

**TELRITE CORPORATION'S RESPONSES TO QUESTIONS ONE
THROUGH FIVE OF THE COMMISSION LETTER DATED JULY 3, 2013
CASE NO. PU-13-51**

1. **IDV and PQA SUMMARIES INCLUDED.**
2. **2012 RECERTIFICATIONS INCLUDED.** Expected submission deadline of the 2013 Recertification results is January 31, 2014.
3. Telrite performs an internal address duplicate check (to ensure that the prospective customer or someone at that address does not currently have Lifeline service from Telrite) and performs an external duplicate check using CGM, LLC's intercompany duplicate database ("IDD"). The duplicate check process is explained in more detail in the response to #4. Telrite had 143 customers appearing in an FCC citation.
4. Telrite has Compliance and Field Operations teams that investigate possible waste, fraud and abuse by Telrite personnel or representatives and either resolve the issues or escalate them. Solutions can include additional training, deactivation of credentials, termination and possible legal action. To discover potential waste, fraud and abuse, the Compliance Department is responsible for tracking and monitoring data entry, orders and behavior of Telrite personnel engaging in Lifeline enrollments, as well as conducting data audits (tracking statistics on orders to look for irregularities), customer quality calls, secret shopping, no-notice field audits and photo audits (random audits requiring the representative to take a photo of the event set-up). Telrite's Compliance Department is itself subject to outside audits by CGM. The audit program is designed to detect fraud by monitoring reports and field practices. The compliance manager will recommend to the shareholders policies and procedures based on regulations, company directives and audit findings:

Type of Audits:

Data Review: We perform a field representative data review (Health Check). This consists of checking activation data for any duplicate or similar entries in Name, Address, DOB and SSN fields and reviewing the field representative's report percentages. We investigate any percentage that exceeds the company average and try to determine what is causing the percentage to be outside the normal range. We have the ability to see both entered orders and attempted orders which aids in detecting misconduct. Activations, returns, address attempts, Important Notice "Yes" "No" selections and other data will be reviewed on a regular basis to detect trends. Any data trends identifying suspected fraud will be aggressively investigated and potentially result in immediate deactivation of the

Representatives ability to input new orders and possible further disciplinary action. There will be no notice of Data Review audits.

Quality-call: A percentage of new activations received from each Representative's sales will be called to ensure that end user was properly enrolled and is satisfied with their experience. Calls won't count against minute allotment. There will be no notice of Quality-call audits.

On-Site: The Compliance Manager will also conduct field audits. Field audits will take between 2 and 4 hours. The Representatives will be graded according to the grading system. When possible, an on-site review of findings will be conducted. A summary of findings will be submitted to the management of Life Wireless. Any penalties, notifications, or improvements must be met by the deadline imposed or disciplinary action may be taken. There will be NO notice of an On-Site audit.

The following is a sample of what will be reviewed during On-Site audits:

Site	Sign up	Other
Dress Code	One per household check	Fraud Prevention
Tent, Signs	ID check	Greeting Customers
Badges	One address check	Use of signs
Safety	Proof of Assistance	Outreach efforts
Attendance	Recharge Instructions	Address of site accurate

Grading & Points

All audits will report the following findings with associated scored points and details:

VIOLATIONS: Disregard, refusal to comply, or knowingly violating company policies, federal and state regulations, program guidelines, and committing or assisting in fraudulent activities

PENALTY: Findings will be reported to management and immediate disciplinary action will be taken to potentially include termination of all agreements and/or employment with the company, forfeiture of commissions and prosecution.

NEEDS IMPROVEMENT: Partially meeting expectations of a Representative. Examples include: Trash in site location, conduct toward customers, and placement of non-policy or regulatory signs.

PENALTY: Deadline based corrective action documentation (with photo when applicable) that issue has been addressed. Multiple notations of infractions, repeated infractions or refusal to address infractions may result in disciplinary action.

OBSERVATIONS: Meant to improve the overall quality level expected of all Representatives.

PENALTY: There are no penalties associated with Observations. Representatives and Managers are expected to address observations to better their standing with the customer and company.

Representatives can expect to receive an Audit Findings report 2-5 business days after the On-Site audit. All Violations, Needs Improvements, and Observations will be clearly noted along with photos when applicable. The deadline for corrective action will be clearly noted and the Representative must comply by that date in writing (and photo when applicable).

The Findings Report will become a part of the Telrite Corporation Audit Book and may be used for training, filing disputes or provided during external audits. Additional training may be required as a result of findings.

Points are assigned to each item reviewed during an audit. Points provide the company with a snapshot of the overall adherence to regulations, policies and procedures. The total points that can be achieved in an audit equal 100.

Points may be used to increase or decrease your handset inventory so it is important to achieve the highest point total possible.

The point value is weighted from most to least based on the infraction. For example, failing to set up the site with the required tent will cause them to lose more points than not having their "Caution" sign displayed within three feet of their generator.

USE OF DATA TO DETERMINE WASTE, FRAUD, AND ABUSE:

History: USAC sent Telrite a list of Georgia customers in mid December 2012 that they suspected were potential duplicates. In each case, the customer information was not an exact match, but there were similarities between name and address. From that list, we were able to determine the percentage of similarity between two strings that they were comparing and then flagging as a duplicate. We use that percentage to test for duplicates in our processes now.

Algorithm: The specific formula that we use compares two strings and determines the number of characters that are similar between the two. We then divide that number by the length of both the strings and take the average of the two results. This gives us an approximate percentage of similarity that we then use to flag potential duplicates. A 75% percentage of similarity is what we found to be the cutoff used by USAC.

Business Rules: Based on the above, we have split our duplicate checks into 3 separate processes. The reason for this is the time need by the systems to perform the duplicate checks. This method is better than the old one because previous checks were done on exact matches only. We now are checking for similar names, addresses, etc instead of just exact matches.

- Check 1: Signup: At signup, we will check the customer's name for any other exact matches. For any exact name matches, we will then check for similar address, similar Date of Birth, and similar Last 4 of SSN. If two out of 3 are similar, then we will reject. We also check for an exact address match and then check all matches for similar name, similar D.O.B., and similar SSN. Again, if 2 out of 3 match, then we will reject.

- Check 2: Nightly: Every night, we take all customers that are either new or have been modified that day and check them for similarities been every other customer in that state. This allows us to do a more in-depth search for duplicates because we don't have the time constraint of the order entry.

- Check 3: Monthly: Every month, we take every active customer in the state and compare them against every other active customer in the state checking for similarities. We then have our Data Review Team manually review the list for duplicates and false positives.

Check 4: Proof Review: Finally, to insure that the correct information is being compared by the above checks, our Data Review Team reviews identity and subsidy proof on every order.

COPY OF EMPLOYEE TRAINING MANUAL IS INCLUDED.

5. Yes, Telrite will include a waiver of confidentiality on the enrollment form to satisfy this request.

FCC Form 555
November 2012

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

ARKANSAS

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

409016

Study Area Code(s) (SAC)

Telrite Corporation

ETC Name(s)

Life Wireless

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs,
attach additional sheets if necessary)

Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial JS

409016

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. *(Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility).* I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial _____

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

FCC Form 555
November 2012

Section 2: All ETCs (Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial *[Signature]*

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
39182	

C	D	E=C-D	F	G=(E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
16417	8266	8151	405	8556	23421

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

FCC Form 555
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June ____ (insert current year). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial _____

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

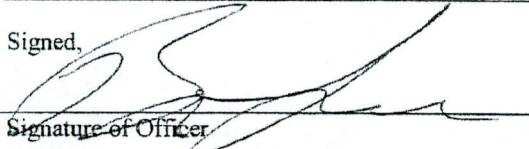
Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial BR

Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	12442
July	2396
August	2655
September	2357
October	1694
November	1467
December	1310

Signed,


Signature of Officer

President

Title of Officer

Brian Rathman

Person Completing this Certification Form

Brian Lisle

Printed Name of Officer

January 25, 2013

Date

770-818-5305

Contact Phone Number

FCC Form 555
November 2012

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

GEORGIA
State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

229017
Study Area Code(s) (SAC)

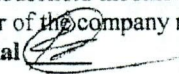
Telrite Corporation
ETC Name(s)

Holding Company Name(s)

Life Wireless
DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

Section 1: *All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).*

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial 

229017

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. *(Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility).* I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial _____

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

FCC Form 555
November 2012

Section 2: All ETCs (Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial 

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
233277	

C	D	E = C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
136103	84788	51315	2947	54262	71428

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

FCC Form 555
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June ____ (insert current year). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** _____

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

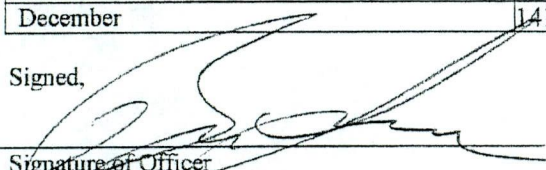
Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** _____

Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	4744
February	3680
March	28215
April	14059
May	14383
June	12696
July	15815
August	16770
September	16266
October	14657
November	14441
December	14131

Signed,


Signature of Officer

President

Title of Officer

Brian Rathman

Person Completing this Certification Form

Brian Lisle

Printed Name of Officer

January 25, 2013

Date

770-818-5305

Contact Phone Number

FCC Form 555
November 2012

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

ILLINOIS

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

349030

Study Area Code(s) (SAC)

Telrite Corporation

ETC Name(s)

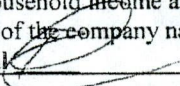
Life Wireless

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs,
attach additional sheets if necessary)

Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** 

349030

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. *(Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility).* I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial**

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

FCC Form 555
November 2012

Section 2: All ETCs (Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial 

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
75606	

C	D	E = C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
44608	32810	11798	519	12317	25326

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

FCC Form 555
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June ____ (insert current year). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** _____

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).


Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** _____

Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	122
February	457
March	919
April	1098
May	2047
June	2903
July	5702
August	8789
September	9464
October	12529
November	14176
December	9914

Signed,



Signature of Officer

President

Title of Officer

Brian Rathman

Person Completing this Certification Form

Brian Lisle

Printed Name of Officer

January 25, 2013

Date

770-818-5305

Contact Phone Number

FCC Form 555
November 2012

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

LOUISIANA

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

279040

Study Area Code(s) (SAC)

Telrite Corporation

ETC Name(s)

Life Wireless

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs *(include names and SACs, attach additional sheets if necessary)*

Section 1: *All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).*

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial [Signature]

279040

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. *(Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility).* I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial _____

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

FCC Form 555
November 2012

Section 2: *All ETCs (Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).*

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Initial 

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
105634	

C	D	E = C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
29004	12032	16972	805	17777	79094

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

FCC Form 555
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June ____ (insert current year). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial _____

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).


Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial BR

Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	42023
July	4903
August	5191
September	4774
October	3440
November	2720
December	2098

Signed,


Signature of Officer

President

Title of Officer

Brian Rathman

Person Completing this Certification Form

Brian Lisle

Printed Name of Officer

January 25, 2013

Date

770-818-5305

Contact Phone Number

FCC Form 555
November 2012

Annual Lifeline Eligible Telecommunications Carrier Certification Form
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Deadline: January 31st (Annually)

MARYLAND

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

189014

Study Area Code(s) (SAC)

Telrite Corporation

ETC Name(s)

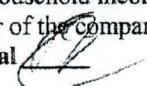
Holding Company Name(s)

Life Wireless

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

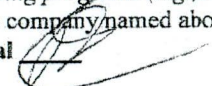
Section 1: *All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).*

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** 

189014

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. *(Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility).* I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** 

189014

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

FCC Form 555
November 2012

Section 2: All ETCs (Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial 

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
54225	

C	D	E=C-D	F	G=(E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
12366	5235	7131	356	7487	42437

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
7487	3563	3563	42437

FCC Form 555
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June ____ (insert current year). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** _____

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

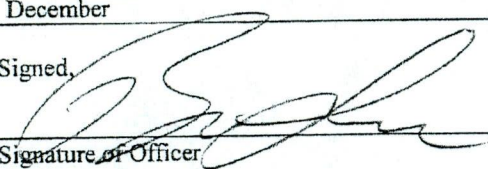
Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** _____

Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	20544
July	4293
August	4663
September	3743
October	3717
November	3195
December	2822

Signed,


Signature of Officer

President

Title of Officer

Brian Rathman

Person Completing this Certification Form

Brian Lisle

Printed Name of Officer

January 25, 2013

Date

770-818-5305

Contact Phone Number

FCC Form 555
November 2012

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

MINNESOTA

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

369016

Study Area Code(s) (SAC)

Telrite Corporation

ETC Name(s)

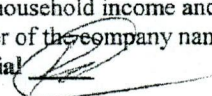
Life Wireless

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

Section 1: *All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).*

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** 

369016

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. *(Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility).* I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** _____

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

FCC Form 555
November 2012

Section 2: All ETCs(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
34757	

C	D	E = C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
24127	18902	5225	230	5455	10918

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

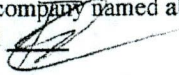
FCC Form 555
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June ____ (insert current year). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial _____

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).


Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial 

Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	1
April	116
May	637
June	817
July	1987
August	2694
September	2605
October	2843
November	2430
December	2371

Signed,



Signature of Officer

President

Title of Officer

Brian Rathman

Person Completing this Certification Form

Brian Lisle

Printed Name of Officer

January 25, 2013

Date

770-818-5305

Contact Phone Number

FCC Form 555
November 2012

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

MISSOURI

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

429015

Study Area Code(s) (SAC)

Telrite Corporation

ETC Name(s)

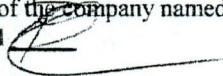
Life Wireless

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs,
attach additional sheets if necessary)

Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial 

429015

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. *(Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility).* I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial _____

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

FCC Form 555
November 2012

Section 2: All ETCs(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial 

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
58035	

C	D	E = C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
25807	16815	8992	540	9532	33666

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

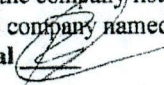
FCC Form 555
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June ____ (insert current year). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial _____

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

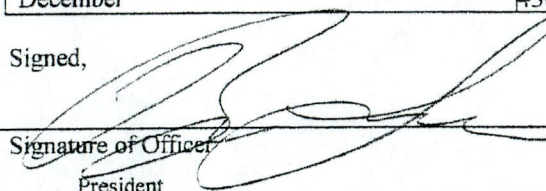
Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial 

Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	14368
July	3163
August	3182
September	2992
October	3267
November	3290
December	4367

Signed,


Signature of Officer

President

Title of Officer

Brian Rathman

Person Completing this Certification Form

Brian Lisle

Printed Name of Officer

January 25, 2013

Date

770-818-5305

Contact Phone Number

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

PUERTO RICO

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

639010

Study Area Code(s) (SAC)

Telrite Corporation

ETC Name(s)

Holding Company Name(s)

Life Wireless

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	
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Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial [Signature]

639010

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on PR DUPE DATABASE prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSDI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial [Signature]

639010

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

FCC Form 555
November 2012

Section 2: All ETCs (Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
20390	

C	D	E = C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
12611	8750	3861	97	3958	11597

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

FCC Form 555
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June ____ (insert current year). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial _____

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial BR

Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	871
July	768
August	981
September	1131
October	1010
November	1710
December	2331

Signed,

Signature of Officer

President

Title of Officer

Brian Rathman

Person Completing this Certification Form

Brian Lisle

Printed Name of Officer

January 25, 2013

Date

770-818-5305

Contact Phone Number

FCC Form 555
November 2012

Section 2: All ETCs (Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial 

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
10834	

C	D	E = C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
6417	4050	2367	53	2420	4389

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

FCC Form 555
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June ____ (insert current year). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial _____

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

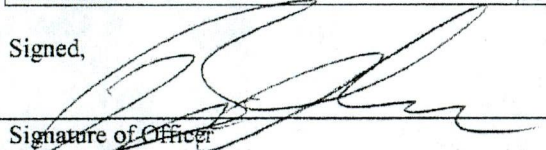
Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial BR

Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	559
July	823
August	1130
September	1142
October	1030
November	1180
December	1177

Signed,


Signature of Officer

President

Title of Officer

Brian Rathman

Person Completing this Certification Form

Brian Lisle

Printed Name of Officer

January 25, 2013

Date

770-818-5305

Contact Phone Number

FCC Form 555
November 2012

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

WEST VIRGINIA
State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

209016
Study Area Code(s) (SAC)

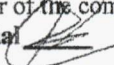
Telrite Corporation
ETC Name(s)

Holding Company Name(s)

Life Wireless
DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

Section 1: *All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).*

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial 

209016

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. *(Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility).* I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial _____

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

FCC Form 555
November 2012

Section 2: All ETCs (Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial 

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
16847	

C	D	E=C-D	F	G=(E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
6213	3416	2797	174	2971	12470

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

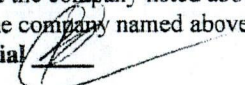
FCC Form 555
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June ____ (insert current year). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** _____

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

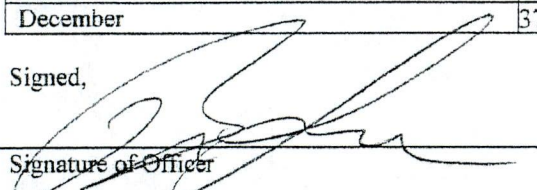
Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** 

Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	5950
July	853
August	906
September	727
October	649
November	553
December	372

Signed,



Signature of Officer

President

Title of Officer

Brian Rathman

Person Completing this Certification Form

Brian Lisle

Printed Name of Officer

January 25, 2013

Date

770-818-5305

Contact Phone Number



Compliance & Training Manual

Lifeline supported wireless service provided by
Telrite Corporation

OUR MISSION STATEMENT

It is Life Wireless' mission to drive awareness and availability of the Lifeline Program to under-served markets across the United States.

We are committed to being the industry- standard for compliance, and will continue to strive to prevent, detect and eliminate waste, fraud, and abuse.

Manual V 1 (revised January 14, 2013)

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Credential's Training

About Life Wireless

LIFE WIRELESS™ is a Lifeline supported wireless service provided by LIFE WIRELESS HOLDINGS, LLC and is powered by the TELRITE CORPORATION. LIFE WIRELESS™ offers a Lifeline discount to low income families and individuals for wireless services. To obtain LIFE WIRELESS™ service potential subscribers must meet certain eligibility requirements such as receiving governmental assistance or a household income that is at or below 135% of the federal poverty level. The specifics of what determines a potential subscriber's eligibility are specific to each state. LIFE WIRELESS™ service is limited to one per household, and cannot be combined with any other Lifeline offering.

To obtain LIFE WIRELESS™ service potential subscribers must meet certain eligibility requirements such as receiving governmental assistance or a household income is at or below 135% of the federal poverty level. The specifics of what determines a potential subscriber's eligibility are specific to each state.

States Mandated Lifeline Support

In states that have their own Lifeline program, an individual must meet the eligibility criteria established by that state. These criteria may include:

- The federal eligibility criteria
- Income guidelines
- Participation in income-based programs (e.g., food stamps)

About Low-Income Lifeline Program

The Low Income Program of the Universal Service Fund, which is administered by the Universal Service Administrative Company (USAC), is designed to ensure that quality telecommunications services are available to low-income customers at just, reasonable, and affordable rates. Similar programs have existed since at least 1985. The Telecommunications Act of 1996 reiterated their importance by including the principle that "consumers in all regions of the nation, including low income consumers . . . should have access to telecommunications and information services . . ."

USAC is committed to ensuring program integrity, which is fundamental to USAC's stewardship of the USF. One of the many activities USAC conducts to ensure program integrity is the Payment Quality Assurance (PQA) program, which is designed to generate reliable, comprehensive data about rates of improper payments.

In the May 8, 1997 First Report and Order (FCC 97-157), the Federal Communications Commission (FCC) established rules to govern Lifeline, and Toll Limitation Service (TLS) program support - the three components of the Low Income Program. Lifeline support reduces eligible consumers' monthly charges for basic telephone service. Link Up support reduced the cost of initiating new telephone service; however Link Up has been effectively eliminated.

LOW-INCOME ASSISTANCE

Low Income telephone assistance provides a discount on a subscriber's monthly bill. Eligibility is based on income or participation in assistance programs related to income. In general, if a subscriber participates in any of the following programs, they are qualified for low-income telephone assistance.

- Temporary Assistance to needy Families (TANF)
- Supplemental Security Income (SSI)
- Food Stamps
- Medicaid
- National Free School Lunch Program
- Federal Public Housing Assistance (FPHA)
- Low-Income Home Energy Assistance Program (LIHEAP)

WHAT IS LIFELINE SUPPORT?

Lifeline support lowers the cost of basic, monthly local telephone service. An eligible customer may receive the Lifeline discount on either a wireline or wireless connection, but the discount is available for only one telephone connection per household. Lifeline does not apply to taxes, surcharges, and mileage charges.

For more information about the Low-Income Lifeline and Link Up programs please visit:

<http://www.usac.org/li/>

Advertising & Outreach

All advertising, use of the Life Wireless name, logos and materials must be approved prior to use, production and distribution.

Direct all advertising requests to:

Terri Bone, Team Lead – Field Support Group
compliance@lifewireless.com
14230 Lochridge Blvd. Ste. L, Covington, GA 30014-4953

In addition to traditional advertising such as newspapers, penny savers, television and radio do the following outreach to increase your business:

- Establish relationships (community schools & public housing directors)
- Provide applications at lower income venues (municipal events, fairs, etc.)
- Canvas neighborhoods with high levels of eligible customers
- Use social media tools

You are encouraged to positively promote in your outreach efforts that Life Wireless is providing a valuable service to Low Income individuals and families. The company has many examples of positive results in the lives of our customers who benefited from our program and services. It is Life Wireless' intent to be the best provider to those in need of the program and to be held in the highest regard with our customers. This intent can become a reality by the Representatives positive and ethical actions in the field.

