



Dear Customer,

Thank you for your interest in enrolling in the Lifeline Program provided by Access Wireless. Please read through this letter entirely and follow the process below.

1. To enroll into the Lifeline Program, first please complete the enclosed FCC/Universal Service Administrative Co. Application and return it to the Lifeline Support Center/National Verifier (Do NOT send to Access Wireless) by mailing it to:

**USAC Lifeline Support Center
P.O. Box 7081
London, KY 40742**

**Additionally, you may also complete the enrollment process online by visiting <https://www.checklifeline.org/lifeline> for quicker processing.

NOTE: USAC may request additional documentation from you before providing you with an approval code.

If you do not first qualify through the National Verifier, your Access Wireless application will be rejected!!

2. After you have received your application approval code from the National Verifier, you may complete your enrollment with Access Wireless by completing both pages of the enclosed Lifeline Program Application Form and returning it, along with copies of your Unexpired Driver's License or State-Issued ID, and your current proof of Address to Access Wireless using one of the following methods:

- **Secure Link**

- Upload your application securely at this link:
<https://documents.accesswireless.com/filedrop/ProspectDocUpload>

- **Mail**

- Mail your application to the address below:
 - Access Wireless
1 Levee Way Suite 3116
Newport, KY 41071

Once Access Wireless receives your completed application and, if approved, your phone will be delivered within 7-10 business days. Upon receipt, you will need to complete the activation instructions included with your phone to begin using your Access Wireless service.

If you have any questions, please contact our Customer Care team at 1-866-594-3644.

Thank you for choosing Access Wireless

Lifeline Program Application Form



1. About Lifeline

Lifeline is a federal benefit that lowers the monthly cost of phone or internet service.

Rules

If you qualify, your household can get Lifeline for phone or internet service, but not both.

- If you get Lifeline for phone service, you can get the benefit for one mobile phone or one home phone, but not both.
- If you get Lifeline for internet service, you can get the benefit for your mobile phone or your home connection, but not both.
- If you get Lifeline for bundled phone and internet service, you can get the benefit for your mobile phone bundled service or your home bundled service, but not both.

Your household cannot get Lifeline from more than one phone or internet company.

You are only allowed to get one Lifeline benefit per household, **not per person**. If more than one person in your household gets Lifeline, you are breaking the FCC's rules and will lose your benefit.

What is a household?

A household is a group of people who live together and share income and expenses (even if they are not related to each other).

Do not give your benefit to another person

Lifeline is non-transferable. You cannot give your Lifeline benefit to another person, even if they qualify.

Be honest on this form

You must give accurate and true information on this form and on all Lifeline-related forms or questionnaires. If you give false or fraudulent information, you will lose your Lifeline benefit (i.e., de-enrollment or being barred from the program) and the United States government can take legal actions against you. This may include (but is not limited to) fines or imprisonment.

You may need to show other documents

If the Lifeline Program Administrator is not able to validate that you or someone in your household qualify using this form and electronic databases, you may need to provide an official document from one of the government qualifying programs or documentation that proves your annual income. You can submit copies of your official documents with this application or wait until the Lifeline Program Administrator asks you for them. To add them now, include the documents in option 1 or option 2 below:

1. If you qualify through a government program, provide a copy of a document such as an approval letter or benefit letter with the name of the person in your household who qualifies, name of the program, and issue date within the past 12 months or future expiration date.
2. If you qualify through your income, provide a copy of the prior year's state, federal, or Tribal tax return or a current income statement from an employer or paycheck stub for 3 consecutive months (or other accepted documents).

Visit lifelinesupport.org to see all acceptable document guidelines.

Apply

To apply for a Lifeline benefit, fill out the required sections of this form, initial every agreement statement, and sign on page 6.

Mail the form to this address:

USAC
Lifeline Support Center
P.O. Box 7081
London, KY 40742

Lifeline Program Application Form



Universal Service
Administrative Co.

2a. Your Information

All fields are required unless indicated. Use only CAPITALIZED LETTERS and black ink to fill out this form.

What is your full legal name?
The name you use on official documents, like your Social Security Card or State ID. Not a nickname.

