

### **Lifeline Program Enrollment Application (California)**

Completion of this form is required. This form is used for the purpose of verifying your eligibility for and enrolling you in in federal Lifeline and California LifeLine benefits and an eligible American Broadband and Telecommunications Company, LLC ("AMBT") Lifeline service plan, including AMBT service marketed under the American Assistance brand and any other brand "powered by American Broadband and Telecommunications Company, LLC," and will not be used for any other purpose. Federal Lifeline and California LifeLine benefits are subject to verification of eligibility by the California LifeLine Administrator.

#### **E-sign Certification:**

- ☐ I consent to use of this electronic form. I understand I have the right to enroll in the service using non-electronic methods. I further understand that I have the right to withdraw this consent at any time prior to the activation of my service. American Assistance has advised me and I understand that I may request a paper copy of my contractual terms and associated fees or withdraw this consent by calling 1-877-266-7212.

#### **Personal Information:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last Four SSN (or Tribal ID): \_\_\_\_\_

#### **Residential Address (may not be a PO box):**

☐ Permanent

☐ Temporary

Residential Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

#### **Billing Address (if different from above) (PO Boxes are permitted):**

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

#### **Service activation and usage requirement:**

AMBT service is a prepaid service offered by AMBT to subscribers eligible for Lifeline discount benefits in states where it is authorized to do so. You agree that your service will be activated upon submission of this application form and completion of the eligibility verification and enrollment process. To keep your account active, you must use the service at least once during any 30-day period by completing an outbound call, sending a text message, using cellular data, purchasing additional service from AMBT, answering an in-bound call from someone other than AMBT, or by responding to a direct contact from AMBT confirming that you want to continue receiving service from AMBT. If your service goes unused for 30 days, you will no longer be eligible for Lifeline benefits and your service may be suspended (allowing only 911 calls and calls to the AMBT customer care center) subject to a 15-day cure period during which you must use the service (as described above) in order to fully re-activate your service, keep your telephone number and remain enrolled in Lifeline.

- ☐ I hereby certify that I have read and understood the disclosures listed above regarding activation and usage requirements.
- ☐ I am hereby informed that AMBT maintains a Compliance Hotline for public use. I understand that this hotline is available 24 hours a day by dialing 1-888-392-3001 from any phone, and that I may remain anonymous if I wish. I can use this service to report suspected Lifeline rule violations by any person representing themselves as associated with AMBT or its brand names. Compliance-related calls will be returned within one or two business days.

### **Lifeline Application, Disclosures, Authorizations and Certifications<sup>1</sup>**

Lifeline is a government benefit program operated by the Federal Communications Commission (FCC) that provides discounts on monthly broadband Internet access service and/or voice service.

Willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the Lifeline program.

Only one Lifeline benefit is available per household. A household is not permitted to receive discounted Lifeline services from multiple providers. 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. Violation of the one-per-household limitation constitutes a violation of the FCC's rules and will result in you being de-enrolled from the Lifeline program.

Lifeline discount benefits are not transferrable to other households or persons.

Eligibility for Lifeline is determined by the National Verifier and National Lifeline Accountability Database, administered by the Universal Service Administrative Company (USAC), or an alternative verification process approved by the FCC. For more information about Lifeline and program eligibility requirements, call us at 1-877-266-7212 or visit <https://www.americanassistance.com/eligibility>.

AMBT's complete Terms and Conditions, including our Acceptable Use and Privacy Policies, apply and are available at <https://www.americanassistance.com/>.

- ☐ **I hereby certify that I have read and understood the disclosures listed above regarding Lifeline benefits and consent to enroll in Lifeline with AMBT.**
- ☐ I acknowledge that I am providing the information I have included in this form to CGM Solutions, Inc." CGM" and further authorize CGM to receive and use my information for enrollment verification and waste, fraud, and abuse mitigation purposes. I also authorize CGM to receive and use my historic Lifeline enrollment information for verification and waste, fraud, and abuse mitigation purposes.
- ☐ I authorize AMBT and its marketing and channel partners, including CGM Solutions, Inc., for the purpose of applying for, determining eligibility, enrolling in and seeking reimbursement of Lifeline benefits, to collect, use,

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<sup>1</sup> Completion of this form does not eliminate the need for the applicant to complete the Standard Lifeline Application Form which is required.

