# **Student Blue Portal**

#### Blue University<sup>-</sup>

#### Introduction

The Student Blue tool is used by students enrolled and who want to enroll in the Student Blue plan. Students will have the ability to manage the health coverage enrollment and waiver process. Most students are required to either enroll in the student health plan or provide proof that they already have creditable coverage through an existing insurance policy.

University administrators will also have access in order to check the status of students' submissions and assist them accordingly.

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#### Access the Student Blue website at www.bcbsnc.com/student





Enter the Social Security Number and student contact	Student Blue BlueCross BlueShi	eld	Welcome, Ollie Okra
Information.	U.S.A. University	/	
	🔒 DASHBOARD	Enrollment Reque	est - Fall 2022
	ENROLLMENTS &     WAIVERS	Student Information	
		First Name	Ollie .
	MESSAGE CENTER	Middle Initial	
	Contact Us	Last Name	Okra
	Phone:	Student ID	900377477
	(888) 351-6283	Gender	Male
	Email: email@studentbluenc.com	Date of Birth	1/1/1980
		Social Security Number	
	User Tip: Have your insurance ID card available to complete the online waiver request.	The Affordable Care Act requires most peopl helps you get credit for having health insuran	e have health insurance. Providing your Social Security and ITIN numbers ce.
		Student Contact Information	
		Address 1 *	
		Address 2	
		State *	
		Select State •	
		Zip Code *	



Scroll past application questions.	Application Signature  Ollie Okra, (or a Parent/Guardian if I am under 18 years of age), have reviewed Date Signed 09/08/2015 the application and checked this box as my electronic signature. *  Submit		
Select the checkbox next to the Application Signature.			
CIICK SUDMIT.			
Confirmation Page Appears.	Student Blue wei	come, Ollie Okra	
	U.S.A. University		
	A DASHBOARD		
	ENROLLMENTS & Your enrollment is complete     You have successfully enrolled in Student Blue <sup>SM</sup> .		
	MESSAGE CENTER         Your confirmation number is E-542BE2BED90F4F. A confirmation email will be noreply@studentbluenc.com. Please keep a copy for your records.	e sent to you from	
	To view your plan benefits, please visit www.bcbsnc.com/student.		
	Contact Us Phone: Transaction Information		
	(666) Jo I-6263 University Name		
	Email: Term Fal 2015		
	Transaction Type Enrol		
	User Tip: Confirmation # E-542BE2BED90F4F		
	Have your insurance ID card available to complete the online waiver request. Abortion Coverage (If selected, Yes		
	Student Class Graduate		
	Student Type Domestic		
	Re-Enrollment Spring Opt-In Yes		
	Submitted 9/8/2015, 3:46pm EDT		



#### Access the Student Blue website at www.bcbsnc.com/student



Enter the student information and contact information.	Student Blue BlueCross BlueShield of North Carolina	
	U.S.A. University	
Note: The University e-mail Address entered here will be the student's <b>User Name</b> in the tool.	Contact Us Phone: (888) 351-8283 Email: email@studentbluenc.com Email: Student Information Email@studentbluenc.com	
	User Tip: Have your insurance ID card available to complete the online waiver request.	
	Last Name *	
	Social Security Number	
	The Affordable Care Act requires most people have health insurance. Providing your Social Security and ITIN numbers helps you get credit for having health insurance.  Gender *  Select Gender  Student Class *  Select Class  Address 1 *  Address 2	