First

Middle (optional) Suffix (optional)

Last

What is your phone number (if you have one)? **What is your date of birth?**

Month Day Year

What is your email address (if you have one)?

What are the last 4 numbers of your Social Security Number (SSN)?
If you do not have a SSN, what is your Tribal Identification Number?

What is the best way to reach you?

email phone* text message* mail

*If I selected the phone or text option, I consent to let USAC contact me at my Lifeline phone number for important reminders and updates to my Lifeline service.

If I selected the text message option, message and data rates may apply.

Text STOP to end messages.

Lifeline Program Application Form



Universal Service
Administrative Co.

2b. Your Information (continued)

*Tribal lands include any federally recognized Indian tribe's reservation, pueblo, or colony, including former reservations in Oklahoma; Alaska Native regions established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688); Indian allotments; Hawaiian Home Lands—areas held in trust for Native Hawaiians by the state of Hawaii, pursuant to the Hawaiian Homes Commission Act, 1920 July 9, 1921, 42 Stat. 108, et. seq., as amended; and any land designated as such by the Commission for purposes of this subpart pursuant to the designation process in the FCC's Lifeline rules.

What is your home address? (The address where you will get service. Do not use a P.O. Box)

Street Number and Name

Apt., Unit, etc. City

State Zip Code

Is this a temporary address? Yes No **Check if you live on Tribal Lands***

What is your mailing address? (Only fill this out if it is not the same as your home address.)

Street Number and Name

Apt., Unit, etc. City

State Zip Code

Lifeline Program Application Form



Universal Service
Administrative Co.

2c. Your Information (continued)

Only fill this section out if you are applying through a child or dependent.

Check if you are qualifying through a child or dependent in your household.
If so, answer the following questions:

What is their full legal name?

First

Middle (optional)

Suffix (optional)

Last

What is their date of birth?

Month

Day

Year

What are the last 4 numbers of their Social Security Number (SSN)?

If they do not have a SSN, what is their Tribal Identification Number?

Lifeline Program Application Form



3. Qualify for Lifeline

Fill out this section to show that you, your dependent, or someone in your household qualifies for Lifeline.

You can qualify through some government assistance programs or through your income (you do not need to qualify through both).

Qualify through a government program:

Check all programs that you or someone in your household have:

- Supplemental Nutrition Assistance Program (SNAP) (Food Stamps)
- Supplemental Security Income (SSI)
- Medicaid
- Federal Public Housing Assistance (FPHA)
- Veterans Pension or Survivors Benefit Programs
- Tribal Specific Programs
 - Bureau of Indian Affairs (BIA) General Assistance
 - Tribal Temporary Assistance for Needy Families (Tribal TANF)
 - Food Distribution Program on Indian Reservations (FDPIR)
 - Tribal Head Start (only households that meet the income qualifying standard)

Or

Qualify through your income:

(Only fill this out if you do not qualify through a government program.)

| Including you, how many people live in your household? (check one) | Is your income the same or less than the amount listed for your state and household size? (only check yes or no next to your household size) | | | | |
|--|---|-------------|-------------|-----|----|
| | All 48 States & DC (not Alaska and Hawaii) | Alaska | Hawaii | Yes | No |
| 1 | \$17,226 | \$21,533 | \$19,818 | Yes | No |
| 2 | \$23,274 | \$29,093 | \$26,771 | Yes | No |
| 3 | \$29,322 | \$36,653 | \$33,723 | Yes | No |
| 4 | \$35,370 | \$44,213 | \$40,676 | Yes | No |
| 5 | \$41,418 | \$51,773 | \$47,628 | Yes | No |
| 6 | \$47,466 | \$59,333 | \$54,581 | Yes | No |
| 7 | \$53,514 | \$66,893 | \$61,533 | Yes | No |
| 8 | \$59,562 | \$74,453 | \$68,486 | Yes | No |
| If more than 8, add this amount for each extra person: | Add \$6,048 | Add \$7,560 | Add \$6,953 | Yes | No |

135% of the 2020 Federal Poverty Guidelines
*The Federal Poverty Guidelines are typically updated at the end of January.

