Lifeline Certification and Service Migration Form – Texas

- Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program;
- Only one Lifeline discount is available per household;
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses;
- A household is not permitted to receive Lifeline benefits from multiple providers;
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission’s (or “FCC”) rules and will result in the subscriber’s de-enrollment from the program; and
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

Applicant information (Address must be your principal residence)

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<th>Last name</th>
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<tr>
<th>Street address</th>
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Phone Number Current provider (telephone company)

☐ This telephone service is in my name.
☐ I currently receive a Lifeline discount for the above phone line or another qualifying telecommunications service at the above address.

Number of people living in my household: ____________.

Handset insurance

☐ I choose to buy insurance that will cover damage to my telephone handset (referred to as “Phone Protection”), which will be provided at an extra cost.

Service plan migration

I UNDERSTAND THAT BY CHOOSING LIFELINE SERVICE, I AM HEREBY CHANGING THE FEATURES, TERMS AND CONDITIONS OF MY WIRELESS SERVICE.

I understand that I am changing to a Lifeline wireless voice-only service plan. I understand that the Lifeline wireless service plan I am changing to may contain other restrictions not present in my current wireless service plan. I understand that when I am no longer eligible for Lifeline service, my wireless service may be migrated from Lifeline service to another wireless service package.

I UNDERSTAND THAT LIFELINE SERVICE WILL BE PROVIDED PURSUANT TO THE SEPARATE LIFELINE TERMS AND CONDITIONS, AND I HEREBY AGREE TO THOSE LIFELINE TERMS AND CONDITIONS.

Signature: ___________________________ Date: ___________________________
This form must be completed to receive Lifeline benefit

AT&T Lifeline Household Worksheet

Applicant information

<table>
<thead>
<tr>
<th>Name</th>
<th>Lifeline telephone number</th>
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Service address

Lifeline is a government program that provides a monthly discount on eligible telecommunications services. Only **ONE** Lifeline Program-supported service per household is allowed under federal law. Members of a household are not permitted to receive Lifeline service from multiple telecommunications companies.

Your **household** is everyone who lives together at your address as one economic unit (including children and people who are not related to you).

The **adults** you live with are part of your **economic unit** if they contribute to and share in the income and expenses of the household. An **adult** is any person 18 years of age or older, or an emancipated minor (a person under age 18 who is legally considered to be an adult). Household expenses include food, health care expenses (such as medical bills) and the cost of renting or paying a mortgage on your place of residence (a house or apartment, for example) and utilities (including water, heat and electricity). **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.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

**You have been asked to complete this Worksheet to confirm that no one else in your household currently receives a Lifeline-supported service at your address. Answer the questions below to determine whether there is more than one household residing at your address.**

1. Does your husband, wife, or domestic partner living at your address have a Lifeline Program-discounted service?
   (Check NO, if you do not have a husband, wife, or domestic partner.)
   - **NO.** If you checked **NO**, please answer **question #2**.
   - **YES.** If you checked **YES**, you may not sign up for Lifeline because someone in your household already receives Lifeline. Only **ONE** Lifeline discount is allowed per household.

2. Does another adult (age 18 or older, or emancipated minor) live with you AND have a Lifeline Program-discounted service? For example, parent, son, daughter, another relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.), a roommate, or another person.
   - **NO.** If you checked **NO**, you are **ELIGIBLE** for the Lifeline Program because no one in your household has a Lifeline Program benefit. You do not need to answer the remaining question. Please check **OPTION A** below and SIGN AND DATE THIS FORM.
   - **YES.** If you checked **YES**, please answer **question #3**.

3. Do you share expenses for bills, food, or other living expenses AND share income (salary, public assistance benefits, social security payments or other income) with the person(s) in question #2 that has a Lifeline Program-discounted service?
   - **NO.** If you checked **NO**, then your address includes **more than one household**. Please check **OPTION B** below and SIGN AND DATE THIS FORM.
   - **YES.** If you checked **YES**, then your address includes only **one household**. You may not sign up for Lifeline because someone in your household already receives Lifeline. **DO NOT** sign this form.

Please check the box below for the one that applies to you:

- **Option A.** No one in my household currently receives a Lifeline Program benefit.
- **Option B.** I live at an address occupied by multiple households. I certify by my signature below that I share my address with other adults who do not contribute income to my household and share in my household’s expenses or benefit from my income. The other adult(s) who reside at my address who receive a Lifeline program benefit are not part of my household.

I certify that the information provided above is true. I understand that violating the one-per-household requirement is against the Federal Communications Commission’s rules and I may lose my Lifeline Program benefits, and may be prosecuted by the United States government for violating the rules.

Applicant’s Signature  Date

*Please return the signed form along with your application and send to the address provided.*
Certification

I understand that Lifeline service is only available for a single telecommunications service for my household at my principal residence. I understand that completion of this form does not constitute immediate enrollment in Lifeline service. I consent to the release of information (including financial information) as may be required for the administration of the Lifeline program and/or for a credit check, if necessary. I agree to notify AT&T within thirty (30) calendar days if my participation in an eligible benefits programs ceases or my household income exceeds 135% of the Federal Poverty Guidelines. I agree to notify my current Lifeline service provider that I have applied to receive Lifeline benefits from AT&T.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS CERTIFICATION IS TRUE AND CORRECT.

