DELTA DENTAL

Application for Individual Dental Coverage

Please send completed application to:
Delta Dental of Oklahoma
P.O. Box 103
Stevens Point, WI 54481

PLEASE TYPE OR PRINT IN BLACK INK
BE SURE APPLICATION IS COMPLETED IN FULL
Customer Service: 888-899-3736
www.DeltaDentalCoversMe.com

Section 1 | Policyholder Information

Last Name	First Name	Middle Initial	Male/Female

Home Address (Mailing)	City	State	ZIP	Phone No. (with area code)

Email Address*	Date of Birth	Marital Status: ☐ Single ☐ Married

**By providing my email address, I agree to receive communications regarding my Policy and benefits electronically. This authorization may be revoked on the website www.DeltaDentalCoversMe.com or in writing to the address listed above. For a full explanation of your rights, see www.DeltaDentalCoversMe.com/esignature-and-ueta-policies.*

Requested Future Effective Date: ___/01/20___**

Plan Selection

☐ Federally Compliant Plan – High
☐ Federally Compliant Plan – Low
☐ *Delta Dental PPO

To learn more about plan designs visit www.DeltaDentalCoversMe.com or call 888-899-3736.
**This plan design requires that the policyholder be a covered person.*

Employment Status: ☐ Employed ☐ Self-employed ☐ Retired ☐ Not currently working

Reason for Application: ☐ New Enrollment ☐ Change of Dependent(s)

Section 2 | Persons to be covered

(Include YOURSELF if applying for coverage under plans that require the policyholder to be covered)

First Name	Last Name	Date of Birth	Relationship to Policyholder (Self, Spouse, or Dependent)	Gender M/F	Disabled Child Y/N

Policies issued in the State of Oklahoma are underwritten by:
Delta Dental of Oklahoma, NAIC # 53937, PO Box 54709, Oklahoma City, OK 73154-1709.
All policies administered by Delta Dental of Wisconsin

Section 3 | Payment Instructions

To calculate rates please visit www.DeltaDentalCoversMe.com or call 888-899-3736.

A debit/credit card or EFT (Electronic Funds Transfer) may be used to pay monthly, semi-annually or annually. If paying by check, remittance for the full annual 12 month premium is required, payable to Delta Dental of Oklahoma.

Choose payment method: ☐ Debit/Credit Card ☐ Annual Check ☐ EFT
**Applications received on or after the 25th of the month must use a credit card if requesting a first of the following month effective date. If EFT payment is selected, your effective date will be adjusted to the first of the next month. Following the initial premium payment, your payment type can be updated at any time by logging in to www.DeltaDentalCoversMe.com or by calling 1-888-899-3734.

Please complete the following information for payment by Debit/Credit Card:

Card Type: ☐ Visa ☐ MasterCard ☐ Discover

Cardholder Name:_____

Cardholder Address (if different than Policyholder):_____

City:_____ State: _____ ZIP Code:_____

Card Number:_____

Expiration Date: Month _____ Year _____ Security Code (from back of card): _____

Payment Frequency: ☐ Monthly ☐ Semi-annually ☐ Annually

Please complete the following information for payment by EFT:

Name of Financial Institution:_____

Financial Institution's City, State & ZIP Code: _____

Type of Account (Choose One): ☐ Checking ☐ Savings Name on Account:_____

Bank Routing Number:_____ Bank Account Number:_____

Please attach a voided check to this application if you will be using your checking account for automatic payments.

I authorize Delta Dental of Oklahoma to initiate debit entries from my above bank account or Debit/Credit card for my dental premiums.

Signature: _____ Date: _____

Your payment for the upcoming period will be deducted from your account on the 27th of the previous month. If the charge is declined for any reason, we will attempt to charge you again on the 27th of the following month. If the charge is still declined, we will immediately terminate your contract for nonpayment of premium, effective as of the last day of the grace period.

In submitting this application to Delta Dental of Oklahoma for dental coverage, I agree and understand that this application will become part of the Policy and I agree to be bound by the terms of the Policy issued by Delta Dental of Oklahoma. I understand that this is a contract under which I am obligated to pay premium for the term of the contract. I further agree that the coverage requested is subject to the approval of Delta Dental of Oklahoma and that no representative has authority to make changes or modify this application for coverage.