Lifeline Program Application Form



4. Agreement

I agree, under penalty of perjury, to the following statements:

You must initial next to each statement.

I (or my dependent or other person in my household) currently get benefits from the government program(s) listed on this form or my annual household income is 135% or less than the Federal Poverty Guidelines (the amount listed in the Federal Poverty Guidelines table on this form).

Initial

I agree that if I move I will give my service provider my new address within 30 days.

Initial

I understand that I have to tell my service provider within 30 days if I do not qualify for Lifeline anymore, including:

Initial

- 1) I, or the person in my household that qualifies, do not qualify through a government program or income anymore.
- 2) Either I or someone in my household gets more than one Lifeline benefit (including, more than one Lifeline broadband internet service, more than one Lifeline telephone service, or both Lifeline telephone and Lifeline broadband internet services).

I know that my household can only get one Lifeline benefit and, to the best of my knowledge, my household is not getting more than one Lifeline benefit.

Initial

I agree that all of the information I provide on this form may be collected, used, shared, and retained for the purposes of applying for and/or receiving the Lifeline Program benefit. I understand that if this information is not provided to the Lifeline Program Administrator, I will not be able to get Lifeline benefits. If the laws of my state or Tribal government require it, I agree that the state or Tribal government may share information about my benefits for a qualifying program with the Lifeline Program Administrator. The information shared by the state or Tribal government will be used only to help find out if I can get a Lifeline Program benefit.

Initial

All the answers and agreements that I provided on this form are true and correct to the best of my knowledge.

Initial

I know that willingly giving false or fraudulent information to get Lifeline Program benefits is punishable by law and can result in fines, jail time, de-enrollment, or being barred from the program.

Initial

My service provider may have to check whether I still qualify at any time. If I need to recertify (renew) my Lifeline benefit, I understand that I have to respond by the deadline or I will be removed from the Lifeline Program and my Lifeline benefit will stop.

Initial

I was truthful about whether or not I am a resident of Tribal lands, as defined in section 2 of this form.

Initial

| | |
|------------------|---------------------|
| Signature | Today's Date |
|------------------|---------------------|

Lifeline Program Application Form



Universal Service
Administrative Co.

5. Agent Information

*Answer only if a sales
person submits this form.*

What is the agent's full legal name?
The name you use on official documents, like your Social Security Card or State ID. Not a nickname.

First

Middle (optional) Suffix (optional)

Last

What is the agent's ID number? **What is the agent's date of birth?**

Month Day Year

Lifeline Program Application Form



Universal Service
Administrative Co.

Notice

PAPERWORK REDUCTION ACT NOTICE: Section 54.410 of the Federal Communications Commission's rules requires all Lifeline subscribers to demonstrate their eligibility to receive Lifeline services. This collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. §254. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.). The data provided in response to this information collection will be used by USAC to verify the applicant's eligibility for Lifeline services.

We have estimated that each response to this collection of information will take, on average, between 0.25 and 0.75 hours. Our estimate includes the time to read the questions, look through existing records, gather the required data, and actually complete and review the form or response. If you have any comments on this estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, OMD-PERM, Paperwork Reduction Project (3060-0819), Washington, D.C. 20554. We also will accept your comments via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND COMPLETED DATA COLLECTION FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0819.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request on this form. If we believe there may be a violation or potential violation of a statute or a Commission regulation, rule, or order, your response may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order.

If you do not provide the information we request on this form, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, P.L. No. 104-13, 44 U.S.C. § 3501, et seq.

PRIVACY ACT STATEMENT: The Privacy Act is a law that requires the Federal Communications Commission (FCC) and the Universal Service Administrative Company (USAC) to explain why we are asking individuals for personal information and what we are going to do with this information after we collect it.

Authority: Section 254 of the Communications Act (47 U.S.C. § 254), as amended, 47 U.S.C. §254, authorizes the FCC to operate the Lifeline program. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.).