Signature: _______________________________ Date: ________________

Driver's license number: _______________________________ Expiration date: ________________

State issuing license: _______________________________ Date of birth: ________________

Please mail completed application to: AT&T Lifeline
PO Box 2377
Jacksonville, Texas 75766

Terms and conditions for Lifeline Service Texas

This is an addendum ("Addendum") to the Customer Service Agreement for wireless radio telecommunications services and related services and/or features between you and us for service in the area associated with your assigned telephone number. This Addendum provides additional and supplemental terms and conditions governing our provision of Lifeline service ("Lifeline service"). Lifeline service is subject to all applicable state and federal laws and regulations governing Lifeline benefits. This Addendum made part of the Customer Service Agreement. In the event of any conflict between this Addendum and other terms or conditions of service set forth in other documents, the provisions of this Addendum shall prevail. Additionally, your Lifeline service is subject to all applicable state and federal laws and regulations governing Lifeline benefits.

1. Texas law provides for a third party, referred to as the Low-Income Discount Administrator ("LIDA"), to administer many aspects of Lifeline service, particularly eligibility. The LIDA has a special statewide toll-free customer service number for questions regarding Lifeline service: 866.454.8387 (866.4.LITE.UP). The Company has also established a special toll-free customer service number for questions specific to its role in providing you Lifeline service; if you need to contact the Company regarding Lifeline service, please call 800.377.9450.

2. Lifeline service is not available in all areas where we provide service. Lifeline service is only available in areas where we have been designated as an Eligible Telecommunications Carrier ("ETC"). You are not eligible for Lifeline service unless your principal residence address is within one of our ETC-designated areas.

3. To be eligible for Lifeline service, you must satisfy the applicable eligibility requirements, which are set by federal law, at the time of your enrollment in Lifeline service. LIDA is responsible for determining your eligibility to participate in Lifeline service. Neither a determination by LIDA of your eligibility nor completion of any subsequent Certification Form will immediately result in you receiving Lifeline service. Activation of Lifeline service may require written certification of eligibility signed under penalty of perjury and other documentation. We will retain any such certifications or other documentation in order to furnish proof of your eligibility as may be required by applicable law. We reserve the right to review customer eligibility status at any time. By completing the self-enrollment application for Lifeline service, accepting Lifeline service as a result of auto-enrollment, or completing a Certification from us, you consent to the release of your customer information (including financial information) for the purposes of administration of Lifeline service. This consent survives the termination of your Customer Service Agreement and this Addendum.

4. You may be required to re-certify your continued eligibility for Lifeline at any time, and failure to recertify your continued eligibility will result in de-enrollment and the termination of your lifeline benefits.

5. Your Lifeline service discount is applied as a credit against your monthly phone bill, and the amount of that credit shall not exceed the total amount of universal service support available to us in the ETC-designated area where your principal residence is located. This amount may be changed from time to time without prior notice to you. The amount of the credit may not exceed the charge for service.

6. Only one Lifeline service is available per household. A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission’s (or “FCC”) rules and will result in the subscriber’s de-enrollment from the program. Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.
Terms and conditions for Lifeline Service Texas, continued

7. Lifeline service does not include wireless data service, text messaging or other advanced features. All charges, either recurring or nonrecurring, for any service or feature other than Lifeline service shall be billed at applicable rates. You will receive a credit on your bill for federal or state universal service fees, line number portability fees and regulatory cost recovery fees. You are responsible for the payment of any other applicable charges, taxes, fees, and surcharges that appear on your bill.

8. The purpose of Lifeline is to provide a discount on eligible telecommunications service for qualifying low-income individuals at their principal residence. Minutes included in the Calling Plan may not be rolled over and shall be used on AT&T's network. Off-network roaming service shall be billed at a rate of twenty-five cents ($0.25) per minute. Minutes in excess of the minutes provided in the Calling Plan shall be billed at a rate of twenty-five cents ($0.25) per minute. AT&T handset required on Lifeline plans. Your phone’s display does not indicate the rate you will be charged. Please review your coverage map for areas included or excluded in your plan. Map depicts an approximation of outdoor coverage. Map may include areas served by unaffiliated carriers and may depict their licensed area rather than an approximation of the coverage there. Actual coverage area may differ substantially from the graphics shown in the map, and coverage may be affected by such things as terrain, weather, foliage, buildings and other construction, signal strength, customer equipment and other factors. AT&T does not guarantee coverage. Charges will be based on the location of the site receiving and transmitting the call, not the location of the subscriber. Future coverage is based on current planning assumption but is subject to change and has not yet been confirmed. Nationwide Long Distance is included in the Lifeline Rate Plan.

9. When you no longer qualify for Lifeline service, you shall be subject to the discontinuation procedures administered by LIDA, including receipt of a Discontinuance Notice and Re-enrollment Form from LIDA. The Discontinuance Notice shall advise you that your Lifeline service will be terminated 30 days from the date of the Discontinuance Notice unless you return the Re-enrollment Form to LIDA within that period. LIDA may have additional procedures with which you will need to comply to re-enroll in Lifeline service.

10. You are responsible for notifying us when you no longer satisfy the applicable eligibility requirements for Lifeline service. Lifeline credits will be discontinued immediately thereafter.

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