I certify that all of the information contained in this application is true and correct to the best of my knowledge. I further understand that misrepresentation of submitted data may cause this application and subsequent Policy to be null and void. In the event it is discovered that I have provided false or misleading information in connection with this application for the purpose of defrauding Delta Dental of Oklahoma, Delta Dental shall inform the appropriate state and regulatory authorities, including, but not limited to, my state's insurance commissioner. It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The Policy will become effective on the first day of the month following approval of this application.

_____ _____

Policyholder Signature **Date**

Coverage is contingent upon underwriting acceptance

Agency/Broker Use Only	*Agency Name or Code:*		*Agent/Broker Name:*		*Agent/Broker #:*	

Delta Dental of Oklahoma
Privacy Policy

All companies part of the Delta Dental of Oklahoma family of companies (referred to in this Privacy Policy as “Delta Dental”) believe that personal information collected about our customers, subscribers, potential customers, and proposed subscribers (referred to collectively in this Privacy Policy as “Customers”) must be treated with the highest degree of confidentiality. For this reason and in compliance with the Gramm-Leach-Bliley Act of 1999, Delta Dental has developed a Privacy Policy that applies to all employees, officers, directors, agents, brokers, and to any other transaction Delta Dental has which may contain your confidential information.

Information We Collect - We collect and maintain personal, nonpublic information we receive from Customers directly, through applications, enrollment forms, our website and claims filed with Delta Dental. This information includes, for example, your name, address, social security number, date of birth and claim information.
We use this information to process our Customers’ requests and claims, provide Customers with additional information about new products, and to comply with Federal and State Laws.

Utilization Of Information - Delta Dental has, and will continue to utilize non-affiliated third parties to conduct certain functions of our business to provide our Customers with services and products. We do this by allowing access to certain nonpublic personal information about our Customers and their transactions. Access to this information is restricted to individuals who require it in order to service Customer accounts or provide services to our Customers, and as permitted by law. Delta Dental reserves the right to disclose this information in these and other circumstances as allowed or required by law. HOWEVER, under no circumstances will we sell information about our Customers or their account to any unaffiliated company, group, or individual without our Customer’s permission.

Our Security - We maintain physical, electronic, and procedural safeguards to protect the information we collect about our Customers. We consider this nonpublic personal information to be confidential, and treat it as such. The personnel who have access to this information are trained in proper handling of such information. Employees who violate this strict level of confidentiality are subject to our disciplinary process. While we do make available certain nonpublic personal information to non-affiliated third parties in order to service Customer accounts, all information is strictly governed by confidentiality and security agreements to protect our Customers; therefore, our Customer’s confidential information is protected. If the group plan is terminated or if you terminate your coverage, Delta Dental will adhere to the information practices as described in this notice.

If you have any questions about our Privacy Policy, please do not hesitate to contact your Delta Dental representative at (800) 522-0188 or 405-607-2100 (in the Oklahoma City metropolitan area).

DELTA DENTAL

As part of the Department of Health and Human Service's Notice of Benefit and Payment Parameters, carriers who are providing coverage under an ACA certified plan are required to provide meaningful access for covered members who have limited English proficiency (LEP). The instructions below tell LEP members how to obtain language assistance in regards to their dental coverage.

Ky njoftim përmban informacion të rëndësishëm. Ky njoftim përmban informacion të rëndësishëm për aplikimin ose mbulimin tuaj nëpërmjet healthcare.gov. Kontrolloni për data të rëndësishme në këtë njoftim. Mund t'ju duhet të ndërmerrni veprim brenda afatave të caktuara për të mbajtur mbulimin tuaj shëndetësor ose për ndihmën me koston. Keni të drejtë ta merrni këtë informacion dhe ndihmë falas në gjuhën tuaj. Telefononi numrin 1-888-899-3734.

ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የhealthcare.gov ሽፋን አስፈላጊ መረጃ አለው። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀኖችን ፈልጉ። የጤናን ሽፋንዎን ለመጠበቅና በአከፋፈል እርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና ያለምንም ክፍያ በቋንቋዎ እርዳታ እንዲያገኙ መብት አለዎት። 1-888-899-3734 ይደውሉ።

عن ابحـث .healthcare.gov خلال من التغطيـــة علـى للحصـــول طلبـك بخصـــوص مهمة معلومـات الاشـعار هذا يحـوي .هامة معلومـات الاشـعار هذا يحـوي
دفـع فـي للمســاعدة او الصـحية تغطيتـــك علـى للحفـــاظ معينـــة تـــواريخ فـي اجراء لاتخــاذ تحتـــاج قـد .الاشـعار هذا فـي الهامة التـــواريخ
1-888-899-3734 (ب اتصـــل .تكلفـــة أي دون من بلغتـــك والمســاعدة المعلومـات علـى الحصـور فـي الحـق لـك .التكـــاليف

Iyi notice ifise akamaro k' ingenzi. Iyi notice ifise akamaro kingene utegerezwa gusaba canke ivyerekeye healthcare.gov, ucuraba ko ibikenewe kuriyi notice, ushobora gufata umwanzuro ukungene wokurikirana ubuzima bwawe uburihiye. Kandi ukongera kugira uburenganzira bwo kwigenga kuronka amakuru n'ubufasha mu rurimi gwawe atacyo utanze. Hamagara 1-888-899-3734.

এই নিাটিকে গুরুত্বপূর্ে তথয আকে। এই নিাটিকে আপিার আকবিিপত্র অথবা কভাকরজ মািযম সম্পককে গুরুত্বপূর্ে তথয রকয়কে healthcare.gov। এই নিাটিকের গুরুত্বপূর্ে তাদরখগুকলা নিখুি। আপিাকক হয়কতা সুদিদিেষ্ট নকাি সময়সীমার নভতকর নকাি পিকেপ দিকত হকত পাকর আপিার স্বাস্থ্য য বীমা েোলু রাখকত অথবা বযায় বহকির সাহাকযয। আপিার অদিকার আকে দবিা খরকে আপিার দিজস্ব ভাষাকত সাহাযয পাবার এবং তথয জািিবার। কল করুি 1-888-899-3734.

ဤစာ၌ အေရး ႀကီး ေသာအခ်က္အ လက္ ပါ၀င္ပါသည္။ ဤစာ၌ သင့္၏ေလွ်ာက္လႊာ သို႔မဟုတ္ healthcare.gov ႏွင့္ သက္ဆိုင္ေသာ သင့္ခံစား ခြင့္အခ်က္အ လက္မ်ား ပါ၀င္ပါသည္။ အဓိကရက္စြဲမ်ားကို ဤစာ၌ရွာေဖြပါ။ သတ္မွတ္ထားေသာ ေနာက္ဆံုးရက္ မတိုင္မီ က်န္းမာေရးခံစားခြင့္ သို႔မဟုတ္ စရိတ္ခံစားခြင့္ ဆက္လက္ရရွိေနေစရန္ ေဆာင္ရြက္စရာရွိသည္တို႔ကို ေဆာင္ရြက္ပါ။ ဤကိစၥႏွင့္ပတ္သက္၍ မွန္ကန္ေသာအခ်က္အ လက္မ်ား ရရွိရန္ကုန္က်စရိတ္ အခမဲ့ ရရွိႏိုင္ပါသည္။ 888-899-3734။

