

For Partner Use Only: **H M V P** - **0 0** - **0 0**

**1 PERSONAL INFORMATION**

The person below **MUST BE** the same person applying for Lifeline service. Please do not forget to sign the application in Section 3.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm/dd/yyyy

Last 4 digits of SSN:     Home Telephone Number: \_\_\_\_\_ (If applicable) Email: \_\_\_\_\_ (If applicable)

**Home Address:** Is this a temporary address?

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_  
(PO Boxes cannot be accepted)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Mailing Address: (if different from above)**

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_  
(PO Boxes allowed)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**2 COMPLETE SECTION 2. CHOOSE A OR B.**

You **MUST** provide proof of program participation or proof of income. **Do not** send original documents.

**A PROGRAM-BASED ELIGIBILITY**

Place a check mark  next to all programs that you or household members are currently enrolled in.

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)/ Food Stamps
- Supplemental Security Income (SSI) (Not the same as Social Security Benefits)
- Temporary Assistance to Needy Families (TANF)
- Federal Public Housing Assistance (Section 8)
- Low-Income Home Energy Assistance Program (LIHEAP)
- The National School Lunch Program's Free Lunch Program

**Provide proof of program participation, such as:**

- Your benefit ID card or other program participation document
- An eligibility letter from an authorized agency
- A benefits statement (current or prior year)

**B \$ INCOME-BASED ELIGIBILITY**

Place a check mark  next to your Household Size. To qualify, your Household Yearly Income must fall within the range indicated next to your Household Size. A Household is defined as any individual or group of individuals who live together at the same address and share income and expenses.

Household Size	Yearly Income	Household Size	Yearly Income
<input type="checkbox"/> 1	\$0 – \$15,512	<input type="checkbox"/> 5	\$0 – \$37,220
<input type="checkbox"/> 2	\$0 – \$20,939	<input type="checkbox"/> 6	\$0 – \$42,647
<input type="checkbox"/> 3	\$0 – \$26,366	<input type="checkbox"/> 7	\$0 – \$48,074
<input type="checkbox"/> 4	\$0 – \$31,793	<input type="checkbox"/> 8	\$0 – \$53,501

If there are more than 8 people in your household, add \$5,427 for each additional person            \$0 –           

**Example:** For household of 9 people, Yearly Income allowed: \$0 - \$58,928 (\$53,501 + \$5,427).

**Provide proof of income, such as:**

**Three consecutive months of ONE of these statements** (from the previous 12 months):

- Your pay stubs
- Social Security benefits statement
- Veterans Administration benefits statement
- Retirement/Pension benefits statement
- Unemployment/Workers' Compensation benefits statement

**ONE of these documents:**

- Prior year's State or Federal income tax return
- Income statement from employer
- Federal letter of participation in General Assistance
- Divorce decree or child support document containing income



**Mail the Application to:** Assurance Wireless, PO Box 686, Parsippany, NJ 07054-9726

**-OR-**

**Fax materials to:** 1-877-732-3018



NY999999999999GC



**TURN OVER TO COMPLETE**





**IMPORTANT INFORMATION ABOUT THE LIFELINE PROGRAM:** Assurance Wireless is a Lifeline supported service. Lifeline is a federal benefit, and only eligible subscribers may enroll. Customers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program. One Lifeline discounted service (landline or wireless) is available per household. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household rule constitutes a violation of federal rules and will result in de-enrollment from the Lifeline program and potential prosecution by the United States government. Lifeline is a non-transferable benefit. Service cannot be transferred to any individual, including another eligible, low income consumer.

**3 SIGNATURE**

**By signing below, I certify under penalty of perjury that the information contained within this Application is true and correct to the best of my knowledge.**

- I participate in a qualifying federal program or meet the income qualifications to establish eligibility for Lifeline. I have provided documentation as proof of eligibility for Section 2.
- If I have provided a temporary address, I must notify Assurance Wireless within 30 days of any change of address. Assurance Wireless will attempt to verify every 90 days that I continue to reside at that address. If I do not respond to these address verification attempts within 30 days, I will be de-enrolled.
- I will inform Assurance Wireless within 30 days of the following, and may be subject to penalties if I fail to do so:
  - I move to a new address.
  - I no longer participate in a Lifeline qualifying program or my annual household income exceeds 135% of the Federal Poverty Guidelines.
  - I become aware that my household is receiving more than one Lifeline benefit.
  - For any other reason, I no longer meet the criteria for federal Lifeline support.
- I authorize Assurance Wireless or its agent to access any records (including financial records) required to verify my statements herein and to confirm my eligibility for Assurance Wireless service. I authorize state or federal agency representatives to discuss with, and/or provide information to, Assurance Wireless verifying my participation in public assistance programs that qualify me for Assurance Wireless service.
- I authorize Assurance Wireless to provide access to or release any records required for the administration of Assurance Wireless service.
- I understand that the completion of this application does not constitute immediate approval for Assurance Wireless service.

**! You MUST place a check mark  next to all 3 statements, then sign and date below. YOUR APPLICATION CANNOT BE APPROVED WITHOUT 3 CHECK MARKS AND YOUR SIGNATURE.**

- 1. I certify that my household will receive only one Lifeline benefit. To the best of my knowledge, (i) my household is not already receiving a Lifeline benefit, or (ii) if I currently have a plan with a different service provider, and if I am approved for Assurance Wireless service, I will notify my current provider, **AND**
- 2. I understand that I may be required to re-certify continued eligibility for Lifeline at any time. Failure to do so will result in the termination of my Lifeline benefits, **AND**
- 3. I consent to have my personal identification information shared with the Universal Service Administrative Company (USAC) (the Lifeline Program administrator) and/or its agents for the purpose of confirming that neither I nor my household receives more than one Lifeline benefit.

**X** \_\_\_\_\_  
**SIGNATURE** (Please use blue or black ink)

**X** \_\_\_\_\_ **DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**PRINTED NAME** mm/dd/yyyy

**CONSENT TO SHARE MY TELEPHONE NUMBER AND ADDRESS WITH MVP HEALTH PLAN, INC.**

I authorize Assurance Wireless to share my wireless telephone number with MVP Health Plan, Inc. so that MVP Health Plan, Inc. may contact me by phone, voicemail or SMS text message to serve me better by giving me timely information that I may need to stay healthy, at no cost to me and send me promotional health related messages (e.g. MVP Health Plan, Inc. may send you an appointment reminder, let you know when you need to renew your coverage, tell you about a free event in your area, etc.). I know that I am under no obligation to authorize Assurance Wireless to share my telephone number or address as part of this program. I also know that I may opt-out of receiving these communications from MVP Health Plan, Inc. at any time by calling MVP Health Plan, Inc. at 1-800-852-7826, TTY 1-800-622-1220 for voicemail and phone or by replying **'STOP'** to SMS text messages. I may get text messaging help by replying **'HELP'**.

\_\_\_\_ Initial here to receive important messages from MVP Health Plan, Inc. at no cost. Calls or text messages from MVP Health Plan, Inc. are free and will not count against your voice or text plan.



- Have you provided your Date of Birth and your Last 4 Digits of SSN?
- Have you attached proof of eligibility?
- Have you checked all 3 statements above and signed the Application?

**Your Application cannot be approved without these items.**

Also, don't forget to initial the "Consent to Share my Telephone and Address" section to receive free texts from MVP Health Plan, Inc.