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 Lifeline service discount was initiated and if applicable, terminated, usage status and other compliance requirements, the amount of support being sought for the service, and information necessary to establish identity and verifiable address. This information may be shared with USAC or the California LifeLine Administrator to ensure proper administration of the Lifeline program. Failure to provide consent will result in me being denied Lifeline benefits and service.

#### **Lifeline Eligibility Criteria and Electronically Initialed Certifications:**

- ☐ Program eligibility: \_\_\_\_\_ program
- ☐ Income eligibility: \_\_\_\_\_ number of individuals in household

You must acknowledge each of the certifications below individually and under penalty of perjury:

- ☐ I meet the income-based or program-based eligibility criteria for Lifeline in FCC rule 47 C.F.R. § 54.409;
- ☐ I will notify AMBT within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit;
- ☐ If I am seeking to qualify for Lifeline as an eligible resident of Tribal lands, I live on Tribal lands, as defined in FCC rule 47 C.F.R. 54.400(e);
- ☐ If I move to a new address, I will provide that new address to American Assistance within 30 days;
- ☐ My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service;
- ☐ The information contained in this certification form is true and correct to the best of my knowledge;
- ☐ I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law; and
- ☐ I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits pursuant to FCC rule 47 C.F.R. § 54.405(e)(4).

#### **Lifeline Benefit Transfer Consent:**

A subscriber already enrolled in Lifeline with another provider must consent to the transfer of their Lifeline benefit to American Assistance.

The effect of a Lifeline benefit transfer is that your Lifeline benefit will be applied to AMBT's Lifeline service and will no longer be applied to service retained from your former Lifeline service provider. You may be subject to your former Lifeline provider's undiscounted rates as a result of the transfer if you elect to maintain service from that provider.

- ☐ **After receiving and reviewing the foregoing required disclosures, I consent to and authorize AMBT to transfer my current Lifeline benefit to AMBT, if I am found to already be receiving a Lifeline discount benefit from another Lifeline provider.**

## **Additional Disclosures, Consents and Certifications**

### **Certification of Truth and Correctness Under Penalty of Perjury:**

- ☐ By checking this box, I hereby certify, under penalty of perjury, that the information included in the foregoing applications and certifications is true and correct to the best of my knowledge.

### **Consent to Receive Communications**

- ☐ I authorize and give express consent for AMBT and its marketing and channel partners to contact me to validate my eligibility for, desire to participate in, or subscription to AMBT's Lifeline offers and other products and services via email, telephone, or text messaging, including calls using an automated telephone dialing system, manually, or with pre-recorded/artificial voice messages. Text messaging and data rates may apply. Consent for emails, calls and texts is optional and can be revoked at any time by dialing 611 from my AMBT provided wireless number, calling 1-877-266-7212, or replying "STOP" or other appropriate command in reply to an incoming text message. However, I understand that opting out will not affect AMBT's ability to contact me with notices and messages regarding Lifeline and/or any other service or product via the methods listed herein. For more information see our Terms and Conditions and Privacy Policy at <https://www.americanassistance.com>.
- ☐ I authorize and give express consent for AMBT to use and share my Customer Proprietary Network Information (CPNI) for marketing purposes. You have a right, and AMBT has a duty, under federal law, to protect the confidentiality of CPNI. CPNI is information made available to us solely by virtue of our relationship with you that relates to the type, quantity, destination, technical configuration, geolocation data, and amount of use of the telecommunications services you purchase from us, as well as information related to the billing for those services. You will continue to receive AMBT communications services if you choose to not consent. Customer Proprietary Network Information (CPNI) is described in our Privacy Policy at <https://www.americanassistance.com>. You may withdraw your consent at any time by reaching us as described in our Privacy Policy.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_