ᎤᏬᏂᎨᏗ ᏕᏕᏃᏣᏢᎢ ᎤᏐᏈᏍᏗ. ᎯᎠ ᎤᏬᏂᎨᏗ ᎡᏣᏃᎯᏎ ᎰᏣᏔᏲᏟᎢ ᎡᏣᏠᏈᏍᏗᏁᏗ ᎤᏂᏍᏆᏫᏛ ᎯᎣᏂᏁᏉ ᎡᏣᏕᏎᏍᏛᏛᏑ healthcare.gov ᏚᏣᎸᏫᏍᏗᏓᏗᎲᎢ. ᏣᏕᏒᏍᏕᏍᏗ ᏓᏁᏓᏡᏒ ᎯᎠ ᏕᏕᏃᏣᏢᎢ. ᎡᎷᏯ ᎠᎱᏍᏗ ᏦᏅᏣᏗ ᎠᎨ ᏣᏛᏁᏘ ᏑᏂᎬᏔᏍᏓ ᎤᏍᏓᏴᏴ ᏖᏕ ᎰᏕᎪᏅᎸ. ᏁᎯ ᏣᏕᏗ ᎠᏂᎠᏡᏑᏍᏕ ᏣᏉ ᎠᎨ ᏧᎬᏩᏮᎢ ᎨᏒ ᎤᏁᏟᏴᏍᏗ ᏂᎨᏒᎾ ᏣᏰᏔᏗ. ᎠᏓᏍᎪᏫᏛᏛ ᎠᏓᏍᏕᏔᏗ ᎡᏣᏁᏗ ᏃᎠ ᎡᏣᏃᎯᏎᏗ ᏣᏕᏢᏍᎬ ᏣᏕᏔᎸᎯᏍᏗᏑ ᏣᏉᏢ ᏕᏅᏂᎯᏍᏗ ᎬᏗ ᏃᎠ ᏧᎬᏩᏗ ᏂᎨᏒᎾ ᎨᏒᎢ. ᏗᏔᏃᎭᏗ ᏗᏎᏍᏗ ᎯᎠ 1-888-899-3734.

本通知有重要的訊息。本通知有關於您透過[插入healthcare.gov項目的名稱 healthcare.gov 提交的申請或保險的重要訊息。請留意本通知內的重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 [在此插入數字 1-888-899-3734

Beeksisni kun odeeffannoo barbaachisaa qaba. Beeksisti kun sagantaa yookan karaa healthcare.gov tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qaba. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa 1-888-899-3734 tii bilbilaa.

Cet avis a d'importantes informations. Cet avis a d'importantes informations sur votre demande ou la couverture par l'intermédiaire de healthcare.gov. Rechercher les dates clés dans le présent avis. Vous devrez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez 1-888-899-3734.

DELTA DENTAL®

Avi sila a gen Enfòmasyon Enpòtan ladann. Avi sila a gen enfòmasyon enpòtan konsènan aplikasyon w lan oswa konsènan kouvèti asirans lan atravè healthcare.gov. Chèche dat ki enpòtan nan avi sila a. Ou ka gen pou pran kèk aksyon avan sèten dat limit pou ka kenbe kouvèti asirans sante w la oswa pou yo ka ede w avèk depans yo. Se dwa w pou resevwa enfòmasyon sa a ak asistans nan lang ou pale a, san ou pa gen pou peye pou sa. Rele nan 1-888-899-3734.

Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch healthcare.gov. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 1-888-899-3734.

Αυτή η ειδοποίηση έχει σημαντικές πληροφορίες.Αυτή η ειδοποίηση έχει σημαντικές πληροφορίες γύρω απο την αίτησή σας ή την κάλυψή σας απο το healthcare.gov .Αναζητήστε σημαντικές ημερομηνίες σε αυτή την ειδοποίηση. Μπορεί να χρειάζετε να ενεργήσετε εντός κάποιων συγκεκριμένων προθεσμειών για να διατηρήσετε την ασφαλιστική κάλυψή υγείας ή το βοήθημά σας με κάποια χρέωση. Έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση.Καλέστε 1-888-899-3734.

આ સૂરન મ ાં અગત્ની મ હહતી છે. આ સૂર્ન મ ાં તમ રી અરજી અથિ [એસબીએમ ક ર્યક્રમન ાં ન મ મ કો] દ્વ ર સાંકળ િ ની અગત્ની મ હહતી છે. આ સૂર્ન મ ાંની ખ સ ત રીખો જ ઓ. તમે તમારા આરોગ્ય કવરેજ રાખવા અથવા ખર્ચ સાથે મદદ કરવા માટે અમુક ર્ોક્કસ મુદતો દ્વારા પગલાાં લેવાની જરૂર છે. તમને આ મ હહતી અને મદદ તમ રી ભ ષ મ ાં વિન મૂલ્ે મેળિ ો અવિક ર છે. આ [નાંબર અહહિં મ કો] સાંપકય કરો.

