

This signed Lifeline Enrollment Form (“Enrollment Form”) is required to enroll you in T-Mobile’s Lifeline program. The National Verifier, not T-Mobile, determines your eligibility to receive Lifeline. **Only persons who have been determined to be eligible by the National Verifier should complete this Enrollment Form.** If you have not qualified for Lifeline through the National Verifier, please visit <https://nationalverifier.service-now.com/lifeline> to apply or complete and submit your paper application. The information you enter on this Form must be the same as what you provided to the National Verifier.

### PERSONAL INFORMATION

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Last 4 Digits of Social Security Number or Tribal ID Number: \_\_\_\_\_  
 Contact Phone Number: \_\_\_\_\_ T-Mobile Phone Number (if applicable): \_\_\_\_\_

**Residential Address:** *Must be a street address (not a P.O. Box) and your principal residence*

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Check here if the billing address is the residential address. *Billing Address may contain a P.O. Box*

Billing Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

If you are qualifying through a child or dependent in your household, please complete the following:

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Last 4 Digits of Social Security Number or Tribal ID Number: \_\_\_\_\_

### BENEFIT TRANSFER

I currently receive Lifeline benefits from another carrier and I request that T-Mobile submit a Benefit Transfer on my behalf. I understand that I will only receive Lifeline benefits from T-Mobile and will lose my benefits from my current service provider.

### CERTIFICATION

I authorize government agencies and their authorized representatives to discuss with, receive from and provide information to T-Mobile that is relevant to my eligibility to receive Lifeline benefits from T-Mobile.

I acknowledge that T-Mobile will, and I give my consent for T-Mobile to, use my personal information, including my name, address, and telephone number among other items as required, to verify my eligibility to receive Lifeline benefits with the Universal Service Administrative Company.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### SUBMISSION INSTRUCTIONS

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND CAN BE SUBMITTED BY:

MAIL

FAX

E-MAIL

T-Mobile – Lifeline Support  
 P.O. Box 37380  
 Albuquerque, New Mexico 87176

813-348-5724

USLifeline@t-mobile.com

### NOTICES

T-Mobile’s applicable Terms and Conditions of service apply to existing or newly activated service (a copy may be obtained by visiting [www.t-mobile.com](http://www.t-mobile.com)).

T-Mobile offers Lifeline services only in areas where it has been designated as an Eligible Telecommunications Carrier. Pennsylvania consumers with unresolved disputes regarding Lifeline services may contact the Public Utility Commission’s Bureau of Consumer Services at 1-800-692-7380 for assistance in resolving their issues.

Link Up is available only to qualifying consumers who also reside on federally-recognized tribal lands in certain states and if T-Mobile assess an activation fee on the consumer. For purposes of the Lifeline program, the term “Tribal Lands” includes any federally recognized Indian tribe’s reservation, pueblo, or colony, including former reservations in Oklahoma, Alaska Native regions established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688), Indian allotments, and Hawaiian Home Lands.