Purpose: We are collecting this personal information so we can verify that you qualify for the Lifeline program and so we can efficiently provide Lifeline services to you. We access, maintain and use your personal information in the manner described in the Lifeline System of Records Notice (SORN), FCC/WCB-1, which we have published in 82 Fed. Reg. 38686 (Aug. 15, 2017).

Routine Uses: We may share the personal information you enter into this form with other parties for specific purposes, such as: with contractors that help us operate the Lifeline program; with other federal and state government agencies that help us determine your Lifeline eligibility; with the telecommunications companies that provide you Lifeline service; and with law enforcement and other officials investigating potential violations of Lifeline rules.

A complete listing of the ways we may use your information is published in the Lifeline SORN described in the "Purpose" paragraph of this statement.

Disclosure: You are not required to provide the information we are requesting, but if you do not, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.

Lifeline Program Household Worksheet



About Lifeline

Lifeline is a benefit that lowers the monthly cost of phone or internet service (not both). You are only allowed to get one Lifeline benefit per household, not per person.

What this worksheet is for

Use this worksheet if someone else at your address gets Lifeline. The answers to these questions will help you find out if there is more than one household at your address.

What is a household?

A household is a group of people who live together and share income and expenses (even if they are not related to each other).

Examples of one household:

- A married couple who live together are one household. They must share one Lifeline benefit.
- A parent/guardian and child who live together are one household. They must share one Lifeline benefit.
- An adult who lives with friends or family who financially support him/her are one household. They must share one Lifeline benefit.

Examples of more than one household:

- 4 roommates who live together but do not share money are 4 households. They can have one Lifeline benefit each, 4 total.
- 30 seniors who live in an assisted-living home are 30 households. They can have one Lifeline benefit each, 30 total.

Household expenses

A household shares expenses. Household expenses include, but are not limited to, food, healthcare expenses, and the cost of renting or paying a mortgage on your place of residence and utilities.

Income

Households share income. Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Lifeline Program Household Worksheet



Can you apply?

Follow this decision tree to confirm if you qualify for the Lifeline Program.

1. Do you live with another adult?

Adults are people who are 18 years old or older, or who are emancipated minors. This can include a spouse, domestic partner, parent, adult son or daughter, adult in your family, adult roommate, etc.

Yes

If yes, answer question 2

No

2. Do they get Lifeline?

Yes

If yes, answer question 3

No

3. Do you share money (income and expenses) with them?

This can be the cost of bills, food, etc., and income. If you are married, you should check yes for this question.

Yes

No

You can apply for Lifeline. You live in a household that does not get Lifeline yet. *Please initial line B on page 4, and sign and date the worksheet.*

Check this box

You do not qualify for Lifeline because someone in your household already gets the benefit. You are only allowed to get one Lifeline discount per household, not per person.

Check this box

You can apply for Lifeline. You live at an address with more than one household and your household does not get Lifeline yet. *Please initial lines A and B on page 4, and sign and date the worksheet.*

Check this box

Lifeline Program Household Worksheet



Agreement

Please initial the agreement below and sign and date this worksheet. Submit this worksheet to your service provider with your Lifeline Program Application Form.

Initial

A I live at an address with more than one household.

Initial

B I understand that the one-per-household limit is a Federal Communications Commission (FCC) rule and I will lose my Lifeline benefit if I break this rule.

Signature

Today's Date

I consent to let USAC contact me at my Lifeline phone number for important reminders and updates to my Lifeline service. Message and data rates may apply. Text STOP to end messages.

Notice

NOTICE: Section 54.410 of the Federal Communications Commission's rules requires all Lifeline subscribers to demonstrate their eligibility to receive Lifeline services. If more than one person at the same address is applying for Lifeline service, all applicants must submit a Household Worksheet. This collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. §254. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.). The data provided in response to this information collection will be used by USAC to verify the applicant's eligibility for Lifeline services.