इस नोदिस में महत्वपूर्ण जानकारी है। इस नोदिस में आपके आवेिन या healthcare.gov के माध्यम से बीमे के बारे में महत्वपूर्ण जानकारी है। इस नोदिस में मुख्य तारीखें िेखें। अपना स्वास्ु्य बीमा बनाए रखने या िागतों में मिि के लिए आपको कुछ ननक्श्चत समय सीमा क तक कार-स रवाई करने की ज़रूरत हो सकती है। आपको कोई कीमत दिए बबना यह जानकारी और सहायता अपनी भाषा में प्राप्त करने का अधिकार है। 1-888-899-3734 पर कॉि करें।

Tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tsab ntawv tshaj xo no muaj cov ntsiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam los ntawm healthcare.gov. Saib cov caij nyoog los yog tej hnub tseem ceeb uas sau rau hauv daim ntawv no kom zoo. Tej zaum koj kuj yuav tau ua qee yam uas peb kom koj ua tsis pub dhau cov caij nyoog uas teev tseg rau hauv daim ntawv no mas koj thiaj yuav tau txais kev pab cuam kho mob los yog kev pab them tej nqi kho mob ntawd. Koj muaj cai kom lawv muab cov ntshiab lus no uas tau muab sau ua koj hom lus pub dawb rau koj. Hu rau 1-888-899-3734.

Pemberitahuan ini berisi informasi penting. Pemberitahuan ini berisi informasi penting tentang aplikasi atau pencakupan melalui healthcare.gov. Perhatikan tanggal-tanggal penting dalam pemberitahuan ini. Anda mungkin diharuskan untuk mengambil tindakan pada tenggat waktu untuk memenuhi pencakupan kesehatan Anda atau bantuan untuk biaya. Anda berhak untuk mendapatkan pertolongan dan informasi dalam Bahasa Anda tanpa dikenakan biaya. Hubungi 1-888-899-3734.

Questo avviso contiene informazioni importanti sulla tua domanda o copertura attraverso healthcare.gov. Cerca le date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente. Chiama 1-888-899-3734.

この通知には重要な情報が含まれています。この通知には、healthcare.gov の申請または補償範囲に関する重要な情報が含まれています。この通知に記載されている重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。1-888-899-3734 までお電話ください。

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 healthcare.gov 을 통한 커버리지 에 관한 정보를 포함하고 있습니다. 본 통지서에서 핵심이 되는 날짜들을 찾으십시오. 귀하는 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 1-888-899-3734 로 전화하십시오.

Li bihne lini li gwe banga bi niigana. Li bihne lini li gwe banga bi niigana nyu mam ma kolbaha ndjombi yong tole ma teeda mong ngueda healthcare.gov. Yeng ma kel ma ngui munu li bihne lini. Bebeg le u nlama bon nguim man nwaale guim di loo i nkwo nyu I teda mateda ma mboo yong tole I bana mi nsombog mi mahola. U gwee Kundei kosna biniiguene bini ni mahola i hop wong nni nsaa wogui wo. Sebel 1-888-899-3734.

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Edemede a were otutu ihe di nkpa nime ya. Edemede a were otutu ihe di nkpa nime ya gbasara akwụkwọ gi ma ọbu inshooransi site healthcare.gov. Chọta, ụbọchị -di-nkpa nime edemede a, maka na enwere oge ga eru nu, I ga eji ego were nweta inshooransi ahu-ike ma ọbu nye maka. I nwere ohere iwenta nye maka na omụma a na asụsụ gị na akwu gi ugwọ. Kpọ 1-888-899-3734.

Àkíyesí yìí ní Ìfitonìletí Pàtàkì Nínu. Àkíyesí yìí ní ìfitoníletí pàtàkì nípa lẹta-ìsèbéèrè tàbí ìdójútòfò rẹ nípa healthcare.gov nínu. Se àwárí àwọn ọjọ pàtàkì tí n bẹ nínu àkíyesí yìí. O le ní láti gbe awọn igbesẹ ní ìbámu pẹlu awọn ọjọ tó gbẹyin kan ní pàtó láti le pa ìdójútòfò ìlera rẹ tàbí iseranwọ fun ọ mọ pẹlu sísanwo. O ní ẹtọ lati rí iranwọ àti ìfitónìlétí yìí gbà ní èdè rẹ láìsanwó. Pè sórí 1-888-899-3734.

