

## 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](mailto:LifeLineOrders@Xchangetele.com)

# Application for Xchange Telecom's LifeLine Service

(Metro NY Discounted Telephone Service)



### CUSTOMER ADDRESS AND PHONE NUMBER

Name of Applicant \_\_\_\_\_  
(Last) (First) (Middle initial)

Home Address \_\_\_\_\_  
(Number) (Street) (Apartment number if applicable)

\_\_\_\_\_  
(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)

- 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. Please provide proof of income documentation. See chart on page 3.

See page 3  
**Do not send original.**

### PLEASE CHOOSE ONE PLAN (See page 2 for plan details)

- Plan A LifeLine Basic
- Plan B LifeLine Basic with Features
- Plan C LifeLine Local
- Plan D LifeLine Local with Features
- Plan E LifeLine USA Plus
- Inside Wire Maintenance
- Unlimited Canada
- Premium Feature Package

Additional Feature(s): \_\_\_\_\_ Current Telephone Provider \_\_\_\_\_

Optional Payment Method  Master Card  Visa  Discover  Amex  e-Check

Name \_\_\_\_\_ Account# \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVV Number \_\_\_\_\_ Check Routing Number/ABA Number \_\_\_\_\_

### 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 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 administering 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 Services Xchange Telecom P.O. Box 190433 Brooklyn, NY 11219-0433**  
Contact Us: 718.663.0000 Fax: 718.663.0202 www.lifelinenewyork.com

# LifeLine Plans And Services

## New York Metro Plans

### LifeLine Xchange Basic

<b>Plan A</b>	<b>Line Charge:</b>	\$1.00	Monthly Charge <b>\$1</b>
	<b>Local Usage:</b>	\$.09/call	
	<b>Regional Usage</b>	\$.099/min	<b>Estimated MRC With Tax</b> <b>\$1.16</b>
	<b>IntraState Usage</b>	0.069	
	<b>InterState Usage</b>	0.045	

### LifeLine Xchange Basic With Feature Pack

<b>Plan B</b>	<b>Line Charge:</b>	\$1.00	Monthly Charge <b>\$14.95</b>
	<b>Feature Pack:</b>	\$13.95	
	<b>Local Usage</b>	\$.09/call	<b>Estimated MRC With Tax</b> <b>\$17.54</b>
	<b>Regional Usage</b>	\$.099/min	
	<b>IntraState Usage</b>	0.069	
	<b>InterState Usage</b>	0.045	
	<i>Includes 4 Features: Caller ID, Call Waiting, 3-Way Calling &amp; Anonymous Call Reject</i>		

### LifeLine Xchange Local\*

<b>Plan C</b>	<b>Line Charge:</b>	\$1.00	Monthly Charge <b>\$10.15</b>
	<b>Unlimited Local:</b>	\$9.15	
	<b>Regional Usage</b>	\$.099/min	<b>Estimated MRC With Tax</b> <b>\$11.90</b>
	<b>IntraState Usage</b>	0.069	
	<b>InterState Usage</b>	0.045	

### LifeLine Xchange Local\* With Feature Pack

<b>Plan D</b>	<b>Line Charge:</b>	\$1.00	Monthly Charge <b>\$24.10</b>
	<b>Feature Pack:</b>	\$13.95	
	<b>Unlimited Local</b>	\$9.15	<b>Estimated MRC With Tax</b> <b>\$29.44</b>
	<b>Regional Usage</b>	\$.099/min	
	<b>IntraState Usage</b>	0.069	
	<b>InterState Usage</b>	0.045	
	<i>Includes 4 Features: Caller ID, Call Waiting, 3-Way Calling &amp; Anonymous Call Reject</i>		

### LifeLine Xchange USA Plus

<b>Plan E</b>	<b>Line Charge</b>	\$1.00	Monthly Charge <b>\$28.60</b>
	<b>Unlimited USA</b>	\$27.60	
	<b>Unlimited Local:</b>	Unlimited	<b>Estimated MRC With Tax</b> <b>\$33.54</b>
	<b>Regional Usage</b>	Unlimited	
	<b>IntraState Usage</b>	Unlimited	
	<b>InterState Usage</b>	Unlimited	
	<i>Includes 4 Features: Caller ID, Call Waiting, 3-Way Calling &amp; Anonymous Call Reject</i>		

### Optional LifeLine Xchange Add Ons

<b>Extras</b>	<b>Inside Wire Maintenance (with Plan B, D, E)</b>	\$3.95	<b>Single Feature Includes:</b> \$2.95(per feature):  <ul style="list-style-type: none"> <li>• Directory Assistance Block</li> <li>• Call Forward No Answer</li> <li>• Ultra-Call Forward</li> <li>• Call Forward Busy</li> <li>• Call Forward Variable</li> <li>• *69-Call Return</li> <li>• *66- Repeat Dial</li> <li>• Speed Dial 8</li> <li>• Non-Published</li> </ul>
	<b>Inside Wire Maintenance (with Plan A, C)</b>	\$4.95	
	<b>Unlimited Canada (Plan E Only)</b>	\$4.95	
	<b>Premium Feature Package:</b>	\$5.95	
	<ul style="list-style-type: none"> <li>• Voicemail</li> <li>• *69- Call Return</li> <li>• Call Forwarding</li> <li>• *66- Repeat Dial</li> </ul>		
<b>Single Premium Feature:</b>	\$4.95 (per feature)		
	<ul style="list-style-type: none"> <li>• Voicemail</li> <li>• Speed Dial 30</li> <li>• Gold Number Service</li> <li>• Additional Listing</li> </ul>		

\*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
- Free Blocking of 900 and 976 Numbers
- No Deposit Required
- 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.