Media

IT IS A POLICY OF THE COMPANY THAT NO EMPLOYEE, REPRESENTATIVE, AGENT OR CONTRACTOR IS ALLOWED TO SPEAK TO THE MEDIA. If approached by any individual identifying themselves as a representative of any media source, please follow these instructions:

1. Immediately click on the "Approached by Media" button/link (see below) at the top of the web portal screen.



2. Be polite and stay calm.
3. Give only your name, if asked.
4. **ANSWER NO QUESTIONS AT ALL.**
5. Direct them to the Media page on the website at www.lifewireless.com/media.php
6. Hand them a "Fact Sheet" (provided under the Resources tab in the web portal).
7. Continue making compliant activations. Do not shut down your event unless instructed to do so by the Life Wireless Compliance Department.

Site Selection

Most counties and/or cities require a Vending Permit. It is the policy of the company that the representative secures not only the property owner's permission to be on site, but also a Vending Permit if one is required by the local or county government regulatory agency or department.

The five (5) most important criteria in the selection of a SUCCESSFUL Distribution Site are:

1. **Safety FIRST:** Make sure that the location is one that does not present any conditions that will place the Representative, customer or equipment in danger or harms-way. Considerations to include: traffic, weather conditions, nuisance or angry prospect (security), or equipment configuration: electrical cords, wheel chair accessibility, pathways for customer foot traffic, employee only areas.
2. **Compliance** – Permit or vendor license from the local governing agency
These permits may take up to a week to obtain.
 - City Vendor Application
 - Check for Application Fee
 - Copy of Permission Letter from Owner of the property with specific dates
 - True to scale aerial printout of the location and exactly where our setup will be placed on the property
 - List the approximate yardage distance from major streets
 - List the names of Representatives that will be running the event (some cities require a city provided ID Badge for each)
3. **Demographic fit:** Is this location one that will draw a high number of qualified service candidates?
4. **Visibility** – Make sure the site is not visually blocked or isolated. Park vehicles, signage and tent in a position where they can be easily spotted by pedestrians or cars passing by. Ideal locations tend to be shopping centers, street corners, high traffic intersections, and business establishments that cater to our demographic customer profile.
5. **Solicit Partnerships** – Request permission for on-site distribution with agencies who serve the same clientele that we target for the Life-line service: Human Service Agencies, Religious Organizations, Community Service Agencies, Non-Profit Groups, Public / Lifeline supported Assisted Housing Authorities, Schools, and Youth Recreation Centers.

Security

There is nothing more important than the safety of Life Wireless employees and representatives. If you ever feel threatened at an event site, please leave immediately and report it to Life Wireless. In some cases, security may be requested at the location but the determining factor is common sense. If you feel uncomfortable in a location DO NOT SET UP YOUR SITE. Your first priority is your safety. You may contact your local police department and inquire about off-duty officer availability or use a licensed security officer company. Contact the Life Wireless office for help locating a security officer.

Lifeline Qualifications

To obtain LIFE WIRELESS™ service, potential subscribers must meet certain eligibility requirements such as receiving governmental assistance or a household income is at or below 135% of the federal poverty level. The specifics of what determines a potential subscriber's eligibility are specific to each state.

States Mandated Lifeline Support

In states that have their own Lifeline-eligible assistance programs, an individual must meet the eligibility criteria established by that state. This criteria may include:

- The federal eligibility criteria
- Income guidelines
- Participation in income-based programs (e.g., food stamps)

Proof of Benefits Verification

It is of utmost importance that **EVERY** field representative verifies the eligibility of **EVERY** potential customer by confirming that the customer is in possession of the required proof-of-benefits by visually inspecting the document and uploading the document into the order. The document **MUST**:

- Be on the list of acceptable types of benefits relative to the particular state where the enrollment is taking place
- Contain all required pertinent information relative to the potential customer
- Match the name on the identification rendered by the potential customer

Government Issued Photo ID

Customers are required to present with every order a photo ID that is issued by a State, United States Federal government or Tribal entity.

These ID's are limited to:

- State Driver's License
- State ID
- United States Passport
- Voter ID
- State Department of Corrections ID
- State-Issued Weapons Permit
- United States Military ID
- Veterans Affairs ID
- Permanent Resident Cards
- Transportation Worker Identification Credentials (TWIC)
- State Port Authority ID
- Tribal ID

Work, college and bank account ID's are not acceptable, nor are passports and ID's issued by a consulate of a foreign country. Customers that cannot present the required ID at the time of enrollment will not be allowed to enroll. Field representatives will also be required to scan and upload the ID along with the customer's eligible subsidy proof for every order.

7 STANDARD ELIGIBILITY PROGRAMS AND PROOF VERIFICATION FOR ALL STATES

ALL Life Wireless ETC-designated states have seven (7) standard eligibility programs under which a potential subscriber may enroll in the Lifeline program. These programs are:

- Supplemental Nutrition Assistance Program (SNAP)
- Section 8 Federal Public Housing Assistance (FPHA)
- Medicaid (not Medicare)
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- Low Income Home Energy Assistance Program (LIHEAP)
- National School Lunch Program's free lunch program

Each different state may have extra Lifeline eligibility programs in addition to these, but all will have the seven (7) standard programs listed above. Field representatives are still required to determine eligibility by reviewing documentation provided by potential subscribers evidencing participation in an acceptable Lifeline-eligible program.

ADDITIONAL STATE ELIGIBILITY PROGRAMS

In addition to the 7 standard programs listed on the previous page, the following are the additional qualifying subsidies listed by the State in which they are applicable.

Arkansas

- Transitional Employment Assistance (TEA)

Georgia

- Senior Citizen Low-Income Discount Offered by Local Gas or Power Company

Maryland

- Temporary Disability Assistance Program (TDAP)
- Electric Universal Service Program (EUSP)
- Maryland Energy Assistance Program (MEAP)
- Temporary Cash Assistance (TCA)
- Public Assistance to Adults

Minnesota

- Minnesota Family Investment Program (MFIP)

Oklahoma

- Oklahoma Sales Tax Relief
- Vocational Rehabilitation (including aid to hearing impaired)

Rhode Island

- General Public Assistance
- Rhode Island Pharmaceutical Assistance to the Elderly
- Rhode Island Medical Assistance Program
- Aid to families w/dependent children

West Virginia

- School Clothing Allowance
- Emergency Assistance (EA)
- WV Children's Health Insurance Program (WV CHIP)
- Any other State or Federal means-tested assistance program

STATES WITH NO ADDITIONAL PROGRAMS:

IL, IN, LA, ME, MI, MO, PR, SC

STANDARD TRIBAL ELIGIBILITY PROGRAMS

All Life Wireless ETC-designated states having Federally-recognized Tribal lands within their boundaries (currently Minnesota, Louisiana, Rhode Island, and Oklahoma) will have four (4) standard Tribal eligibility programs under which a qualified potential subscriber may enroll in the Lifeline program. These Tribal eligibility programs are:

- **Food Distribution Program on Indian Reservations**
- **Bureau of Indian Affairs General Assistance**
- **Tribally Administered TANF (TTANF)**
- **Head Start (meeting income-qualifying standards)**

To enroll in the Lifeline program under a Tribal eligibility program, a potential subscriber must provide:

- A document evidencing proof of residency on a federally-recognized reservation (e.g. utilities bill)

AND

- The current or prior year's statement of benefits from a qualifying Tribal program
- A notice letter of participation in a qualifying Tribal program
- Other official document demonstrating that you or a member of your household receives benefits from a qualifying Tribal program

Please observe the Eligibility Verification screenshot for specific instructions on completing these types of orders.

2013 LOW INCOME ELIGIBILITY CRITERIA

2/5/2013

Potential subscribers in ALL states will be able to enroll in the Lifeline program by demonstrating that their household's annual income is at or below a certain percentage of the Federal Poverty Guidelines. The table below is used to determine the appropriate level relative to the potential subscriber's household income depending on the State of the activation:

	150% below Federal Poverty Guidelines	135% below Federal Poverty Guidelines
Household Size	Michigan & Texas	Remaining States and D.C.
1	\$17,235	\$15,512
2	\$23,265	\$20,939
3	\$29,295	\$26,366
4	\$35,325	\$31,793
5	\$41,335	\$37,220
6	\$47,385	\$42,647
7	\$53,415	\$48,074
8	\$59,445	\$53,501
For each additional person, add	\$6,030	\$5,427

When processing orders for individuals who are income-eligible, the subscriber must present documentation, such as a tax return, evidencing income from the previous full year's time period. If the documentation relied on does not cover a full year, such as a current pay stub, the subscriber must present the same type of documentation covering three consecutive months within the previous twelve months.

Due to the realization that most subscribers will not have the ability to present three months worth of pay stubs, it is imperative that field representatives inform subscribers of the other acceptable forms of documentation that cover a full year's time period and may be more easily accessible and presentable. These forms of documentation include:

- the prior year's state, federal, or Tribal tax return,
- a Social Security statement of benefits,
- a Veterans Administration statement of benefits,
- a retirement/pension statement of benefits,
- an Unemployment/Workmen's Compensation statement of benefits,
- Federal or Tribal notice letter of participation in General Assistance, or
- a divorce decree, child support award, or other official document containing income information for at least three months time

ONE LIFELINE BENEFIT PER HOUSEHOLD

It is required that all representatives ask each potential subscriber if they or any member of their household currently receive a federal Lifeline subsidy from any provider and if they are head of household.

Representatives must:

- Inform the subscriber that a household is any individual or group of individuals who live together at the same address and share income and expenses.
- Inform potential customers that violation of the one-per-household rule is a violation of the FCC's rules that will result in de-enrollment from the program, and Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.

These questions and disclosures are **critical** to eliminating waste, fraud, and abuse from the Lifeline program. Life Wireless representatives are responsible for asking each of these critical questions. Enrolling a customer without asking these questions or knowingly entering false information violates Life Wireless Fraud policy and is subject to penalties (See Fraud Policy – Version 1.4).

The Compliance Role

The goal of the compliance program is: To prevent and eliminate waste, fraud and abuse from all Life Wireless enrollment channels. To ensure corporate standards are met.

The compliance program is made up of three key areas:

1. Reporting
 - a. Management of reports to detect fraud and maintain compliance.
2. Training
 - a. Conduct training to ensure all representatives adhere to federal and state guidelines as well as company policies.
3. Field Audits
 - a. Conduct, track and report on-site audits

Reporting & Audits

Every order, including attempted orders are available for immediate review. Compliance will look for an manipulations of customer information.

100% of Proofs and ID's are verified against account information.