ການແຈ້ງການນ ◌້ມ ຂໍ້ມູນສໍາຄັນ. ການແຈ້ງການນ ◌້ມ ຂໍ້ມູນທ ◌່ສໍາຄັນກ່ຽວກັບຄໍາຮ້ອງສະໝັກທ ◌ູ◌ີການຄ ◌້ມຄອງຂອງທ່ານໂດຍຜ່ານ healthcare.gov. ເບິ່ງສໍາລັບກໍານົດວັນທ ◌່ສໍາຄັນໃນແຈ້ງການນ ◌້. ທ່ານອາດຈໍາເປັນຕ້ອງໃຊ້ເວລາດໍາເນ ນການໂດຍກໍານົດເວລາທ ◌່ແນ່ນອນ ຈະຮັກສາການຄ ◌້ມຄອງສ ຂະພາບຂອງທ່ານຫ ◌ູ◌ືການຊ່ວຍເຫ ◌ູ◌ືອທ ◌່ມ ຄ່າໃຊ້ຈ່າຍ. ທ່ານມ
ສິດທ ◌່ຈະໄດ້ຮັບຂໍ້ມູນຂ່າວສານນ ◌້ແລະການຊ່ວຍເຫ ◌ູ◌ືອໃນພາສາຂອງທ່ານທ ◌່ບໍ່ມ ຄ່າໃຊ້ຈ່າຍ. ໂທ 1-888-899-3734.

បសចកតីជូនំណឹងបនេះ មូនព័ែ◌៌មូនយា◌៉◌ាងសំខាន់ ។ បសចកតីជូនំណឹងបនេះ មូនព័ែ◌៌មូនយា◌៉◌ាងសំខាន់ អ◌ុំពីេ◌ប្អង់ដររេ ឬ ការ៉ារ់រង ររស់អ្នកតាមរយ: healthcare.gov ។ សូមដសែងរកកាលររិបចេ◌េសំខាន់ចំាច់ បៅកនុងបសចកតីជូនំណឹងបនេះ ។
អ្នកប្រដែលជាប្◌ែ◌្វការរបចេញសកមមភាព ◌ែល់កំណែ់ថ្ងៃជាក់ចាស់នានា ប័ែ◌ើមបីនឹងរកា◌េ◌ុកការ៉ារ់រងសុខភាពររស់អ្នក ឬប្◌ាក់ជំនួយបចញថ្ងៃ ។ អ្នកមូនសិ◌េធិ◌េ◌◌ូលព័ែ◌៌មូនបនេះ និងជំនួយបៅកនុងភាសាររស់អ្នកបោយមិនអ្ស់លុយប ◌ើយ ។ សូមេ◌ូរស័ពទ 1-888-899-3734

Dii saad iliinii baa hane'. Naaltsoos ni'iiniłtsoozígíí éí doodago kwe'é healthcare.gov nik'é'ésti'ígíí bina'idiłkidgo dii kwe'é hazhó'ó baa ákoninizin dooleeł. Yoolkáál yę́ędą́ą' nich'į' é'élyaago biká'ígíí hádídíí'įįł. Dii niké'ésti'ígíí éí doodago béeso da bee niká a'doowołígíí bikáa'go da át'ée dooleeł áko t'áadoo bee e'e'aahí baa yiłkaahgo tsxį́įłgo hasht'e diilííł níí da dooleeł. Bee haz'áanii hólǫ́ dii kót'éego yaa halne'ígíí bee niká a'doowołgo dóó t'áá nizaadk'ehji bee nił hodoonih t'áadoo bą́ą́h ílíní. Kojį' hodíílnih 1-888-899-3734.

यो सूचनामा महत्त्वपूर◌्◌ु जानकारी छ। यो सूचनामा तपाईंको आवे◌िन वा healthcare.gov का माध्यमबाट प्राप्त हुने सुदविाबारे महत्त्वपूर◌्◌ु जानकारी छ। यो सूचनामा भएका महत्त्वपूर◌्◌ु दमदतहरू ख्याल ◌िनु◌ुहोस्। तपाईंले पाइरहेको स्वास◌्◌्य दबमा पाइरहन वा तपाईंको खचुको भुक्तानीमा सहायता पाउन केही समय-सीमामा काम-कारवाही ◌िनु◌ुपने हुनसक्छ। तपाईंले यो जानकारी र सहायता आफ्नो मातृभाषामा दन:शुल्क पाउनु तपाईंको अदिकार हो। 1-888-899-3734 मा फोन ◌िनु◌ुहोस्।