We have estimated that each response to this collection of information will take, on average, 0.25 hours. Our estimate includes the time to read and complete the form and review the form or response. If you have any comments on this estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, OMD-PERM, Paperwork Reduction Project (3060-0819), Washington, D.C. 20554. We also will accept your comments via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND COMPLETED DATA COLLECTION FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0819.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information that you provide to determine your eligibility for Lifeline services. If we believe there may be a violation or potential violation of a statute or a Commission regulation, rule, or order, your form may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order. In certain cases, the information in your form may be disclosed to the Department of Justice, court, or other adjudicative body when (a) the Commission; (b) any employee of the Commission; or (c) the United States government, is a party to a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on this form, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, P.L. No. 104-13, 44 U.S.C. § 3501, et seq.

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Purpose: We are collecting this personal information so we can verify that you qualify for the Lifeline program and so we can efficiently provide Lifeline services to you. We access, maintain and use your personal information in the manner described in the Lifeline System of Records Notice (SORN), FCC/WCB-1, which we have published in 82 Fed. Reg. 38686 (Aug. 15, 2017).

Routine Uses: We may share the personal information you enter into this form with other parties for specific purposes, such as: with contractors that help us operate the Lifeline program; with other federal and state government agencies that help us determine your Lifeline eligibility; with the telecommunications companies that provide you Lifeline service; and with law enforcement and other officials investigating potential violations of Lifeline rules.

A complete listing of the ways we may use your information is published in the Lifeline SORN described in the "Purpose" paragraph of this statement.

Disclosure: You are not required to provide the information we are requesting, but if you do not, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.



REMINDER

BEFORE SUBMITTING YOUR ACCESS WIRELESS APPLICATION:

Return your FCC/Universal Service Administrative Co. Application to the Lifeline Support Center/National Verifier. Do NOT send to Access Wireless.

| |
|---|
| <p>USAC Lifeline Support Center P.O. Box 7081 London, KY 40742</p> |
|---|

**Alternatively, you may complete the enrollment process online by visiting <https://www.checklifeline.org/lifeline> for quicker processing.

NOTE: USAC may request additional documentation from you before providing you with an approval code.

If you do not first qualify through the National Verifier, your Access Wireless application will be rejected!!

Access Wireless Lifeline Program Application Form

ATTENTION: The information you enter onto this form must match exactly to the information submitted on the FCC Lifeline Program Application Form and the National Verifier!

To apply for Lifeline services provided by Access Wireless, you must have first applied and been approved by [USAC/National Verifier](#). Please enter your USAC Application ID here: _____

Applicant Information

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Date of Birth: _____ Last 4-digits of your Social Security Number (SSN): _____

Residential Address: _____ Apt/Unit: _____

City: _____ State: _____ Zip Code: _____

Is this a temporary address? Yes No Check here if you reside on Tribal Lands:

Mailing Address: _____ Apt/Unit: _____

City: _____ State: _____ Zip Code: _____

Contact Phone Number: _____ E-Mail Address: _____

What is the best way to reach you? (Check all that apply)

E-Mail Phone Text Message Mail

Check this box ONLY if you are qualifying through a child or dependent in your household. If so, fill out the information below.

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Date of Birth: _____ Last 4-digits of your Social Security Number (SSN) or Tribal Identification Number: _____

Initial If I am found to already be receiving a Lifeline discount benefit from another Lifeline provider, I understand my current benefit will be transferred to Access Wireless. I consent to the transfer of my Lifeline discount benefit from my current Lifeline provider to Access Wireless.

Initial I consent to receive notifications, including text messages, email and phone calls (by automatic telephone dialing system, manually, or with prerecorded/artificial voice messages) from Access Wireless including, but not limited to, marketing messages, promotional offers, and informational messages on my Access Wireless cell phone number about the Wireless Rewards program with the Kroger family of stores. I acknowledge that this consent is not a condition of purchasing any property, goods, or services. I understand that messaging and data rates generally do not apply to these messages and that I may withdraw my consent to receive these messages at any time by dialing 611 from my Access Wireless cell phone. Opting out will not affect the ability of Access Wireless to contact me with messages about my Access Wireless account via manually dialed, auto-dialed, or prerecorded/artificial voice calls or texts, or by email.