All Audits, Reviews and Health Checks are done randomly without notice.

Be sure that every order is compliant and completed with integrity to avoid withheld commissions, termination and jail time.

Fraud & Prevention

TELRITE CORPORATION HAS A ZERO TOLERANCE POLICY IN CASES OF FRAUD. ANY REPRESENTATIVE FOUND TO BE COMMITTING FRAUD WILL BE TERMINATED, HAVE COMMISSIONS WITHHELD AND PROSECUTED TO THE FULLEST EXTENT OF THE LAW.

All Representatives order activity will be monitored and audited by the company and Representatives are expected to adhere to all regulations, requirements and policies. If you have any questions regarding fraud or any regulation, requirement, or policy or suspect fraud may be occurring, contact:

Life Wireless

compliance@lifewireless.com

(678) 202-0835 office

To help prevent fraud from occurring, there are **NO** exceptions to the site set-up and order process.

Eliminating fraud begins with you. There are many reasons fraud is attempted: Financial and peer pressure, a sense that one deserves what everyone else is getting, or a lack of being educated about the qualifications. Regardless of the reasons, it is important for you to do all you can to prevent fraud from happening.

Some common tips to prevent fraud:

- Customer offers suspicious or conflicting ID's
- Multiple attempts at addresses by customer or doesn't know his or her address
- Customer returns multiple times to site with varying ID's
- Customer is not head of household.
- Customer informs you another company is offering Lifeline service nearby
- Aggressive behavior by customer to complete the order without proper qualifications

Standards of Conduct

Each Representative has an obligation to observe and follow the company's policies and to maintain proper standards of conduct at all times. If an individual's behavior interferes with the orderly and efficient operation of Life Wireless, corrective disciplinary measures will be taken. Failure to interact courteously, respectfully and tactfully with managers, co-workers, customers, vendors or associates to the point that productivity or morale suffers may be grounds for disciplinary action. The company will determine the appropriate disciplinary action imposed. The company does not guarantee that one form of disciplinary action will necessarily precede the other.

The following may result in disciplinary action, up to and including discharge: violation of the company's policies or safety rules; insubordination; unauthorized or illegal possession, use or sale of alcohol or controlled substances on work premises or during work hours, while engaged in company activities or in company vehicles; unauthorized possession, use or sale of weapons, firearms or explosives on work premises; theft or dishonesty; any form of harassment; fighting; disrespect toward fellow employees, visitors or other members of the public; performing outside work or use of company property, equipment or facilities in connection with outside work while on company time; poor attendance or poor performance. Failure to interact courteously, respectfully, and tactfully with managers, co-workers, customers, vendors or associates to the point that productivity or morale suffers may be grounds for disciplinary action. These examples are not all inclusive. We emphasize that disciplinary decisions will be based on an assessment of all relevant factors.

Dress Code

It is the policy of Life Wireless that all Representatives wear Life Wireless uniforms, as well as a Life Wireless ID badge, while representing the company in the field. Life Wireless branded hats, cold weather jackets, collared shirts, brief cases, and tote bags are available. Should you need to order more, contact the Life Wireless Online Store at store.palmettoapparel.com (no www). Go to Member Log-In, enter Email – apparel@lifewireless.com, PW – “same as your portal password”. Your Online Store sign-on will be activated within 24 hrs. Please be sure to update your personal information once you sign on. If you have any problems with the store, please call 803-765-1222 Monday through Friday - Hours 9 to 5.

All items will include the Life Wireless embroidered logo on it. YOU MUST ALWAYS BE WEARING LIFE WIRELESS APPROVED APPAREL AND ID BADGE WHILE PERFORMING ACTIVATIONS.

On-Site

Standard Set-up & Requirements

It is company policy to obtain Vending Permit when required.

An example of the required standard site:



All Life Wireless sites are required to meet the following uniform standards:

- (1) 10'x10' Custom Printed Tent w/ Frame
- (1) 6' Custom Printed Fitted Table Cover
- (1) A-frame w/ (2) 2x3 Custom Printed Inserts
- Life Wireless Compliance & Training Manual
- Activation Call Sign
- Georgia Public Service Commission's Consumer Affairs Unit Sign (GA Events Only)
- (1) FCC Required Sign (shown on next page)



All Representatives are required to post this sign at all events

- (1 each – per table) Laminated State Lifeline Application (varies by state), Activation call sign, Customer Enrollment Certification form

In addition to the above site requirements ALL sites must shut all Life Wireless branded vehicle doors and shut off engine. All power cords must be contained in the provided wiring tube and caution A-frames placed every three (3) feet straddling the tubing. Power must be supplied by generator and the generator kept in good working condition. USE OF VEHICLE BATTERY AS POWER SUPPLY IS PROHIBITED. If using a heater or fan, yellow and black caution tape or caution sign must be prominently displayed on ground no farther than 12 inches from heater or fan. If using a caution A-frame sign, the sign must be placed within three feet of the generator, heater or fan. Fans and heaters must not be placed under tables and only placed behind table where Representatives are seated.

All sites are strongly encouraged to take advantage of the many brochures, banners, inserts, and posters Life Wireless has available. Please order these by contacting:

Terri Bone, Team Lead – Field Support Group compliance@lifewireless.com

14230 Lochridge Blvd. Ste. L, Covington, GA 30014-4953

Equipment

Agents are required to enter new orders via the Life Wireless portal. The internet is accessed via a wireless MIFI while out in the field. You will also need a signature pad, hand scanner, mouse, and USB mini hub. These items help to ensure we maintain federal and state requirements as well as Life Wireless policies. In addition, these tools expedite the sign up process and provide a better customer experience.

Customer Sign-up

Enrollment Guidelines

Every Lifeline prospect must be certified during the enrollment process. The goals of the certification process are to properly confirm eligibility, and to ensure that the prospect is not currently receiving Lifeline service from another provider. In short we want to confirm the prospect's identity (see picture ID), that they're program or income eligible (see proof of eligibility), that they provide a valid household address (check USPS or other sources), and that they aren't currently receiving a subsidy (internal, and pooled external, dupe check databases).

In most cases, a self-certification document is the cornerstone of the enrollment process. They must be state-specific, as requirements will vary slightly from state to state, and they must be retained by the ETC for three years after the prospect is de-enrolled.

The following fields of customer information must be captured: name, home address, the government assistance program(s) in which prospect is currently enrolled, prospect's signature and date. The following fields of customer information are also required: social security number and date of birth.

The following certifications must be asked of the prospect, and then attested-to by the prospect through filling out the application form:

- Are you currently receiving a Lifeline subsidy from any other Lifeline service provider, such as Safelink, Assurance, or Reachout Wireless? If "yes", prospect must cancel service with other carrier before receiving a subsidy from inquiring ETC.
- I meet the income-based or program-based eligibility criteria for receiving Lifeline service and have provided documentation of eligibility if required.
- I will notify the Company within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based eligibility criteria, I begin receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit. I understand that I may be subject to penalties if I fail to follow this requirement.
- I am not listed as a dependent on another person's tax return (unless over the age of 60).
- The address listed below is my primary residence, not a second home or business.
- If I move to a new address, I will provide that new address to the Company; I will verify my temporary residential address every 90 days.
- I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.
- I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility within 30 days will result in de-enrollment and the termination of my Lifeline benefits.

Agent Login

The screenshot shows the Life Wireless website's Representative Login page. At the top left is the Life Wireless logo. To its right are navigation links: "Customer Login", "Representative Login", and "Customer Service". Further right is a "Check Coverage" dropdown menu, a "zip code" input field, and a "GO" button. Below this is a green navigation bar with four tabs: "About Life Wireless", "Phones & Rates", "Sign Up Today", and "Add Minutes". The main content area is titled "Representative Login" and contains two input fields: "Representative ID:" and "Password:". Below these fields is a green "Login >" button.

Sign onto your personal Representative account by going to www.lifewireless.com. Make sure you select the link at the top that says "Agent Login", as the Life Wireless homepage defaults to the "Customer Login" page.

Enter the Agent ID that was assigned to you, including the dashes. Enter the password assigned to you (case sensitive).

Select "Login".

My Profile:

Agent ID: 6022-1000-1000
 Agent Name: Life Wireless Outside Reps
 Contact Name: Life Wireless Outside Reps
 E-mail Address:

Customer Service:

Phone: 1-888-543-3620
 E-mail: info@lifewireless.com
 Hours: M-F: 8AM - Midnight

Message Center:

Date	From	Subject
2012-09-24 08:56:40	6000-0000-0000	One Lifetime Benefit per Household Reminder
2012-09-20 16:07:07	6000-0000-0000	Change to Illinois Medicaid Case Number Entry
2012-09-18 11:33:38	6000-0000-0000	Required Income Eligibility Documentation
2012-09-17 09:15:25	6000-0000-0000	One Lifetime Benefit per Household Reminder
2012-09-12 16:47:22	6000-0000-0000	New Acceptable Photo ID's
2012-09-10 10:17:54	6000-0000-0000	One Lifetime Benefit per Household Reminder

This screen has a “Message Center” that you will need to pay close attention to. This is where system wide changes and announcements are made. Make sure you read every message that is delivered to your “Message Center”.

The “Customer Service” section gives the toll free number and e-mail address that our customers would use. This is the ONLY number that is to be given out to the public.

Life Wireless ID: 6022-1000-1000 Name: Life Wireless Outside Reps Log Out

Account | **Agents** | **Orders** | Reports | Commissions | Inventory | Resources

Orders dropdown menu:

- New Order
- View Orders
- Activate Service
- Swap Handset
- Change Proof
- Test ePad

My Profile:

Agent ID: 6022-1000-1000
 Agent Name: Life Wireless Outside Reps
 Contact Name: Life Wireless Outside Reps
 E-mail Address:

Customer Service:

Phone: 1-888-543-3620
 E-mail: info@lifewireless.com
 Hours: M-Fu: 8AM - Midnight

Message Center:

Date:	From:	Subject:
2012-09-24 08:56:40	6000-0000-0000	One Lifeline Benefit per Household Reminder
2012-09-20 16:07:07	6000-0000-0000	Change to Illinois Medicaid Case Number Entry
2012-09-18 11:33:38	6000-0000-0000	Required Income Eligibility Documentation
2012-09-17 09:15:25	6000-0000-0000	One Lifeline Benefit per Household Reminder
2012-09-12 16:47:22	6000-0000-0000	New Acceptable Photo ID's

https://www.lifewireless.com/esp_order_form_e3.php 6000-0000-0000 One Lifeline Benefit per Household Reminder

To place an order, make sure you have an operational signature pad and hand scanner connected to your laptop. Select the "Orders" link at the top and choose "New Order".



Account

Agents

Orders

Reports

Commissions

Inventory

Resources

Check In

Attention:

Each representative is required to provide the address of your current location. Address must include street number and street name.