Scroll past contact information. Select "Yes" or "No," if you would like to include coverage for	Would you like to include coverage for abortions (first 16 weeks of pregnancy) at no additional cost? (If selected, applies to all insured) * Select Coverage •
abortions.	I would like for Student Blue to automatically re-enroll me and any dependents (if applicable) for the Spring/Summer semester.
you would like to automatically re-enroll for the Spring/Summer	(Subject to Eligibility Requirements) * Select Re-Enrollment Opt-In
semester.	Notice of Special Enrollment
Note: This will also automatically enroll dependents.	If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance (including Medicaid or Children's Health Insurance Program (CHIP)) or group health plan coverage, you may be able to enroll yourself and the dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (other than Medicaid or CHIP) or if the employer stops contributing towards your or your dependents' other coverage ends (other than Medicaid or CHIP) or if the employer stops contributing towards your or your dependents' other coverage and within 60 days after the loss of Medicaid or CHIP eligibility. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption or foster care, except when adding a dependent child will not change your coverage type or premiums that are owed. For questions or to obtain more information, contact: Blue Cross and Blue Shield of North Carolina PO Box 2073, Durham, NC 27702 (888) 351-8283
Review the Statement	Statement of Understanding
of Understanding and select the checkbox.	□ I understand that by signing the below, I am agreeing to the following:
	<ol> <li>I certify that I have read and understand the plan brochure section entitled "Eligibility," and that I am eligible for student coverage [and I understand the refund policy].</li> <li>I certify that all statements on this application are complete and true. I understand that for a period of two years from the date of this application, BCBSNC may rescind my policy for any acts or practices that constitute fraud or if I make an intentional misrepresentation of material fact. If fraudulent statements were made, BCBSNC may take legal action at any time.</li> <li>As primary applicant, I warrant that I am authorized to agree to the above statements on behalf of all my dependents under age 18. (Applicant spouse and applicant dependents age 18 or older must sign below.) *</li> </ol>

Scroll past application questions. Select the checkbox next to the Application Signature. Click Submit.	Application Signature Ollie Okra, (or a Parent/ the application and checked t Submit	Guardian if I am under 18 yea this box as my electronic signa	rs of age), have reviewed Date Signed 09/08/2015 ture. *
Confirmation Page Appears.	Student Blue BlueCross BlueShie of North Carolina U.S.A. University DASHBOARD Contact Us Phone: (888) 351-8283 Email: email@studentbluenc.com User Tip: Have your insurance ID card available to complete the online waiver request.	Abd Your enrollment is You have successfully enrolled in Stude Your confirmation number is E-542BE21 noreply@studentbluenc.com. Please kist To view your plan benefits, please visit Transaction Inform University Name University Name University Name Confirmation # Abortion Coverage (If selected, applies to all insured) Student Type Re-Enrollment Spring Opt-In Submitted	Welcome, Ollie Okra         complete         ant Blue <sup>5M</sup> .         BED90F4F. A confirmation email will be sent to you from sep a copy for your records.         www.bcbsnc.com/student.         www.bcbsnc.com/student.         Papalachian State University         Fail 2015         Enrol         E-542BE2BED90F4F         Yes         Ornestic         Yes         9/82015, 3.46pm EDT



#### Access the Student Blue website at www.bcbsnc.com/student

Click Request a Waiver.	💀 🗑 NC Find a Doctor Find a Drug
	Student Blue
	Welcome         Plan Benefits         Enroll         Waive         Resources         Parents         Contact Us
	Waive Health Insurance To tre already covered by a health plan other than Student Blue, you can request a waiver for your student health plan. Request a Waive
If you have previously, registered on the Student Blue site, enter your User Name and Password.	Student Blue Student Blue Student Blue of North Carolina U.S.A. University Contact Us Phone: Welcome to Student Blue <sup>SM</sup>
Click Login.	(88) 361-823         Email:         email@studentbluenc.com    Pare your insurance ID card available to complete the or provide the enrollment or waiver request.          Login         Vour email address.         Pargot User Name?         Your email address.         Forgot Dassword?         Forgot User Name?         'denotes required field         Login





Scroll past Email	Policy Information
Address.	Policy Number *
Enter the Insurance	Depending on your insurance provider this number may be listed as a Policy, Member, Account, Enrollee, or Subscriber identification number.
Policy and Health	
Insurer information.	Group/Plan Number
	Policy Holder First Name *
	Policy Holder Middle Initial
	Policy Holder Last Name *
	Relation to Policy Holder *
	Select Relationship •
	Health Insurer Contact Information
	Insurance Company *
	Select Company
	Company Address 1
	Company Address 2
	Company City
	Company State Select State
	Company Zip Code

