

IMPORTANT

Please complete and sign page 1.

In addition please make a copy of either your benefit card for the program you are currently receiving assistance for or proof of household income.

You may then submit these to Xchange for processing by:

Fax: 718 663 0202

Mail:

Lifeline Services
Xchange Telecom
P.O. Box 190433
Brooklyn, NY 11219-0433

E-mail: LifeLineOrders@Xchangetele.com

New Service Application For Xchange Telecom LifeLine (Discounted Telephone Service)



CUSTOMER ADDRESS & PHONE NUMBER

Name of Applicant _____
(Last) (First) (Middle initial)

Home Address _____
(Number) (Street) (Apartment number if applicable)

_____ **New York** _____
(City or town) (State) (Zip code)

My home telephone number
(Include area code)
 (____) _____ - _____

Telephone number where I can be reached to arrange service
 (____) _____ - _____

QUALIFICATIONS

Please provide your Social Security Number

Please provide the ID number from your benefit card.

Attach a photocopy of your benefit card.
Do not send original.

I am receiving assistance from: (Check only one program)

<input type="checkbox"/> Medicaid	<input type="checkbox"/> Family Assistance	<input type="checkbox"/> Veteran's Surviving Spouse Pension (SSP)
<input type="checkbox"/> Food Stamps (FS)	<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Veteran Disability Pension
<input type="checkbox"/> Safety Net Assistance	<input type="checkbox"/> Home Energy Assistance Program (HEAP)	<input type="checkbox"/> National School Lunch Program

Income Eligible (IE) but not receiving benefits. Please provide proof of income documentation. See eligibility requirements

PLEASE CHOOSE ONE PLAN. (SEE RATE SHEET)

Plan A LifeLine Basic **Plan B** LifeLine Local **Plan C** LifeLine USA Plus **Plus** Feature Pack

Additional Features _____

Current Telephone Provider _____

OPTIONAL PAYMENT METHOD

Master Card Visa Discover Amex e-Check

Name _____ Account# _____

Exp. Date _____ CVV Number _____ Check Routing Number/ABA Number _____
(For e-check only)

Would you like to receive your bill by: Mail ((paper bill)) Email (e-bill) Email: _____

PLEASE READ AND SIGN THE FOLLOWING STATEMENT

My signature below authorizes Xchange Telecom Corp to become my new telephone service provider in place of my current telecommunications utility(ies) for the provision of local, local toll (interLATA), intrastate (IntraLATA), and interstate long distance services. I authorize Xchange Telecom Corp to act as my agent to make this change happen, and direct my current telecommunications utility(ies) to work with the new provider designated above to effect the change. I understand that only one provider may be selected for each service type. I authorize Xchange Telecom Corp to provide local, local toll (interLATA), intrastate (IntraLATA), and interstate long distance services as indicated above. I certify that I have read and understand this Letter of Agency. I further certify that I am at least eighteen years of age, and that I am authorized to change telephone companies for the services to the telephone numbers listed above.

- Additionally I Certify that:**
- I am not claimed as another person's dependent for federal income tax purposes.
 - My telephone service is listed in my name.
 - The address listed is my primary residence, not a secondary home or business.
 - No one in my household currently receives lifeline support through another phone carrier including a cell phone provider.
 - I declare that that all combined income proof for this household has been included. (see chart on page 3)
 - If I become ineligible for benefits or any of the conditions listed above change, I will immediately contact Xchange Telecom to let them know I am no longer eligible for LifeLine Services.

I certify that all the above information is correct and I authorize the New York Office of Temporary and Disability Assistance, other agencies administrating the above programs and Xchange Telecom, its subsidiaries to exchange any information necessary to verify my eligibility for the discounted rate Xchange LifeLine Service. I understand that if/when I am no longer eligible, my Xchange LifeLine Service will be changed to the regular residential rate.