Street:

City:

State:

Location Description:

(Limit 250 characters)

Next >

This screen requires all Representatives to enter the exact address of where the site will be set up, orders taken, and activations made. You will not be able to complete the log-in process without entering your site address. Every field on this screen is required to be filled in.

You will be required to read and attest to the following statement:

The screenshot shows a web portal for Life Wireless. At the top right, it displays "Current Location: 14 | Change / Check Out". The user's ID is "6022-1000-1000" and their name is "Life Wireless Outside Reps". There are links for "Live Chat", "Approached by Media", and "Log Out". A green navigation bar contains links for "Account", "Agents", "Orders", "Reports", "Commissions", "Inventory", and "Resources". The main content area is titled "New Order - Signature Pad Required". Below this title is an "Attest Statement" section with the following text: "I will not submit a Life Wireless order on behalf of any customer that I have sufficient reason to believe is currently receiving a Lifeline phone/service from Life Wireless or another provider or who does not qualify for service under the FCC rules and requirements specific to the state in which I am working. I understand that failure to adhere to these policies may result in the immediate suspension/termination of my privileges as a Life Wireless representative, and that serious breaches of these policies could result in criminal and/or civil action against me." Below the text is a large empty rectangular box for a signature. At the bottom of the box are two buttons: "Sign Now" and "Agree & Submit »".

After reading, attest by signing and selecting "Agree & Submit".

ORDER PROCESS



An “Important Notice” window will pop up reminding you of the mandatory FCC Guidelines, which requires every Representative to ask the customer if they are receiving Lifeline Service from any other provider.

FCC Guidelines: Lifeline benefits are limited to a single line of service per household. You may not receive multiple Lifeline discounts. You may apply your Lifeline discount to either one landline or one wireless number, but you cannot have the discount on both.

If the customer answers “No”, you may proceed with the order. If the customer answers “Yes”, you are required to select “Yes”, inform the customer we cannot serve them, and restart the order process with the next customer.

Knowingly clicking “No” to sign up a customer who stated “Yes” constitutes fraud and is a violation of the Life Wireless Zero Tolerance policy towards fraud and will result in immediate disciplinary action.



New Order - Signature Pad Required

Purpose

This process is intended to handle the whole ordering process electronically. No paper form needed to be generated, signed and sent.

Fill out this form only if :-

1. A [ePad Signature Pad](#) is attached to this computer. ([Test here first](#))
2. Customer must present any proof of subsidy program participated as required by law.

Prerequisite

1. This form is only supported by Microsoft Internet Explorer.
2. The ePad drivers must be installed. The necessary drivers will be installed after downloading and running the [Universal Installer](#).

Please enter your 5-Digit Zip Code:

Next >>

Enter the zip code in which the customer lives and select "Next". If Life Wireless service is provided in their area, you will be taken to the next screen.

Note: If this is your very first order and you need to install your signature pad and hand scanner, select "TEST HERE FIRST" and follow the instructions to install the correct software for these devices to work properly. If they are not working properly, go back to the install page and make sure you have completely installed the Oracle Java Software and installed both the Universal Installer and the IntegriSign Desktop software.

Account Agents Orders Reports Commissions Inventory Resources

New Order - Signature Pad Required

Reference #:

Residential Address
(ex. 123 N PARK AVE SE APT A)

Street Address 1:

Street Address 2:

City: COVINGTON
 County: NEWTON
 State: GA
 Zip: 30014

Address is: Permanent Temporary
[Has a Different Billing/Shipping Address?](#)

Personal Information

Name (First, Middle, Last):

Maiden Name: (Optional; For ID Verification Only)

Social Security # (Last 4 digits):

Date of Birth (mm/dd/yyyy):

Contact Phone #: (Optional)

E-mail Address: (Optional)

Notes / Comments:

(Limit 250 characters, Optional)

Is he/she the head of his/her household?
 Yes No

Stop! Verify First! [Customer declines to provide personal information](#)

Verify Address **Verify Identity**

Service Area

Applicant Info

Eligibility Check

Upload Proof

Household Check

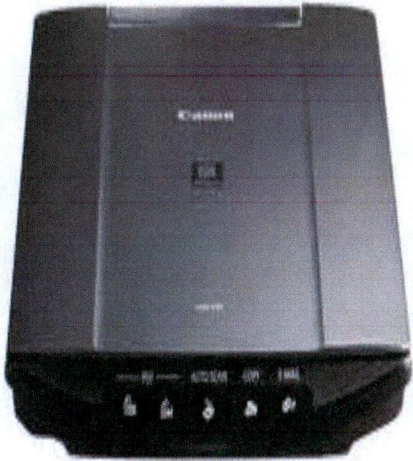
Certifications

Order Complete

When you encounter certain types of address verification issues where there is sufficient justification to believe that a legitimate enrollee may be turned away unfairly, field reps will be afforded the option of activating a Life Wireless account for the affected individual by providing documentation to support eligibility.

In order to provide documentation which clearly establishes the eligibility of an affected potential enrollee and complete the Life Wireless activation process, you must have the technical capability to capture legible images of approved documents on-site.

You must be equipped with a document scanner (USB interface). We recommend the Canon Cano Scan Lide110, depicted in the following picture:



CANON CANO SCAN LIDE110

When an address is entered and initially rejected (for specific reasons) you will be prompted to either move on to the next order or upload legible images of supporting documents. The Life Wireless system will not allow you to use this new tool to override EVERY rejected address. This option will only be made available for specific "reject reasons" which have been pre-determined as justifiable for an override by the Life Wireless compliance staff. When the system informs you that an address verification override is justifiable, you will be able to upload the proof into the order. When these images have been successfully uploaded, the rep will be allowed to continue the activation process.

Acceptable supporting documentation (excluding Puerto Rico) includes (and is limited to) the following:

- **A utility bill which includes the enrollee name (must match the name on the photo ID) and clearly depicts the service address being verified. Acceptable utility bills include:**
 - Electric bill
 - Cable bill
 - Gas bill
 - Telephone bill
 - Internet bill
 - Water bill
- Benefits award letter or program participation card (e.g. Medicaid) which clearly depicts the enrollee name (must match photo ID) and the service address being verified.
- A current insurance policy
- A current mortgage/lease

EACH ACCOUNT ACTIVATED AS A RESULT OF THIS NEW OVERRIDE TOOL WILL BE INSPECTED BY OUR COMPLIANCE ANALYSIS TEAM. ACCOUNTS FOUND TO BE IN NONCONFORMANCE WITH LIFE WIRELESS COMPLIANCE STANDARDS WILL BE IMMEDIATELY DEACTIVATED. WHEN AN ACCOUNT IS FOUND TO HAVE BEEN CREATED USING NON-CONFORMING DOCUMENTATION, A CHARGEBACK IN THE AMOUNT OF \$28 WILL BE REGISTERED AGAINST THE NEXT APPLICABLE MASTER REP COMMISSION PAYMENT.

Make sure the information on the photo identification, the address eligibility document, and the information keyed in during the order process MATCHES.

(For example, if the Life Wireless account is to be in the name Joe Smith, a utility bill in the name of Jane Smith is not an acceptable form of supporting documentation.)

Account | **Agents** | **Orders** | **Reports** | **Commissions** | **Inventory** | **Resources**

New Order - Signature Pad Required

Reference #:

Residential Address

(ex. 123 N PARK AVE SE APT A)

Street Address 1:

Street Address 2:

City: COVINGTON **Service address is not a residential address.**

County: NEWTON [Upload Address Proof](#) [Close](#)

State: GA

Zip: 30014 [Verify Address](#)

Address is: Permanent Temporary

[Has a Different Billing/Shipping Address?](#)

Personal Information

Name (First, Middle, Last):

Maiden Name: (Optional; For ID Verification Only)

Social Security # (Last 4 digits):

Date of Birth (mm/dd/yyyy):

Contact Phone #: (Optional)

E-mail Address: (Optional)

Notes / Comments:

[Verify Identity](#)

(Limit 250 characters, Optional)

Is he/she the head of his/her household?

Yes No

[Stop! Verify First!](#) [Customer declines to provide personal information](#)

In the example above, the service address entered is rejected. However, beneath the reject message, the option to "Upload Address Proof" or "Close" the dropdown menu, essentially declining to continue the process. Click on "Upload Address Proof" and a box will pop up.

Upload Address Proof



- A utility bill, a benefits award letter, a current mortgage/lease, or a current insurance policy are the ONLY acceptable proofs of address. Upload only a utility bill (electric, cable, gas, telephone, internet, and water), a current benefits award letter, a current mortgage/lease, or a current insurance policy that clearly depicts the enrolled name. Do not upload ID or any other documents or the order will be rejected.
- Enter EXACTLY the address as shown on the utility bill, the current benefit letter, mortgage/lease, or insurance policy; otherwise, the order will be rejected and commissions may not be paid.
- Ensure the first and last name are an exact match as what you have entered.

[I would prefer to upload a file.](#)

Step 1. Scan Document

Source:

Color: Grayscale

Resolution: 150 dpi

Automatic Document Feeder

Duplex

This application supports Internet Explorer only.

Step 2. Edit Document

Step 3. Upload Document

At this point, use your document scanner to make a legible copy of the approved supporting document.

1. Place the documents in the scanner and select "Scan" to begin.
2. Your scan will appear in the box at the left of the screen. You can rotate the image or delete it if it did not scan properly by using the buttons under "Step 2". If the scan is satisfactory, then select "Upload":

Account Agents Orders Reports Commissions Inventory Resources

New Order - Signature Pad Required

Reference #:

Residential Address
(ex. 123 N PARK AVE SE APT A)

Street Address 1:

Street Address 2:

City: COVINGTON
 County: NEWTON
 State: GA
 Zip: 30014 **Verify Address**

Proof of Address: [View Uploaded Proof Document](#)

Address is: Permanent Temporary
[Has a Different Billing/Shipping Address?](#)

Personal Information

Name (First, Middle, Last):

Maiden Name: (Optional; For ID Verification Only)

Social Security # (Last 4 digits):

Date of Birth (mm/dd/yyyy):

Contact Phone #: (Optional)

E-mail Address: (Optional)

Notes / Comments:

Verify Identity

(Limit 250 characters, Optional)

Is he/she the head of his/her household?
 Yes No

Stop! Verify First! [Customer declines to provide personal information](#)

After the upload process is complete, the pop up box will disappear and you will see "[View Uploaded Proof Document](#)" under the zip code section on the address menu. At this point, you will be allowed to continue with the activation process and create an account.

It is your choice as to how often you put this tool to use. It is also your responsibility to help make sure this tool isn't abused. Remember....EVERY ORDER APPROVED FOR ACTIVATION VIA THIS METHOD WILL BE INSPECTED. EVERY ONE OF THEM. So... pay attention to the details.

