



## Appalachian Wireless Lifeline Enrollment Form

This signed Lifeline Enrollment Form ("Enrollment Form") is required to enroll you in Appalachian Wireless' Lifeline program. The National Verifier, not Appalachian Wireless, determines your eligibility to receive Lifeline. **Only persons who have been determined to be eligible by the National Verifier should complete this Enrollment Form.** If you have not qualified for Lifeline through the National Verifier, please visit <https://www.lifelinesupport.org/> to apply or complete and submit your paper application. The information you enter on this Enrollment Form must be the same as what you provided to the National Verifier to receive eligibility approval, which expires after 45 days.

### PERSONAL INFORMATION

NATIONAL VERIFIER APPLICATION ID: \_\_\_\_\_ NATIONAL VERIFIER EXPIRATION DATE (OPTIONAL):  
/ /  
FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ / / \_\_\_\_\_ LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: \_\_\_\_\_  
CONTACT PHONE NUMBER: \_\_\_\_\_ APPALACHIAN WIRELESS PHONE NUMBER (IF APPLICABLE): \_\_\_\_\_

### RESIDENTIAL ADDRESS

*Must be a street address (not a P.O. Box) and your principle residence.*

STREET ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 *Check here if the billing address is the same as the residential address. Billing address may contain a P.O. Box.*  
BILLING ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### QUALIFICATION THROUGH DEPENDENT

*Complete if you are qualifying through a child or dependent in your household.*

FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ / / \_\_\_\_\_ LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: \_\_\_\_\_

### BENEFIT TRANSFER REQUEST

- I currently receive Lifeline benefits from another carrier, and I request that Appalachian Wireless submit a Benefit Transfer on my behalf. I understand that I will only receive Lifeline benefits from Appalachian Wireless and will lose my benefits from my current service provider.

### CERTIFICATION

- I authorize government agencies and their authorized representatives to discuss with, receive from and provide information to Appalachian Wireless that is relevant to my eligibility to receive Lifeline benefits from Appalachian Wireless. I acknowledge that Appalachian Wireless will, and I give my consent for Appalachian Wireless to, use my personal information, including my name, address, and telephone number among other items as required, to verify my eligibility to receive Lifeline benefits with the Universal Service Administrative Company.

By my signature below, I certify that the information provided above is true and correct, and agree to the above Certification.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### SUBMISSION INSTRUCTIONS

*This form must be completed in its entirety and presented in person at an Appalachian Wireless retail store. If further assistance is needed, please call (800) 438-2355.*

For Billing use only:	
RSA/Dealer _____	Retail/Dealer Location _____
Benefit Transfer Request Needed: <input type="checkbox"/> Yes	<input type="checkbox"/> No
If "yes," Benefit Transfer Submitted: <input type="checkbox"/> Yes	<input type="checkbox"/> No
Household Worksheet Needed: <input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Enrollment Completed: _____	Completed By: _____



**NOTICES AND DISCLOSURES**

Lifeline is a government assistance program. Benefit amounts and minimum standards for eligible plans are determined by the federal and/or state government and are subject to change. Your Lifeline benefit is non-transferable. Proof of eligibility is required, and only eligible customers may enroll. Only one Lifeline discount is allowed per household. Consumers who willfully make false statements in order to obtain the Lifeline benefit can be punished by fine or imprisonment or being barred from the program. The Lifeline discount will be applied beginning in the service period that includes the first day of the month following successful enrollment. Appalachian Wireless offers Lifeline services only in Kentucky. Your consent has been requested for Appalachian Wireless to transmit the information you provided on your Enrollment Form to USAC. This is necessary to ensure proper administration of the Lifeline Program. Failure to consent will result in the denial of the Lifeline discount. Appalachian Wireless' Terms and Conditions of service apply to all existing or newly activated service and may be obtained by visiting [www.appalachianwireless.com/terms](http://www.appalachianwireless.com/terms).