



LIFELINE PROGRAM

Consent to Apply Lifeline Benefit to NEMR

OR

Transferring My Current Lifeline Benefit to NEMR

ACCOUNT INFORMATION

Account Owner: _____
As it appears on the customer account

Account Number: _____

DOB: _____

Phone: _____

Last 4 of SSN: _____

Service Address: _____

Complete information exactly as entered into the National Verifier

Benefit Qualifying Name: _____

DOB: _____

Last 4 of SSN: _____

Check the Appropriate Box Below

I have applied and been approved thru the National Verifier to receive the Lifeline Benefit and give my consent to apply the benefit to service received from NEMR.

I am currently receiving the Lifeline Benefit from another provider and give my consent to transfer the Lifeline Benefit to service received from NEMR.

PROGRAM DISCLOSURES:

I acknowledge that NEMR has explained that I cannot receive more than one Lifeline benefit per household.

Account Owner

Date