IMPORTANT

Under no circumstances are you to manipulate the address to force the system to take a particular address! The address line is validated in multiple databases. If the customer insists they have given you the correct address, ask to see a piece of mail they've received or try the actual address that is listed on their subsidy proof. Sometimes street abbreviations and/or apartment numbers must be exactly as they are in the postal service database. MANIPULATING AN ADDRESS TO "MAKE IT WORK" IS GROUNDS FOR EMPLOYMENT TERMINATION.

When an address is entered and flagged as having already received a Lifeline subsidy, you will be required to answer the following questions:

New Order - Signature Pad Required

Customer is required to complete this Worksheet because someone else currently receives a Lifeline-supported service at his/her address. This other person may or may not be a part of his/her household. Answer the questions below to determine whether there is more than one household residing at his/her address.

1. Does his/her spouse or domestic partner (that is, someone he/she is married to or in a relationship with) already receive a Lifeline-discounted phone? (check no if he/she does not have a spouse or partner)

Yes No

2. Other than a spouse or partner, do other adults (people over the age of 18 or emancipated minors) live with him/her at his/her address?

Yes No - A parent
 Yes No - An adult son or daughter
 Yes No - Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.)
 Yes No - An adult roommate
 Yes No - Other

3. Does he/she share living expenses (bills, food, etc.) and share income (either his/her income, the other person's income or both incomes together) with at least one of the adults listed above in question #2?

Yes No

CERTIFICATION
 I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government.

[Next](#)

The questions will change based on how each one is answered. If any question is answered that disqualifies the potential subscriber, the order will automatically be rejected. If all questions are answered qualifying the potential subscriber, the order can be completed and you will be instructed to complete the next step of the process.

Effective 3/3/12, all customer identity information will be verified against public records in an electronic archival database called LexisNexis. This is done in real-time as orders are entered from the field. Any mismatching information will be flagged and the order cannot be correctly completed.

As required by Section 54.410(d)(2)(vi) of the FCC Comprehensive Low-Income Program Reform Order (released February 6, 2012), only the last four (4) digits (FULL number for all Illinois and Puerto Rico orders) of the Social Security number or tribal ID number are acceptable. Passport numbers, T/N Visa numbers, and tax ID numbers are not acceptable.

Please follow the proceeding steps when entering customer identity information:

Account | **Agents** | **Orders** | **Reports** | **Commissions** | **Inventory** | **Resources**

New Order - Signature Pad Required

Reference #:

Residential Address

(ex. 123 N PARK AVE SE APT A)

Street Address 1:

Street Address 2: ✓

City: COVINGTON
County: NEWTON
State: GA
Zip: 30014 **Verify Address**

Proof of Address: [View Uploaded Proof Document](#)

Address is: Permanent Temporary
[Has a Different Billing/Shipping Address?](#)

Personal Information

Name (First, Middle, Last): ✓

Maiden Name: (Optional; For ID Verification Only)

Social Security # (Last 4 digits):

Date of Birth (mm/dd/yyyy):

Contact Phone #: (Optional)

E-mail Address: (Optional)

Notes / Comments:
(Limit 250 characters, Optional) **Verify Identity**

Is he/she the head of his/her household?
 Yes No

Go Next [Customer declines to provide personal information](#)

After filling out all customer information, the information will be automatically verified when the Date of Birth is entered. If the Last Name, Social Security Number (Last 4 or FULL for all Illinois and Puerto Rico orders), and Date of Birth (Month and Year) match, it will be deemed as “verified” and the identity valid.

Otherwise, a red error message will inform you that one or more fields did not match. You can then make corrections.

Account **Agents** **Orders** **Reports** **Commissions** **Inventory** **Resources**

New Order - Signature Pad Required

Reference #:

Residential Address

(ex. 123 N PARK AVE SE APT A)

Street Address 1:

Street Address 2:

City: COVINGTON
County: NEWTON
State: GA
Zip: 30014

Proof of Address: [View Uploaded Proof Document](#)

Address is: Permanent Temporary
[Has a Different Billing/Shipping Address?](#)

Personal Information

Name (First, Middle, Last):

Maiden Name: *(Optional: For ID Verification Only)*

Social Security # (Last 4 digits):

Date of Birth (mm/dd/yyyy):

Contact Phone #:

E-mail Address:

Notes / Comments:

Name Not Found. Check

- spelling
- if maiden name was used
- sequence of names is correct
- if middle name was entered as first or last name

DOB Not Found. Check digit entry.

SSN Not Found. Check digit entry.

Is he/she Yes No

[Accept Identity](#) [Edit](#)

[Stop! Verify First!](#) [Customer declines to provide personal information](#)

After **three** correction attempts and the identity is still not verified by LexisNexis, you can proceed by clicking "Accept Identity".



- Account
- Agents
- Orders
- Reports
- Commissions
- Inventory
- Resources

New Order - Signature Pad Required

Service Area

Applicant Info

Eligibility Check

Upload Proof

Household Check

Certifications

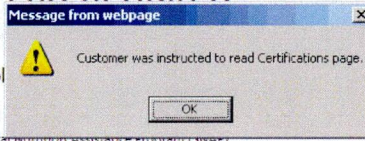
Order Complete

Which one of the fol

- Food Stamps / Supplemental Nutrition Assistance Program (SNAP)
- National School Lunch Program's Free Lunch
- Section 8 Federal Public Housing Assistance (FPHA)
- Low Income Home Energy Assistance Plan (LIHEAP)
- Temporary Assistance to Needy Families (TANF)
- Supplemental Security Income (SSI)
- Medicaid
- Senior Citizen Low-Income Discount Offered by Local Gas or Power Company
- Income at or below 135% of Federal Poverty Guidelines
- None of the Above

What does the customer present to proof his/her participation?

- Program participation card / document
- Prior year's statement of benefits



participate in?

If you have not already done so, hand the customer the Certification page to read, understand, and attest to (See example on next page), then select OK.

CUSTOMER MUST READ

CUSTOMER MUST AGREE

CUSTOMER MUST SIGN

CUSTOMER MUST AGREE

CUSTOMER MUST READ

One Lifeline service per household disclosures: Lifeline is a government assistance program and willfully making false statements to obtain a Lifeline benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Lifeline benefits are limited to a single line of service per household. 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. A household may not receive multiple Lifeline discounts. You may apply your Lifeline discount to either one landline or one wireless number, but you cannot have the discount on both and you cannot receive Lifeline benefits from multiple providers. Note that not all Lifeline services are currently marketed under the name Lifeline. Lifeline is a non-transferable benefit and you may not transfer your benefits to any other person, including another eligible low-income customer. Violation of the one-per-household limitation constitutes a violation of the Federal Communication's rules and will result in your de-enrollment from the program, and potentially prosecution by the United States Government.

Activation and usage requirement disclosures

This service is a prepaid service and you must personally activate it by calling 770-200-1000. To keep your account active, **you must use your Lifeline service at least once during any 60 day period by completing an out-bound call, purchasing additional minutes from Company, answering an in-bound call from someone other than Company, or by responding to a direct contact from Company confirming that you want to continue receiving Lifeline service from Company.** If your service goes unused for 60 days, you will no longer be eligible for Lifeline benefits and your service will be suspended (allowing 911 calls and calls to the Company's customer care center) subject to a 30 day cure period during which you may use the service (as described above) or contact the Company to confirm that you want to continue receiving Lifeline service from Company.

I hereby certify that I have read and understood the disclosures listed above regarding activation and usage requirements.

Authorizations

I hereby authorize the company to access any records required to verify my statements on this form and to confirm my eligibility for the Lifeline program. I also authorize the Company to release any records required for the administration of the Lifeline program. I also authorize the Company to release any records required for the administration of the Lifeline program (e.g. name, telephone number and address), including to the Universal Service Administrative Company, to be used in a Lifeline database and to ensure the proper administration of the Lifeline Program. Failure to consent will result in denial of service.

Additional certifications

I hereby certify, under penalty of perjury, that

- I meet the income based or program based eligibility criteria for receiving Lifeline service and have provided documentation of eligibility if required
- I will notify the company within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income based or program based eligibility criteria (de-enrolled in the government assistance program identified in the application), I begin receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit. I understand that I may be subject to penalties if I fail to meet this requirement.
- I am not listed as a dependent on another person's tax return (unless over the age of 60)
- The address listed below is my primary residence, not a second home or business
- If I move to a new address, I will provide that new address to the Company within 30 days
- If I provided a temporary address, I agree I will verify my temporary residential address every 90 days
- I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law
- I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility within 30 days will result in de-enrollment and the termination of my benefits
- The information contained in this certification form is true and correct to the best of my knowledge

WHAT IT MEANS TO YOU:

knowingly giving false information in order to get a phone can result in you paying fines and/or having your phone turned off. Only one phone is allowed per household. According to Lifeline's definition of a household, a household is one or more people who live together and pay bills together. If your household is already receiving a household discount, no other discount is available. You cannot give or let anyone else use your benefits.

You must use your phone at least every 60 days or your phone will be suspended but you still will be able to call 911 or customer service for 30 days.

I authorize the company to have access to any information that is needed to verify my information on this form and to confirm that I am truly eligible for this program. I also allow the company to release any records for the purpose of administration and the Lifeline program, including but not limited to USAC. Failure to consent to this will deny you from the program.

I agree that I meet the income and program eligibility for service and I provided proof where needed.

I will contact the company within 30 days if for any reason I am not eligible for the program anymore?

I agree that no one can claim me as a dependent on their tax's unless I am 60 and above.

The address that I submitted is my main and primary address. If I move, I agree that I will contact the company within 30 days.

If the address that I gave you today is not my main or primary address, I will verify with the company every 90 days.

I agree that giving false information in order to get service is a crime.

I know at any time, I may be asked to verify my eligibility and if I don't within 30 days, I may not be apart of the program anymore.

When I give my signature I am certifying that the information that was given today is true and correct to the best of my knowledge.

CUSTOMER MUST SIGN



CUSTOMER MUST AGREE

CUSTOMER MUST READ

CUSTOMER MUST SIGN

CUSTOMER MUST AGREE

Current Location: 14230 Lochridge Blvd | Change / Check Out


 ID: 6000-1000-1000 | Name: House Account | Live Chat |  | Log Out

[Account](#) | [Agents](#) | [Orders](#) | [Reports](#) | [Commissions](#) | [Inventory](#) | [Resources](#)

New Order - Signature Pad Required

Service Area

Applicant Info

Eligibility Check

Upload Proof

Household Check

Certifications

Order Complete

Which one of the following programs does he/she currently participate in?

- Food Stamps / Supplemental Nutrition Assistance Program (SNAP)
- National School Lunch Program's Free Lunch
- Section 8 Federal Public Housing Assistance (FPHA)
- Low Income Home Energy Assistance Plan (LIHEAP)
- Temporary Assistance to Needy Families (TANF)
- Supplemental Security Income (SSI)
- Medicaid
- Senior Citizen Low-Income Discount Offered by Local Gas or Power Company
- Income at or below 135% of Federal Poverty Guidelines
- None of the Above

What does the customer present to proof his/her participation?

