IMPORTANT

Please complete and sign page 1.

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

Xchange is responsible for ensuring that USAC, the administrator of the Federal Lifeline Program, has the necessary information required to determine your continued eligibility. This information includes:

- Your Name and Residential Address,
- Your Telephone Number,
- The last four digits of your Social Security Number
- The program based on which you are claiming eligibility, and if income eligibility is being claimed.

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)

The address stated above is my: ☐ Permanent Address ☐ Temporary Address

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

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

E-mail_____ **Current Telephone Provider** _____

Billing Address (*if different than home address*)

Billing Address _____
(Number) (Street) (Apartment number if applicable) (City or town) (State) (Zip code)

Qualifications

Please provide your Social Security Number _____ D.O.B / /

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

Please Choose One:

☐ I ☐ A member of my household ☐ My dependent (If a dependent or member of household, please indicate name: _____) am/is receiving assistance from: (Check only one program)

☐ Medicaid ☐ Family Assistance ☐ Veteran's Surviving Spouse Pension (SSP)
☐ Food Stamps (FS) ☐ Supplemental Security Income (SSI) ☐ Veteran Disability Pension
☐ Safety Net Assistance ☐ Home Energy Assistance Program (HEAP) ☐ National School Lunch Program
☐ Income Eligible (IE) but not receiving benefits. ____ number of individuals in my household
Please fill out proof of income documentation. See eligibility requirements on page 3.

Please Choose One Plan. (See Rate Sheet)

☐ **Plan A** LifeLine **BIG**talk Local *(Includes Feature Pack)*
☐ **Plan B** LifeLine **BIG**talk Metro *(Includes Feature Pack)*
☐ **Plan C** LifeLine **BIG**talk USA *(Includes Feature Pack)*
☐ Add Non-Published ($2.95)

Additional Features_____

How did you hear about us? _____

Optional Payment Method

To get up to $1.50 off your bill!

AUTOPAY DISCOUNT☐ Master Card☐ Visa☐ Discover☐ Amex☐ e-Check☐

Name_____ Account#_____

Exp. Date_____ CVV Number_____ Check Routing Number/ABA Number_____
(For e-check only)

☐ Check here to select e-billing through your email address for an additional $0.50 monthly discount!

PLEASE READ AND SIGN THE FOLLOWING STATEMENT

Letter of Authorization: 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 (intraLATA), intrastate (long distance), 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 (intraLATA), intrastate (long distance), 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.

Terms & Conditions: 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.

I further agree to be bound by the terms of service posted at http://www.xchangetele.com/termsofservice.aspx. I understand that they are subject to change. If I do not agree with the change, I will immediately cease use of the service. I agree that my continued use of the service after revision is an acceptance of those terms of service. I further agree to subscribe to Xchange's toll limitation service ("TLS") which will block all toll calls over $_ (if left blank, $25.00) a month☐ I elect toll blocking☐ I opt out of TLS

If I selected e-billing above, I agree to accept any bills and other correspondence sent to the email address that I provide above or any other email address that I provide as if it was physically mailed to me. If I would like to opt out of e-bill, I understand that I must contact Customer Service.

Certification of Eligibility: Additionally I Certify, under penalty of perjury, that:

- **I understand that Lifeline is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program**
- **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.**
- **My household will receive only one Lifeline service, and that, to the best of my knowledge, no one in my household currently receives lifeline support through another phone carrier including a cell phone provider. I further understand and acknowledge that violation of this one-per-household limitation constitutes a violation of the FCC's rules and will result in my de-enrollment from the lifeline program.**
- **I declare that that all combined income proof for this household has been included**
- **If I become ineligible for benefits or any of the conditions listed above change, I will immediately contact Xchange Telecom within 30 days to let them know I am no longer eligible for LifeLine Services.**
- **If I change my address, I will provide Xchange Telecom with a new address within 30 days**
- **If I provided a temporary address above, I will provide Xchange Telecom with a verification every 90 days of my temporary address**
- **I understand that Lifeline is a non-transferable benefit and that I cannot transfer the benefit to any other person.**
- **The information contained in my subscription for is true and correct, to the best of my knowledge,**
- **If I am qualifying on behalf of a dependent or member of my household, I certify that the person whose benefit card is attached is my dependent or a member of my household**
- **That I can be required to recertify my eligibility at any time, and that my failure to recertify will result in de-enrollment and termination of my lifeline benets.**

Signature_____ Date_____/_____/_____ Agent ID: 4720

MAIL OR FAX SIGNED APPLICATION AND PROOF OF ELIGIBILITY TO:

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

Contact Us: 718.705.9900 **Fax:** 718.663.0202 **Email:** lifelineorders@xchangetele.com **www.BigTalkNY.com**