Muth kën alaŋ Lëk Tueŋ. Munh kën alaŋ lëk tueŋ alɔŋ ë thiööŋ aye kumkumdu ë dhël ë healthcare.gov. Yɔ̈p nïnnïn larit ë muth kën yic. Tɛkdët ka yïn adak ë lɔn ba rot puur ë nïnjäc wëëŋ yiic ba kumkum ë pial aye kuɔɔnydu mük aɣäc. Yïn laŋ yic ba lëk ku kuɔɔny kën yök ë thuɔŋdu kecïn aɣöc. Cɔl 1-888-899-3734.

Die Bekanntmaching gebt wichdichi Auskunft. Die Bekanntmaching gebt wichdichi Auskunft baut dei Application oder Coverage mit healthcare.gov. Geb Acht fer wichdiche Daadem in die Bekanntmachung. Es iss meeglich, ass du ebbes duh muscht, an beschtimmde Deadlines, so ass du dei Health Coverage bhalde kannscht, odder bezaahle helfe kannscht. Du hoscht es Recht fer die Information un Hilf in deinre eegne Schprooch griege, un die Hilf koschtet nix.

ﻪﺑ .} healthcare.gov { ﻪﺑ ﺑـﻮﻄﻣﺮ ﺷﻤﺎ ﯼﺍ ﻪﺑﯿـــﻣ ﭘﻮﺷـــﺶ ﯾـﺎ ﻭ ﺗﻘﺎﺿـــﺎ ﻓـﺮﻡ ﺩﺭﺑـﺎﺭﻩ ﻣﻬﻢ ﺍﻃﻼﻋﺎﺕ ﯼﺣﺎﻡ ﻩﺍﻋﻼﻣﻲ ﺍﯾـﻦ .ﻣﯿﺒﺎﺷـــﺪ ﻣﻬﻢ ﺍﻃﻼﻋﺎﺕ ﯼﺣﺎﻡ ﻩﺍﻋﻼﻣﻲ ﺍﯾـﻦ
ﻣﻠـﺰﻭﻡ ﯼﻣﺰﺍﯾـﺎ ﻣﺨﺎﺭﺝ ﻪﺑ ﮐﻤـﮏ ﯼﯾـــﺎﺑﺮﺍ ﯼﻣﺰﺍﯾـﺎ ﭘﻮﺷـــﺶ ﺣﻔـﻆ ﯼﺑـﺮﺍ ﯼﻣﺸـﺨﺺ ﯼﻫﺎ ﺗـــﺎﺭﯾﺦ ﻪﺑ ﺗـﺎ ﺍﺳـﺖ ﻣﻤﮑﻦ ﺷﻤﺎ .ﻧﻤﺎﯾﯿـــﺪ ﻪﺗـﻮﺝ ﻩﺍﻋﻼﻣﻲ ﺍﯾـﻦ ﺩﺭ ﻣﻬﻢ ﯼﻫﺎ ﺗـــﺎﺭﯾﺦ
ﻪﺑ ﺍﻧﺠـﺎﻡ ﯼﮐﺎﺭﻫـﺎﻱ ﺑﺎﺷـــﯿﺪ .ﺷﻤﺎ ﺣﻖ ﺍﯾـﻦ ﺭﺍ ﺩﺍﺭﯾـﺪ ﮏﻪ ﺍﻃﻼﻋﺎﺕ ﻭ ﮐﻤـﮏ ﺭﺍ ﻪﺑ ﺯﺑـﺎﻥ ﺧﻮﺩ ﻪﺑ ﻃﻮﺭ ﺭﺍﯾﮕـــﺎﻥ ﺭﯾﺎﻓـــﺘﺪ ﻧﻤﺎﯾﯿـــﺪ. [1-888-899-3734

To ogłoszenie zawiera ważne informacje.To ogłoszenie zawiera ważne informacje odnośnie Państwa wniosku lub zakresu świadczeń poprzez healthcare.gov.Prosimy zwrócic uwagę na kluczowe daty zawarte w tym ogłoszeniu aby nie przekroczyć terminów w przypadku utrzymania polisy ubezpieczeniowej lub pomocy związanej z kosztami. Macie Państwo prawo do bezpłatnej informacji we własnym języku. Zadzwońcie pod 1-888-899-3734.

