

## Section 1

Date (MM/DD/YYYY): 08/04/2022

Please make sure that you provide correct personal information. Your information will be validated against Public Records and any discrepancies could result in delays in your approval or rejection of service.

1. PLEASE PRINT name and physical residence address of person verifying for assistance:

ALEVRAS	JAMES	PAUL	3703	11/28/1970
Legal Last Name	Legal First Name	MI	SSN (Last 4)	Birth Date (MM/DD/YYYY)
889 HARRISON AVE	BOSTON		02118	
Street Address / Apt. Number (no PO BOX allowed)	City		Zip Code	
	MA	8573011342	JALEVRAS1970@GMAIL.COM	
Address Line 2	State	Contact Phone Number	Email Address	

## Mailing Address

Mailing Address (PO Box allowed)	Mailing Address 2	City	Zip Code	State

Complete this part **ONLY** if your child or dependent is the Lifeline eligible applicant.

Legal First Name	Legal Last Name	Birth Date (MM/DD/YYYY)	SSN (Last 4)

## Your Plan Features



## Affordable Connectivity Program Benefit

Unlimited Talk &amp; Text plus Calls to Canada &amp; Mexico\*, 25GB Total of High-Speed Data† &amp; up to 5GB of Hotspot Data\*\*

† Video typically streams at DVD quality.

\* Dial up to 15 unique landline and mobile numbers (in select destinations only, which are subject to change at any time) each 30-day cycle. Calls must originate from the US or Puerto Rico; no international roaming allowed. Terms and Conditions at SafeLink.com

\*\* Your Hotspot or BYOP service can only be activated where Service is available, offered, and supported by SafeLink. Services are provided at SafeLink's discretion. Hotspot data may not be available for AT&amp;T-compatible SIMs. Compatible device required. Unused balance will not carry over from month to month. A month equals 30 days.

## Section 2

I hereby certify that I or someone in my household currently get benefits from the government program(s) listed below or meet the income guidelines:

- ☒ Medicaid
- ☒ Supplemental Nutrition Assistance Program (SNAP) Food Stamps

- I acknowledge that SafeLink has clearly disclosed to me that:
  - The Affordable Connectivity Program is a government program that reduces my broadband Internet access service bill;
  - If the program ends, if I transfer my benefit to another provider but continue to receive service from SafeLink, or upon de-enrollment from the Affordable Connectivity Program, I will be subject to SafeLink's undiscounted rate and general terms and conditions;
  - I may apply the ACP benefit to any broadband service offering of SafeLink at the same terms available to households that are not eligible for ACP-supported service;
  - I may obtain broadband service supported by the Affordable Connectivity Program from any participating provider of my choosing; and
  - I may file a complaint against its provider via the Commission's Consumer Complaint Center.
  - We have the right to disconnect your Affordable Connectivity Program-supported service after 90 consecutive days of non-payment. Since SafeLink is free, this provision is not applicable to you (this disclosure is an FCC requirement).
- I authorize SafeLink to communicate any information provided (including full name; full residential address; date of birth; the telephone number associated with the Affordable Connectivity Program service; the date on which the Affordable Connectivity Program discount initiated; the date on which the Affordable Connectivity Program discount terminated if it has terminated; the amount of support sought for that service; and the means through which I qualified for the Affordable Connectivity Program) to the Universal Service Administrative Company (USAC) to ensure proper administration of the Affordable Connectivity Program and/or connected device benefit. Failure to provide consent will result in me being denied the Affordable Connectivity Program service and/or the connected device benefit.
- I authorize SafeLink to query the National Lifeline Accountability Database to determine whether I have previously received a connected device benefit.
- If I already receive Affordable Connectivity Program supported service with another provider, then I understand the following:
  - That I will be transferring its affordable connectivity program benefit to SafeLink;
  - That the effect of the transfer is that my Affordable Connectivity Program benefit will be applied to SafeLink service and will no longer be applied to service retained from my previous provider;
  - That I may be subject to my previous provider's undiscounted rates as a result of the transfer if I elect to maintain service from that provider; and
  - That I am limited to one affordable connectivity program benefit transfer transaction per service month, except to reverse an unwanted transfer or if I am unable to receive service from a specific provider.

- All the answers and agreements that I provided on this form are true and correct to the best of my knowledge.
- I accept the SafeLink Terms and Conditions of Service and Agreement to Arbitrate Disputes <https://safelinkwireless.com/termsandconditions>

The services described are provided by TracFone Wireless Inc. Households may be eligible for the Affordable Connectivity Program if they are qualified for Lifeline, free or reduced-price school lunch, Pell Grant, or the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). Affordable Connectivity Program service is non-transferable and is limited to one discount per household. All Affordable Connectivity Program packages offered by Safelink are free. The service upload/download speeds and data caps vary based on the available Affordable Connectivity Program qualifying plan; please visit [www.MyACPBenefit.com](http://www.MyACPBenefit.com) for information of available plans, their terms and conditions, and a list of available connected devices which you may purchase. Safelink customer service may be reached at 1-833-333-9ACP or 1-833-333-9227. Affordable Connectivity Program is a federal government benefit program operated by the Federal Communications Commission and, upon its conclusion, your service, if you choose to continue it, will be subject to the Safelink's regular rates, terms, and conditions.

If I am transferring a benefit, I acknowledge I was provided the disclosures concerning the effect of transferring my benefit and having received the required disclosures, I give my informed consent to transfer my benefit to Safelink.

I understand this is a digital signature and is the same as if I sign my name with a pen.

By signing below, I separately affirm and agree to each of the above statements

08/04/2022 10:49  
Date (MM/DD/YYYY)

Electronically Signed by JAMES ALEVRAS August 4, 2022  
E-Signature

WASL801  
PromoCode

## Have Questions?

Call our Support phone number at: 1-800-SafeLink (723-3546).