Pursuant to Heter Iska

LifeLine BIGtalk Plans And Services

New York Metro Plans

LifeLine BIGtalk Local

Plan A	Unlimited Local Calling	
	Local Usage	Unlimited
	Regional Usage	$.099/min
	Intrastate Usage	0.069
	Interstate Usage	0.045

Monthly Charge **$26.99**
As Low As: **$23.99***
INCLUDES ALL TAXES & FEES

Plan A includes FREE Feature Pack

*Available Discounts:
-$2.00 : New Customer Sign-Up Bonus (*First 12 Months*)
-$0.50 : AutoPay Discount
-$0.50 : E-Bill Discount

LifeLine BIGtalk Metro

Plan B	Unlimited Local & Regional Calling	
	Local Usage:	Unlimited
	Regional Usage:	Unlimited
	Intrastate Usage:	0.069
	Interstate Usage:	0.045

Monthly Charge **$27.99**
As Low As: **$24.99***
INCLUDES ALL TAXES & FEES

Plan B includes FREE Feature Pack

*Available Discounts:
-$2.00 : New Customer Sign-Up Bonus (*First 12 Months*)
-$0.50 : AutoPay Discount
-$0.50 : E-Bill Discount

LifeLine BIGtalk USA

Plan C	Unlimited Local, Regional, & USA Calling	
	Local Usage:	Unlimited
	Regional Usage:	Unlimited
	Intrastate Usage:	Unlimited
	Interstate Usage:	Unlimited

Monthly Charge **$31.49**
As Low As: **$27.99***
INCLUDES ALL TAXES & FEES

Plan C includes FREE Feature Pack PLUS 200 Free International Minutes**

*Available Discounts:
-$2.00 : New Customer Sign-Up Bonus (*First 12 Months*)
-$1.00 : AutoPay Discount
-$0.50 : E-Bill Discount

BIGtalk Plan Add Ons

Feature Pack Includes Our Six Most Popular Features:
- CallerID w/Name
- Call Waiting
- 3-Way Calling
- Anonymous Call Reject
- *69-Call Return
- *66-Repeat Dial

Optional LifeLine Add-Ons:
- **Inside Wire Maintenance** $2.49
- **VoiceMail** $4.95

Premium Feature Package $5.95
- Voicemail
- Call Forwarding

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
- Speed Dial 8
- Non-Published

All plans include BIGtalk fraud prevention at no charge. Fraud prevention prevents your long distance bill from unnecessary cost overruns by monitoring your toll calls. You can rest assured that your toll bill will never exceed the limit you set. After the limit is reached, a message will route the call to Customer Service to prevent fraudulent use.

*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.
Price reflects e-bill discount of $0.50, Autopay discount ($0.50 for BigTalk Local and Metro, $1.00 for Bigtalk USA), and $2.00/month new customer discount. New Customer discount expires after one year of service.
One year service contract required, early termination fees may apply. Territorial restrictions apply. Free minutes are a promotion, and may be discontinued.
**Free international minutes are limited to Western Europe and Israel

LifeLine BIGtalk Service By Xchange Services

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.

Please remember:
(i) Lifeline is a federal benefit. Willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program;
(ii) Only one Lifeline service is available per household;
(iii) 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;
(iv) A household is not permitted to receive Lifeline benefits from multiple providers;
(v) Violation of the one-per-household limitation constitutes a violation of the Commission's rules and will result in the subscriber's de-enrollment from the program; and
(vi) Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

To whom it may concern,

I am hereby affirming, under penalty of perjury, that my household monthly income is $_____, and that neither myself, my dependents, nor a member of my household are currently enrolled in any of the programs needed to qualify for Lifeline. With the income stated above, I am eligible for Lifeline home telephone service from Xchange Telecom.

I Certify that I have ___ members in my household.

To prove my eligibility, I have attached one of the following documents:

_ Prior year's state, federal, or Tribal tax return
_ Current income statement from an employer or paycheck stub (please attach 3 months)
_ Social Security statement of benefits
_ Veterans Administration statement of benefits
_ Retirement/pension statement of benefits
_ Unemployment/Workers' Compensation statement of benefit
_ Federal or Tribal notice letter of participation in General Assistance
_ A divorce decree, child support award, or other official document containing income information.

I understand that if/when I am no longer eligible, my Xchange LifeLine Service will be changed to the regular residential rate.

I also give Xchange Telecom the right to access my tax records if required.
I further agree to be bound by the terms of service posted at http://www.xchangetele.com/termsofservice.aspx. I understand that they are subject to change. If I do not agree with the change, I will immediately cease use of the service. I agree that my continued use of the service after revision is an acceptance of those terms of service.

I attest that the information contained in my application and this letter is true and correct to the best of my knowledge and I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.

Print Name:_____ Date:_____

Signature:_____