오. 귀하가 사용하는 언어의 무료 통역사를 제공해드릴 수 있습니다.

Français (French)
Ceci est un document important. Si vous avez besoin d’aide pour le comprendre, appelez le 1-855-355-5777. Nous pouvons vous offrir gratuitement les services d’un interprète qui parle votre langue.

Polski (Polish)
Ten ocument jest ważny. Jeśli potrzebuje Pan(i) pomocy w jego zrozumieniu, proszę zadzwonić pod numer 1-855-355-5777. Możemy zapewnić bezpłatne usługi tłumacza w Pana(i) języku.

हिन्दी (Hindi)
यह एक महत्वपूर्ण दस्तावेज है। यदि आपको इसे समझने के लिए सहायता की आवश्यकता हो, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपको आप जो भाषा (हिंदी) बोलते हैं उसमें निःशुल्क दुभाषिया सेवा प्रदान कर सकते हैं।

وِدرا (Urdu)
یہ اہم دستاویز ہے- اگر آپ کو اسے سمجھنے میں مدد درکار ہے، تو براہِ کرم1-855-355-5777 پر کال کریں- ہم آپ کو آپ کی زبان میں مُفت ترجمان فراہم کر سکتے ہیں-

shqip (Albanian)
Ky është një dokument i rëndësishëm. Nëse ju nevojitet ndihmë për ta kuptuar, ju lutemi të telefononi në 1-855-355-5777. Mund t'ju caktojmë një përkthyes pa pagesë, në gjuhën tuaj.

नेपाली (Nepali)
यो एउटा महत्त्वपूर्ण कागजात हो। यदि तपाईंलाई यसलाई बुझ्नमा मद्दत आवश्यक पर्छ भने कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामी तपाईंले बोल्ने भाषामा तपाईंलाई नि:शुल्क रूपमा दोभाषे उपलब्ध गराउन सक्छौं।

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 cho quý vị một thông dịch viên miễn phí bằng ngôn ngữ quý vị nói.

Italiano (Italian)
Questo è un documento importante. Se ha bisogno di assistenza per capirlo, chiami il numero 1-855-355-5777. Possiamo fornirle gratuitamente un interprete per la lingua da lei parlata.

日本語 (Japanese)
これは重要な書類です。理解するのにアシスタンスが必要な場合は1-855-355-5777までお電話下さい。お客様のお話しになる言語の通訳を無料でお付け致します。

Ελληνικά (Greek)
Αυτό είναι ένα σημαντικό έγγραφο. Αν χρειάζεστε βοήθεια με την κατανόησή του, καλέστε στο 1 855 355 5777. Μπορούμε να σας παρέχουμε δωρεάν διερμηνέα στη γλώσσα που μιλάτε.

Tagalog (Tagalog)
Ito ay isang mahalagang dokumento. Kung kailangan mo ng tulong upang maunawaan ito, mangyaring tawagan ang 1-855-355-5777. Maaari ka naming bigyan ng isang interpreter ng libre sa wika na sinasalita mo.

Soomaali (Somali)
Kani waa dokumenti muhiim ah. Haddi aad caawimaad ugu baahantahay fahamkiisa, fadlan wac 1-855-355-5777. Waxaan si bilaash ah kuugu siin karnaa adeeg turjumaan luuqadda aad ku hadasha ah.

יידיש (Yiddish)
דאס איז א וויכטיקער דאקומענט. אויב איר דארפט הילף דאס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך צוליגן א טייטשער אומזיסט אינעם שפראך וואס איר רעדט.

Kiswahili (Swahili)
Hii ni hati muhimu. Ikiwa unahitaji msaada wa kuielewa, tafadhali piga simu kwa 1-855-355-5777. Tunaweza kukupa mkalimani bila malipo kwa lugha unayozungumza.

Akan kasa (Twi)
Wei yɛ nhomaa ɛho sombo. Sɛ wobɛ hia mboa de ateasie a, yɛ srɛ frɛ 1-855-355-5777. Yɛ bɛ tumi ama wo nkyerɛkyerɛmuni a yɛn gye ho hwee wɔ kasa wo ka mu.