Scroll past policy and health carrier information.	Proof of Coverage
Select the Add Proof of Coverage button. Browse and locate desired document and select open. Note: Proof of Waiver is optional for domestic, but required for international.	You may upload any documentations from your insurance carrier which display your policy's effective dates of active coverage and any pertinent information. Examples of proof: Insurance Card, Confirmation Letter, Statement of Coverage, etc Add Proof of Coverage (optional) Acceptable file types: .PDF, .JPG, .PNG Acceptable file sizes: 10 MB per file
Select "Yes" or "No," if you would like to automatically resubmit waiver for the Spring/Summer semester.	Resubmission Opt-In I would like for Student Blue to automatically re-submit my waiver request in the spring semester * Yes
Select the check box and certify the information provided is accurate.	Waiver Agreements Certification - I attest that the above information is accurate and authorize its verification. I realize that if the waiver information is found to be invalid, the waiver request will be denied. *
Click Submit.	Submit

Co ap	nfirmation page pears.				
Wa in c res	iver requests will result one of the following ponses: Approved: the waiver is approved. No further action is required. The	Student Blue Student Blue BlueCross BlueShield of North Carolina		Welcome, sidney squash	۵
	student receives an e- mail confirmation. Students can also view the confirmation e-mail in the Message Center.	DASHBOARD     Control Contro Control Control Control Control Control Control Cont	Waiver Pending	9	
•	Denied: the waiver request is denied. The student will be contacted by e-mail.	Contact Us	Your waiver application has been     Your waiver is currently Pending Please check your e-mail for updates re	ardina the status of your waiver.	
•	Pending: the waiver is placed in a pending status because more	Email:	Status First Name	1 Pending sidney	
	is required. The student will be contacted by e-	User Tip: Have your insurance ID card available to complete the	Middle Initial Last Name Student Id	squash 850277377	
	Students will receive a		Email Address		
	e-mail within 5 business days of submission.				



#### Access the Student Blue website at www.bcbsnc.com/student.

Click Request a Waiver.	Pind a Doctor Find a Drug
	Student Blue
	Welcome         Plan Benefits         Enroll         Waive         Resources         Parents         Contact Us
	Waive Health Insurance request a waver for your student health pian other than Student Blue, you can request a waver for your student health pian. Request a Waver
Select the New User tab.	Student Blue BlueCross BlueShield of North Carolina
Click Enroll.	U.S.A. University
	<section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><text><text><text><text><text><text><text></text></text></text></text></text></text></text></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header>

Enter your Student ID and Date of Birth.	Student Blue"
Click Continue.	Contact Us   Pone:   (28) 351-823   Enail:   enail@studentbluenc.com    Der Tip:   Pare your insurance ID card addees the one offer the series of the transmission of trans
Enter Student Information.	Student Blue BlueCross BlueShield of North Carolina U.S.A. University U.S.A. University U.S.A. University U.S.A. University Brone: (889) 351-8283 Enail: enail@studentbluer.com User Tip: Have Jour insurance information will need to be verified each semester. Student Information First Name * Middle Initial Last Name *

Scroll past Student	Policy Information
Information.	Policy Number *
Enter the Insurance	Depending on your insurance provider this number may be listed as a Policy, Member, Account, Enrollee, or Subscriber identification number.
Policy and Health	
insurer mormation.	Group/Plan Number
	Policy Holder First Name *
	Policy Holder Middle Initial
	Policy Holder Last Name *
	Relation to Policy Holder *
	Select Relationship
	Health Insurer Contact Information
	Insurance Company *
	Select Company
	Company Address 1
	Company Address 2
	Company City
	Company State
	Select State
	Company Zip Code