Signature _____ Date ____/____/____ Agent ID: _____

MAIL OR FAX SIGNED APPLICATION AND PROOF OF ELIGIBILITY TO:

LifeLine Plans And Services

New York Metro Plans

LifeLine Xchange Basic

Plan A	Line Charge:	\$1.00	Monthly Charge \$1
	Local Usage:	\$.09/call	
	Regional Usage	\$.099/min	Estimated MRC + Tax \$1.16
	Intrastate Usage	0.069	
	Interstate Usage	0.045	

☛ Add Feature Pack for only \$13.95 ☛

LifeLine Xchange Local*

Plan B	Line Charge:	\$1.00	Monthly Charge \$10.15
	Unlimited Local:	\$9.15	
	Regional Usage	\$.099/min	Estimated MRC + Tax \$11.90
	Intrastate Usage	0.069	
	Interstate Usage	0.045	

☛ Add Feature Pack for only \$13.95 ☛

LifeLine Xchange USA Plus

Plan C	Line Charge:	\$1.00	Monthly Charge \$28.60
	Unlimited USA:	\$27.60	
	Unlimited Local:	Unlimited	Estimated MRC + Tax \$33.54
	Regional Usage:	Unlimited	
	Intrastate Usage:	Unlimited	
	Interstate Usage:	Unlimited	

☛ Plan C includes FREE Feature Pack ☛

NY Metro Plan Add Ons

Add a Feature Pack for only \$13.95 per month!

Feature Pack includes our four most popular features:

- CallerID w/Name
- Call Waiting
- 3-Way Calling
- Anonymous Call Reject

Optional LifeLine Add-Ons:

Inside Wire Maintenance \$2.49

VoiceMail \$4.95

Premium Feature Package \$5.95

- Voicemail ■ Call Forwarding
- *69-Call Return ■ *66-Repeat Dial

Single Features \$2.95 (per feature)

- Anonymous Call Rejection with ID
- Directory Assistance Block
- Call Forward No Answer
- Ultra-Call Forward
- Call Forward Busy
- Call Forward Variable
- *69-Call Return
- *66-replace Dial
- Speed Dial 8
- Non-Published

*Unlimited Local calls within your local calling area

Xchange LifeLine plans apply to only to one line per eligible household. Telephone service must be listed in the applicant's name.

LifeLine Service by Xchange Telecom

What is LifeLine Service and How Do I Qualify?

Xchange LifeLine service makes phone service affordable for low income households. If you are enrolled in one of the programs listed below, you automatically qualify to enroll in one of our discounted phone plans.

- Food Stamps (FS)
- Medicaid
- Safety Net Assistance
- Family Assistance
- Supplemental Security Income
- Veteran's Surviving Spouse Pension
- Veteran Disability Pension
- Home Energy Assistance Program
- Temporary Assistance for Needy Families (TANF)
- National School Lunch Program's free lunch program

Proof of Program Documentation Includes:

- A photocopy of your benefit card.
(Do not send your original)
- A retirement/pension statement of benefits

Is your household income at or below 135% of the Federal Poverty Level?

Household Size	Gross Monthly Income
1	\$1,218
2	\$1,639
3	\$2,060
4	\$2,481
5	\$2,901
6	\$3,322
7	\$3,743
8	\$4,164
Each add'l member add \$421	

Proof of Income Documentation Includes:

- Copy of your most recent federal or state tax return
- Pay stubs from the last month
- Social security statement of benefits
- Veteran Administration statement of benefits
- Unemployment/Worker's Compensation statement of benefits
- A divorce decree or child support documents
(Do not send your original)

Xchange LifeLine Services Provides You With:

- Monthly discounted phone line
- No Deposit Required
- Free Blocking of 900 and 976 Numbers
- Free Toll Restrictions

To apply for the discounted phone service, please complete the application and return it along with your proof of eligibility. You are required to prove your eligibility when subscribing to LifeLine services. **Do not send original copies.** You may send in a photocopy of your benefits card with the application. If you only receive HEAP, please send a copy of your approval notice or a copy of a recent utility bill showing your HEAP benefit.