Your Rate Plan is: 250 Minutes, Unlimited Text, and 3 GB of Data

| | |
|-----------|--------------|
| Signature | Today's Date |
|-----------|--------------|

EMERGENCY BROADBAND BENEFIT FORM

Please initial each line, sign and date the bottom of this form to receive FREE UNLIMITED TALK, UNLIMITED TEXT & UNLIMITED DATA

Lifeline program participants are eligible to participate in the new federal government funded Emergency Broadband Benefit (EBB) Program. When the FCC announces the end the program or we end our promotional FREE EBB service offer, we will notify you and you will revert to receiving only the standard FREE Lifeline plan where available and if you are eligible. Where Lifeline plans are not available, you may keep your service by paying the applicable undiscounted rate of \$50 Including fees and taxes.

To learn more about the EBB program please go to accesswireless.com/EBB

AUTHORIZATION & CERTIFICATIONS (INITIAL EACH LINE)

- _____ (1) I authorize Access Wireless and its contracted partners, for the purpose of applying for, determining eligibility, enrolling in and seeking reimbursement of Emergency Broadband Benefit Program (EBBP) service and device benefits, to collect, use, share and retain my personal information, including but not limited to information required for the purpose of establishing eligibility for and enrolling in the Lifeline program, and including, but not limited to, full name, full residential address, date of birth, last four digits of social security number, telephone number, eligibility criteria and status, the date on which the EBBP service discount was initiated and if applicable, terminated, EBBP connected device distribution date/type/make and model/status, usage status and other compliance requirements, the amount of support being sought for the service and/or device, and information necessary to establish identity and verifiable address, to the Universal Service Administrative Company (USAC) to ensure proper administration of the EBBP service and/or connected device benefits. Failure to provide consent will result in me being denied the Emergency Broadband Benefit service and/or the connected device benefits.
- _____ (2) I agree that any state, local, Tribal government, school or school district, may share information about my receipt of benefits that would establish eligibility for the EBBP, and that such information will be used only to determine EBB eligibility.
- _____ (3) I give express consent for Access Wireless and its contracted partners to contact me to validate my eligibility for or desire to participate in Access Wireless's EBB offers, and other products and services via email, telephone, or text messaging. Text messaging and data rates may apply. Consent for calls and texts is optional and can be revoked at any time. For more information see our Terms and Conditions and Privacy Policy at accesswireless.com/EBB.
- _____ (4) Disclosure: The EBB Program is a government program that reduces the consumer's broadband Internet access Service bill, is temporary in nature, that the household will be subject to the provider's undiscounted rates and general terms and conditions at the end of the program if they continue to receive service. The EBB monthly service and device discounts are non-transferrable. An eligible household is limited to one monthly service discount and one device discount. EBB Program benefits may be obtained from any participating provider of your choosing and your monthly service benefit may be transferred to another provider at any time. You may continue your existing Lifeline service without enrolling into the EBB program. You may choose to take your EBB program benefits from a service provider other than your existing Lifeline provider. To learn more about the EBB program please go to accesswireless.com/EBB
- _____ (5) **By initialing, you confirm that you have read and understand these disclosures and to OPT-IN to your EBB discounted broadband service.**
Lifeline program participants are eligible to participate in the new federal government funded Emergency Broadband Benefit (EBB) Program. When the FCC announces the end the program or we end our promotional FREE EBB service offer, we will notify you and you will revert to receiving only the standard FREE Lifeline plan where available and if you are eligible. Where Lifeline plans are not available, you may keep your service by paying the applicable undiscounted rate of \$50 Including fees and taxes.

APPLICANT'S SIGNATURE (Please use blue or black ink)

TODAY'S DATE

This signed authorization is required in order to enroll you in the EBB Program in your state and is only for the purpose of verifying your participation in these programs and will not be used for any other purpose. Service requests will not be processed until this form has been received and verified by Access Wireless. By my signature immediately above, I hereby certify under penalty of perjury, and under Title 18 U.S.C. § 1621, whoever willfully states as true any material matter which he/she does not believe to be true in a statement under penalty of perjury and shall, except as otherwise expressly provided by law, be fined or imprisoned not more than five years, or both and can be barred from the program.