Scroll past policy and health carrier information.	Proof of Coverage
Select the Add Proof of Coverage button. Browse and locate desired document and select open. <i>Note: Proof of Waiver is</i>	You may upload any documentations from your insurance carrier which display your policy's effective dates of active coverage and any pertinent information. Examples of proof: Insurance Card, Confirmation Letter, Statement of Coverage, etc Add Proof of Coverage (optional) Acceptable file types: .PDF, .JPG, .PNG
optional for domestic, but required for international.	Acceptable file sizes: 10 MB per file
Select "Yes" or "No", if you would like to automatically resubmit waiver for the Spring/Summer semester.	Resubmission Opt-In I would like for Student Blue to automatically re-submit my waiver request in the spring semester * Yes
Select the check box and certify the information provided is accurate.	Waiver Agreements Certification - I attest that the above information is accurate and authorize its verification. I realize that if the waiver information is found to be invalid, the waiver request will be denied. *
Click Submit.	Submit

Co ap	nfirmation page pears.				
<ul> <li>Waiver requests will result in one of the following responses:</li> <li>Approved: the waiver is approved. No further action is required. The student receives an e- mail confirmation. Students can also view the confirmation e-mail in the Message Center.</li> </ul>	Student Blue Student Blue BlueCross BlueShield of North Carolina		Welcome, sidney squash	•	
	DASHBOARD     DASHBOARD     MAIVERS	Vaiver Pending	) n received.		
•	Denied: the waiver request is denied. The student will be contacted by e-mail.	Contact Us	Your waiver is currently Pending Please check your e-mail for updates re	g regarding the status of your waiver.	
<ul> <li>Pending: the waiver is placed in a pending status because more information or research is required. The student will be contacted by e- mail to follow up. Students will receive a</li> </ul>	User Tip:	Status First Name Middle Initial Last Name	Pending sidney squash		
	Have your insurance ID card available to complete the online waiver request.	Student Id Email Address	850277377		
	waiver request decision e-mail within 5 business days of submission.				



#### Access the Student Blue website at <u>www.bcbsnc.com/student</u>.

Click Request a Waiver.	Ind a Doctor Find a Drug
	Student Blue
	Welcome Plan Benefits Enroll Waive Resources Parents Contact Us
	Waive Health Insurance To treatedy covered by a health plan other than Student Blue, you can request a waiver for your student health plan. Request a Waive
If you have previously, registered on the Student Blue site, enter your User Name and Password.	Student Blue BlueCross BlueShield of North Carolina U.S.A. University
Click Login.	<section-header></section-header>

Enter Student and Account Information.	Student Blue" BlueCross BlueShield of North Carolina		
	U.S.A. University		
	Contact Us         Phone:         (888) 351-8283         Email:         email@studentbluenc.com         User Tip:         Have your insurance ID card available to complete the online waiver request.         Widdle Initial		
	Last Name *		
Scroll past Student Information.	Waiver Requirements		
Review the Waiver	By checking each of the following boxes, I attest that my policy satisfies the Mandatory UNC-System Hard Waiver Plan's minimum waiver requirements for international students are stated next to each of the following boxes.		
select all that apply.	<ul> <li>My policy has a minimum total benefit/coverage of \$100,000 (USD) per accident or illness *</li> <li>My policy has a deductible of no more than \$500 (USD) *</li> </ul>		
Note: The international student must meet and attest to each of these requirements by checking each hoy	My policy has medical evacuation coverage of at least \$50,000 (USD) *		
	<ul> <li>My policy has repatriation coverage of at least \$25,000 (USD) *</li> <li>My policy is currently active and will cover me for the duration of the current semester *</li> </ul>		

Scroll past Waiver Requirements.	Policy Information	
	Policy Number *	
Enter the Policy and Health Carrier Information.	Depending on your insurance provider this number may be called Policy Number, Member Number, Account Number, or Subscriber Number.	
	Group/Plan Number	
	Policy Holder First Name *	
	Policy Holder Middle Initial	
	Policy Holder Last Name *	
	Relation to Policy Holder * Select Relationship	
	Health Carrier Contact Information	
	Insurance Company Name *	
	Company Address 1	