- Program participation card / document
- Prior year's statement of benefits
- Notice letter of participation
- Other official qualifying document

What is the official proof document presented?
(For example, "blue SNAP card" or "letter from State Human Services Department")

fewireless.com

Every question must be answered on this screen before you will be allowed to proceed with the order. If the customer qualifies, you will be taken to the next screen to complete the order.

If any of the customer's answers disqualify him/her for the Lifeline Program, you will be taken to a screen where the customer will have an opportunity to purchase a Non-Lifeline Service. This process is explained in more depth ahead.

What is the name of the recipient listed on the eligibility proof document?
 (Full name of recipient)

What is the account number from the proof document or card?
 (If the customer participates in Food Stamps/SNAP, the **16-digit food stamp card number** MUST be entered. If the customer participates in Medicaid, the **FULL account number** MUST be entered. For other programs, enter the four digits of the account number. Only enter 0000 if account number is not available.)

What is the issue date and/or expiration date of the proof document?
 (Format MM/DD/YYYY, leave it blank if not available)

Issue Date **Expiration Date**

[Next >>](#)

After reviewing the eligibility proof document:

- select the type of document that was presented
- the actual name of the document that was presented will auto-populate in the field
- the person's name that is listed on the document will auto-populate in the field
- enter the last four digits of the proof document's case number (Enter the ENTIRE card number if Food Stamps/SNAP is selected as the qualifying subsidy or the ENTIRE card number if Medicaid is selected as the qualifying subsidy)
- enter the document's issue and expiration date. If no dates appear on it, leave these fields blank.

Every question must be answered on this screen before you will be allowed to proceed with the order. If the customer qualifies, you will be taken to the next screen to complete the order.

If any of the customer's answers disqualify him/her for the Lifeline Program, you will be taken to a screen where the customer will have an opportunity to purchase a Non-Lifeline Service. This process is explained in more depth ahead.

Income at or below 135% of Federal Poverty Guidelines
 None of the Above

What does the customer present to proof his/her participation?

The prior year's state, federal, or Tribal tax return
 Current income statement from an employer or paycheck stub
 A Social Security statement of benefits
 A Veterans Administration statement of benefits
 A retirement/pension statement of benefits
 An Unemployment/Workmen's Compensation statement of benefits
 Federal or Tribal notice letter of participation in General Assistance
 A divorce decree, child support award, or other official document containing income information for at least three months time

What is the name of the recipient listed on the eligibility proof document?
(Full name of recipient)

RUNNER RUNNER

What is the account number from the proof document or card?
(If the customer participates in Food Stamps/SNAP, the **16-digit food stamp card number** MUST be entered. If the customer participates in Medicaid, the **FULL account number** MUST be entered. For other programs, enter the four digits of the account number. Only enter 0000 if account number is not available.)

What is the issue date and/or expiration date of the proof document?
(Format MM/DD/YYYY, leave it blank if not available)

Issue Date **Expiration Date**

What is the size of the household of the customer?
(Number of household members including the customer)

What is the household income of the customer?

Weekly Income is \$

Next >>

When the "Income at or below 135% of Federal Poverty Guidelines" is chosen, you will be able to have the system calculate eligibility. First, enter the name of the recipient, the last four digits of the documents account/case number (enter 0000 if none available), and any expiration or date found on the document (leave blank if unavailable). After entering household size, you will pick from the drop-down box the income time period for which the customer is showing proof of: Weekly Income, Biweekly Income, Monthly Income, Quarterly Income, and Annual Income. Then you will enter their income. The system will automatically calculate if the customer's income is eligible.

PHOTO ID AND PROOF-OF-BENEFITS UPLOADING

It is of utmost importance that **EVERY** field representative verifies the eligibility of **EVERY** potential customer by confirming that the customer is in possession of a **U.S. GOVERNMENT-ISSUED** (Federal or State) or Tribal-issued photo ID AND the required proof-of-benefits and by visually inspecting the documents. U.S. GOVERNMENT-ISSUED (Federal or State) and Tribal photo IDs are limited to:

- State Driver's License
- State ID
- United States Passport
- Permanent Resident Card
- United States Military ID
- Veteran Affairs ID
- Voter ID
- State Department of Corrections ID
- State-Issued Weapons Permit
- State Port Authority ID
- Transportation Worker Identification Credential (TWIC)
- Tribal ID

Work, college, and bank account ID's are not acceptable, nor are passports and ID's issued by a consulate of a foreign country.

The proof-of-benefits document **MUST**:

- Be on the list of acceptable types of benefits relative to the particular state where the enrollment is taking place
- Contain all required pertinent information relative to the potential customer
- Match the name on the identification rendered by the potential customer.

When uploading an ID and eligible proof-of-benefits document, the documents must be uploaded in a complete and correct manner. Refer to the following instructions to correctly upload an ID and proof-of-benefits document:

Field Representatives have the ability to scan directly using the Life Wireless web portal instead of having to use any type of scanning software. This should significantly eliminate scanning errors by allowing the representative to view the scan in real time as it scans and should eliminate uploading errors by keeping the representative from uploading the wrong scan file.

You will be required to upload every Customers subsidy proof and Government issued ID.

1. Place proof documents in the scanner and select "Scan" to begin.

New Order - Signature Pad Required

Please upload a **GOVERNMENT-ISSUED PHOTO ID** to prove identity together with a document to prove program participation:

- Program: Senior Citizen Low-Income Discount Offered by Local Gas or Power Company /
- Please submit this proof: Program participation card / document, Program document
- Name on the proof: RUNNER, RUNNER
- Account number from the proof: 0000

I would prefer to upload a file.

Scan & Upload proof, then go **Next >**

Step 1. Scan Document

Source:

Color:

Resolution:

Automatic Document Feeder

Duplex

Scan

Step 2. Edit Document

Step 3. Upload Document

Upload

Next >

2. Your scan will appear in the box at the left of the screen. You can rotate the image or delete it if it did not scan properly by using the buttons under "Step 2". If the scan is satisfactory, then select "Upload":

Scan & Upload Document

Trying it the first time...

- When prompted to accept Add-On contents, please accept and install them. They are required component to access your scanner for online scanning.

Step 1. Scan Document

Source:

Color:

Resolution:

Automatic Document Feeder

Duplex

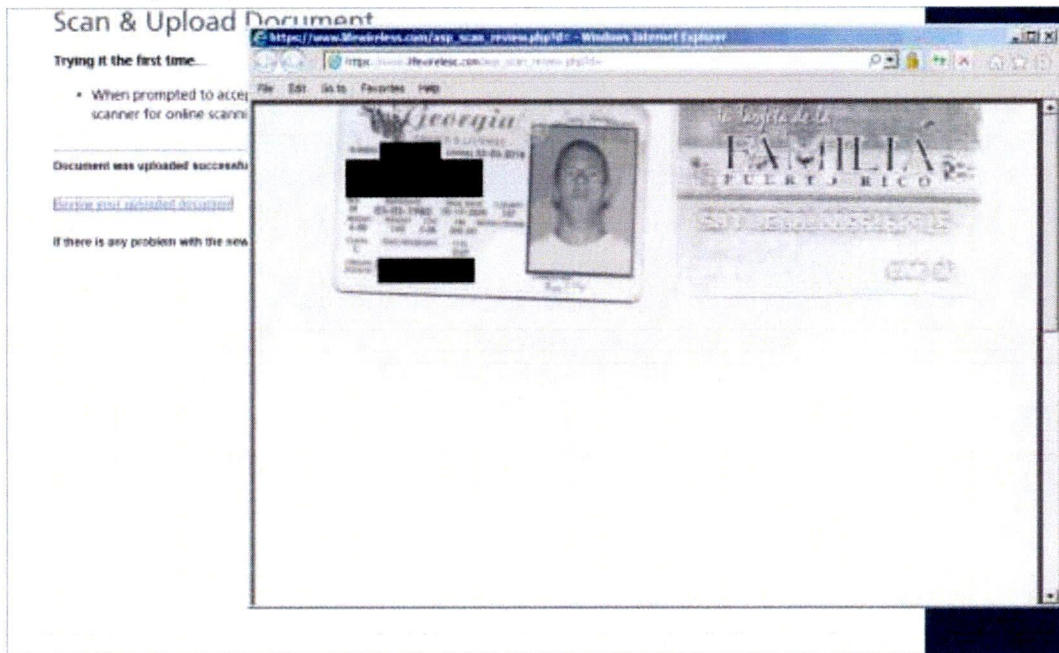
Scan

Step 2. Edit Document

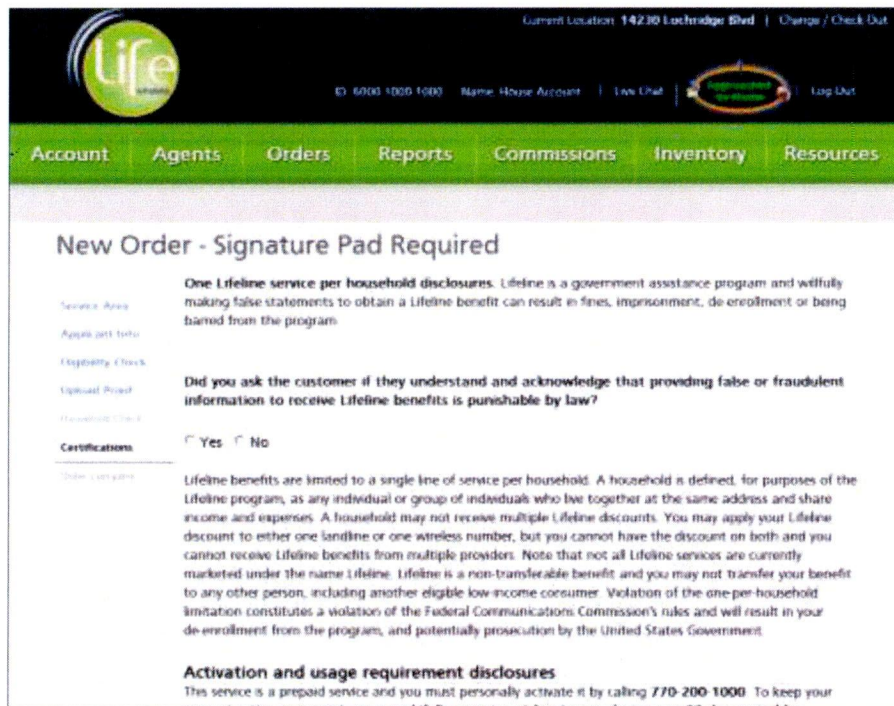
Step 3. Upload Document

Upload

3. Select "Review your uploaded document" to ensure that the scan is legible:



Once the file is uploaded, you will then be allowed to continue the order:



Tips for Correctly Accepting and Scanning ID and Eligible Proof-Of-Benefits Documents

1. The Medicaid subsidy field will accept letters, so make sure to enter the Case ID correctly (e.g. 9002256K01226).
2. Medicare is not the same as Medicaid.
3. Medicare is not acceptable proof of SSI.
4. SSI is a qualifying program; therefore it is not necessary to use income eligibility (135% of Fed. Poverty Guidelines) for qualifying.
5. For income eligibility (135% of Fed. Poverty Guidelines), do the math on the income provided by the proof and do not rely on the customer for annual income.
(e.g. for a VA statement showing \$668 a month ($\$668 \times 12 = \8016), enter \$8016 for Annual Income).
6. If the document has an expiration date, it must not be past the expiration date to qualify.
7. When scanning, the complete subsidy proof must be visible.
8. Be sure to enter the subsidy number completely and correctly (e.g. do not alter or flip Link Card digits).