Este aviso contém informações importantes. Este aviso contém informações importantes a respeito de sua aplicação ou cobertura por meio do healthcare.gov. Procure por datas importantes neste aviso. Talvez seja necessário que você tome providências dentro de determinados prazos para manter sua cobertura de saúde ou ajuda de custos. Você tem o direito de obter esta informação e ajuda em seu idioma e sem custos. Ligue para 1-888-899-3734.

Настоящее уведомление содержит важную информацию. Это уведомление содержит важную информацию о вашем заявлении или страховом покрытии через healthcare.gov. Посмотрите на ключевые даты в настоящем уведомлении. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 1-888-899-3734.

U ovom obavještenju su sadržane važne informacije. U ovom obavještenju su sadržane važne informacije o Vašoj prijavi ili osiguranju preko healthcare.gov. Pogledajte nalaze li se u ovom obavještenju neki ključni datumi. Možda ćete morati poduzeti određenje radnje u datom roku kako biste i dalje zadržali svoje osiguranje ili pomoć pri plaćanju. Imate pravo da ove informacije, kao i pomoć, dobijete besplatno na svom jeziku. Nazovite 1-888-899-3734.

Este Aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través de healthcare.gov. Preste atención a las fechas clave que contiene este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 1-888-899-3734.

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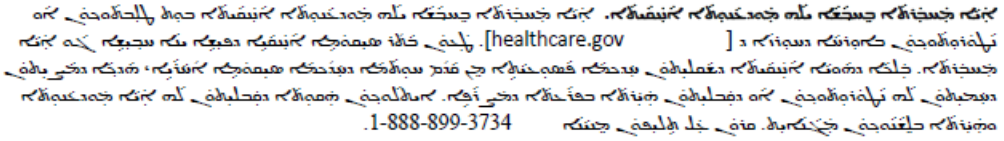
Ilani hii ina Taarifa Muhimu. Ilani hii ina taarifa muhimu kuhusu maombi yako au chanjo kupitia healthcare.gov. Angalia kwa ajili ya tarehe muhimu katika ilani hii. Waweza pia hitajika kuchukua hatua katika muda ulio pangwa fulani ili uweze ku hifadhi bima yako ya afya au msaada wa gharama zake. Una haki ya kupata habari hii na msaada kwa lugha yako bila gharama. Piga nambari hii: 1-888-899-3734.



Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng healthcare.gov. Tingnan ang mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 1-888-899-3734.

ประกาศนี้มีข้อมูลสาคัญ ประกาศนี้มีข้อมูลที่สาคัญเกี่ยวกับการการสมัครหรือขอบเขตประกันสุขภาพของคุณผ่าน healthcare.gov ดูกาหนดการในประกาศนี้ คุณอาจจะต้องดาเนินการภายในกาหนดระยะเวลาที่แน่นอนเพื่อจะรักษาการประกันสุขภาพของคุณหรือการช่วยเหลือที่มีค่าใช้จ่าย คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือนี้ในภาษาของคุณโดยไม่มีค่าใช้จ่าย โทร 1-888-899-3734

اہم میں اشتہار ہے معلومات اہم میں بارے کے خدمات اور درخواست کے اپ سے healthcare.gov میں اشتہار اس ہے معلومات اہم میں اشتہار اس خاص کو اپ، لیے کے ملنے مدد یمال میں یادائگ یک اخراجات اور رکھنے برقرار کو خدمات یک صحت یک بے سکتا ہو .کریں نظر کا تاریخوں 1-888-899- ہے حق کا کرنے حاصل معلومات اور مدد مفت میں زبان یاپن کو اپ یگ پڑے یکرن یکارروائ کچھ پہلے سے لائن ڈیڈ یا تاریخ 3734 کریں فون.

Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng bàn về đơn nộp hoặc hợp đồng bảo hiểm qua chương trình healthcare.gov. 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 trúp 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 số 1-888-899-3734.