Scroll past policy and health carrier information.	Proof of Coverage
Select the Add Proof of Coverage button. Browse and locate desired document and select open. Note: Proof of Waiver is optional for domestic, but required for international.	You may upload any documentations from your insurance carrier which display your policy's effective dates of active coverage and any pertinent information. Examples of proof: Insurance Card, Confirmation Letter, Statement of Coverage, etc Add Proof of Coverage (Requried) Acceptable file types: .PDF, .JPG, .PNG Acceptable file sizes: 10 MB per file
Select "Yes" or "No", if you would like to automatically resubmit waiver for the Spring/Summer semester.	Resubmission Opt-In I would like for Student Blue to automatically re-submit my waiver request in the spring semester * Yes
Select the check box and certify the information provided is accurate.	Waiver Agreements Certification - I attest that the above information is accurate and authorize its verification. I realize that if the waiver information is found to be invalid, the waiver request will be denied. *
Click Submit.	Submit

# Confirmation page appears.

Waiver requests will result in one of the following responses:

- Approved: the waiver is approved. No further action is required. The student receives an email confirmation.
   Students can also view the confirmation e-mail in the Message Center.
- Denied: the waiver request is denied. The student will be contacted by e-mail.
- Pending: the waiver is placed in a pending status because more information or research is required. The student will be contacted by email to follow up. Students will receive a waiver request decision e-mail within 5 business days of submission.

Student Blues	ld		Welcome, sidney squash	
U.S.A. University				
DASHBOARD     ENROLLMENTS &	Waiver Pen	ding		
MESSAGE CENTER	✓ Your waiver application	has been received.		
	Your waiver is currently	Pending		
Contact Us Phone:	Contact Us Phone: Please check your e-mail for updates regarding the status of your waiver.			
(111) 111-1111	Status	1 Pending		
Email: info@studentblue.com	First Name	sidney		
	Middle Initial			
User Tip: Have your insurance ID card available to complete the online waiver request.	Last Name	squash		
	Student Id	850277377		
	Email Address			



## Access the Student Blue website at <u>www.bcbsnc.com/student</u>.

Click Request a Waiver.	Ind a Doctor Find a Drug		
	Student Blue		
	Welcome Plan Benefits Enroll Waive Resources Parents Contact Us		
	Waive Health Insurance I varie already covered by a health plan other than Student Blue, you can request a waiver for your student health plan. Request a Waiver		
Select the New User tab.	Student Blue BlueCross BlueShield of North Carolina		
Click Enroll.	U.S.A. University		
	<section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><text><text><text><text><text><text><text></text></text></text></text></text></text></text></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header>		



Scroll past Waiver Requirements. Enter the Policy and Health Carrier Information.	Policy Information         Policy Number *         Depending on your insurance provider this number may be called Policy Number, Member Number, Account Number, or Subscriber         Number.		
Scroll past policy and health carrier	Proof of Coverage		
Select the Add Proof of Coverage button. Browse and locate	You may upload any documentations from your insurance carrier which display your policy's effective dates of active coverage and any pertinent information. Examples of proof: Insurance Card, Confirmation Letter, Statement of Coverage, etc		
Note: Proof of Waiver is optional for domestic, but required for international.	Add Proof of Coverage (Required) Acceptable file types: .PDF, .JPG, .PNG Acceptable file sizes: 10 MB per file		



#### Access the Student Blue website at <u>www.bcbsnc.com/student</u>.



#### Access the Student Blue website at www.bcbsnc.com/student.



#### **Click on Enrollment** Welcome, Ollie Okra Student Blue ÷. and Waivers from the BlueCross BlueShield of North Carolina Dashboard. U.S.A. University 🔒 DASHBOARD Dashboard ENROLLMENTS & WAIVERS ✓ You are enrolled in Student Health Insurance (SHI) MESSAGE CENTER • Contact Us The decision deadline for Fall 2015 is 10/31/2015. Waiver requests and enrollment requests for Fall 2015 cannot be submitted after 10/31/2015. Phone: (888) 351-8283 Email: email@studentbluenc.com User Tip: Have your insurance ID card available to complete the online waiver request. All submitted Welcome, Ollie Okra Student Blue -0enrollment and waivers BlueCross BlueShield of North Carolina are displayed. Click view details to see U.S.A. University more information. 🔒 DA SHBOARD Þ **Enrollments & Waivers** ENROLLMENTS & WAIVERS Туре Status Confirmation Semester Timestamp MESSAGE CENTER Enrollment Approved E-Fall 2015 9/8/2015, 3:46pm View 542BE2BED90F4F EDT Details Enrollment Approved E-Spring/Summe 11/10/2014. Contact Us 542BE076D60599 2015 10:14am EST Details Phone: (888) 351-8283 Email: email@studentbluenc.com User Tip: Have your insurance ID card available to complete the online waiver request.

#### Access the Student Blue website at <u>www.bcbsnc.com/student</u>.

## **Student Blue – Void Transaction**



## Access the Student Blue website at <u>www.bcbsnc.com/student</u>.





# **Non-Discrimination and Accessibility Notice**

## Discrimination is Against the Law

- Blue Cross and Blue Shield of North Carolina ("BCBSNC") complies with applicable Federal civil
  rights laws and does not discriminate on the basis of race, color, national origin, age, disability,
  or sex.
- BCBSNC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

BCBSNC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages
- If you need these services, contact Customer Service **1-888-206-4697**, TTY and TDD, call **1-800-442-7028**.
- If you believe that BCBSNC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:
  - BCBSNC, PO Box 2291, Durham, NC 27702, Attention: Civil Rights Coordinator- Privacy, Ethics & Corporate Policy Office, Telephone 919-765-1663, Fax 919-287-5613, TTY 1-888-291-1783 civilrightscoordinator@bcbsnc.com
- You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator Privacy, Ethics & Corporate Policy Office is available to help you.
- You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at *https://ocrportal.hhs.gov/ocr/portal/lobby.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, 800-537-7697 (TDD). Complaint forms are available at *http://www.hhs.gov/ocr/office/file/index.html*.
- This Notice and/or attachments may have important information about your application or coverage through BCBSNC. Look for key dates. 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 Customer Service **1-888-206-4697**.



ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-206-4697 (TTY: 1-800-442-7028).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-206-4697 (TTY: 1-800-442-7028).

注意: 如果您講廣東話或普通話, 您可以免費獲得語言援助服務。請致電 1-888-206-4697 (TTY 1-800-442-7028)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-206-4697 (TTY: 1-800-442-7028).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-206-4697 (TTY: 1-800-442-7028)번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-206-4697 (ATS : 1-800-442-7028).

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-206-4697. المبرقة الكاتبة: 7028-442-108-1.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-206-4697 (TTY: 1-800-442-7028).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-206-4697 (телетайп: 1-800-442-7028).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-206-4697 (TTY: 1-800-442-7028).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:સુલ્કુ ભાષા સહ્યય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-206-4697 (TTY: 1-800-442-7028).

ចំណាំ៖ ប្រសិនបើលោកអ្នកនិយាយជាភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនសម្រាប់លោកអ្នកដោយមិនគិតថ្លៃ។ សុមទំនាក់ទំនងតាមរយ:លេខ៖ 1-888-206-4697 (TTY: 1-800-442-7028)។

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-206-4697 (TTY: 1-800-442-7028).

ध्यान दें: यदि आप हिन्दी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-206-4697 (TTY: 1-800-442-7028) पर कॉल करें।

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-888-206-4697 (TTY: 1-800-442-7028).

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。1-888-206-4697 (TTY:1-800-442-7028)まで、お電話にてご連絡ください。