It is imperative that all uploads are deemed acceptable upon examination by our Data Review Department. Unacceptable uploads include, but are not limited to:

- A lack of uploaded image in attached file (i.e. “blank” file)
- Any uploaded image that is not completely legible (i.e. bad scan)
- Any uploaded image in which any required customer information is missing from view
- Any uploaded ID document that has no photo or is not U.S. government- or Tribal issued
- Any uploaded proof-of-benefits document without an accompanying photo ID uploaded
- Any uploaded document that does not match the name on the identification rendered by the potential customer
- Any uploaded document that is expired at the time of enrollment
- Any uploaded document that does not match the actual type of benefits indicated on the enrollment application
- Any uploaded document that does not clearly state the type of benefits received by the potential customer.

Any field representative who fails to correctly confirm, visually verify, and/or correctly upload a potential customer’s ID and proof-of-benefits document, knowingly or not, will be held in violation of the Life Wireless Zero Tolerance Policy Towards Fraud and will be subject to immediate disciplinary action. This may include, but is not limited to: termination, withheld commissions, and/or prosecution to the fullest extent of the law.

You are then required to check all certifications' boxes to proceed.

The "Tribal eligibility" certification will only be shown if a tribal subsidy was previously selected.

The "Multiple households sharing an address" certification will only be shown if a duplicate address was found and the Lifeline Multiple Households Worksheet was completed.

New Order - Signature Pad Required

Service Area

Applicant Info

Eligibility Check

Upload Proof

Household Check

Certifications

Order Complete

One Lifeline service per household disclosures: Lifeline is a government assistance program and willfully making false statements to obtain a Lifeline benefit can result in fines, imprisonment, de-enrollment or being barred from the program.

Did you ask the customer if they understand and acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law?

Yes No

Lifeline benefits are limited to a single line of service per household. 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. A household may not receive multiple Lifeline discounts. You may apply your Lifeline discount to either one landline or one wireless number, but you cannot have the discount on both and you cannot receive Lifeline benefits from multiple providers. Note that not all Lifeline services are currently marketed under the name Lifeline. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person, including another eligible low-income consumer. Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in your de-enrollment from the program, and potentially prosecution by the United States Government.

Tribal eligibility

I hereby certify that I reside on Federally-recognized Tribal lands.

Multiple households sharing an address

I hereby certify that I reside at an address occupied by multiple households, including adults who do not contribute income to my household and/or share in my household's expenses, and I will complete a separate additional form.

Activation and usage requirement disclosures

This service is a prepaid service and you must personally activate it by calling **770-200-1000**. To keep your account active, ***you must use your Lifeline service at least once during any 60 day period by completing an outbound call, purchasing additional minutes from Company, answering an in-bound call from someone other than Company, or by responding to a direct contact from Company confirming that you want to continue receiving Lifeline service from Company.*** If your service goes unused for 60 days, you will no longer be eligible for Lifeline benefits and your service will be suspended (allowing only 911 calls and calls to the Company's customer care center) subject to a 30 day cure period during which you may use the service (as described above) or contact the Company to confirm that you want to continue receiving Lifeline service from Company.

I hereby certify that I have read and understood the disclosures listed above regarding activation and usage requirements.

Authorizations

I hereby authorize the Company to access any records required to verify my statements on this form and to confirm my eligibility for the Lifeline program. I also authorize the Company to release any records required for the administration of the Lifeline program (e.g., name, telephone number and address), including to the Universal Service Administrative Company, to be used in a Lifeline database and to ensure the proper administration of the Lifeline Program. Failure to consent will result in denial of service.

Additional certifications

I hereby certify, under penalty of perjury, that (check each box):

- I meet the income-based or program-based eligibility criteria for receiving Lifeline service and have provided documentation of eligibility if required
- I will notify the Company within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income based or program based eligibility criteria (de-enrolled in the government assistance program identified in the application), I begin receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit. I understand that I may be subject to penalties if I fail to follow this requirement.
- I am not listed as a dependent on another person's tax return (unless over the age of 60)
- The address listed below is my primary residence, not a second home or business
- If I move to a new address, I will provide that new address to the Company within 30 days
- I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law
- I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility within 30 days will result in de-enrollment and the termination of my Lifeline benefits
- The information contained in this certification form is true and correct to the best of my knowledge

The information listed on this screen is the same information that is printed on the paper form that is laminated and laying on your table for customer review.

Check each box to certify each statement.

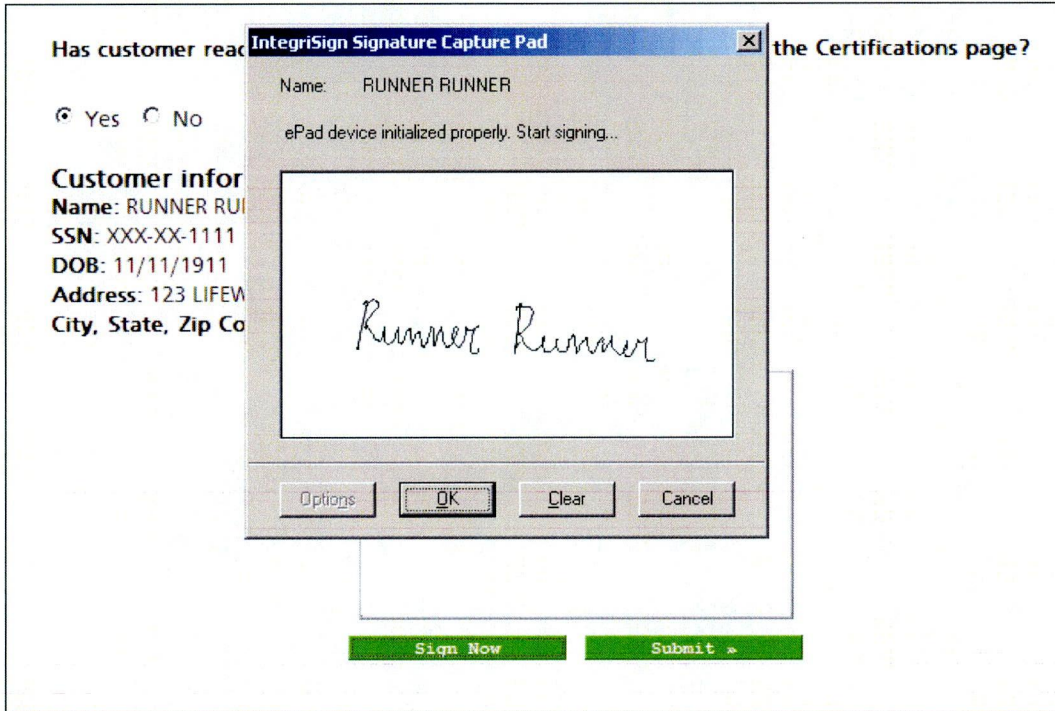
Has customer read, understood, and agreed to ALL statements on the Certifications page?

Yes No

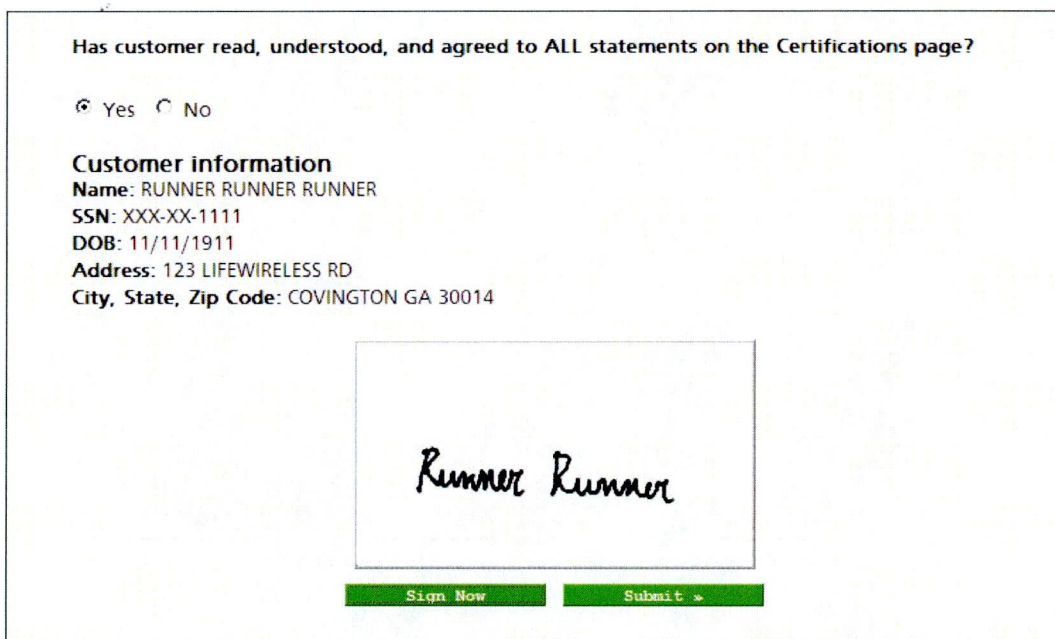
Customer information
Name: RUNNER RUNNER RUNNER
SSN: XXX-XX-1111
DOB: 11/11/1911
Address: 123 LIFEWIRELESS RD
City, State, Zip Code: COVINGTON GA 30014

Select "Yes" to the above question and a signature box will appear.

Select "Sign Now" and a different box will pop up that will actually show the customer signature as they are signing the signature pad:



Once the customer has provided their signature, select "OK". The customer's signature will then appear in the box. Select "Submit":



Current Location: 14 | Change / Check Out

Life Wireless

ID: 6022-1000-1000 Name: Life Wireless Outside Reps | Live Chat | Approached by Media | Log Out

Account Agents Orders Reports Commissions Inventory Resources

New Order - Signature Pad Required

The order number is **1516**.

You can click the link(s) below to review the completed form. If there is any mistake, please cancel the order and re-submit a new one.

- [Review Enrollment Application](#)

Activate Now

Service Area

Applicant Info

Eligibility Check

Upload Proof

Household Check

Certifications

Order Complete

You can view .pdf files showing all the entered customer information for your review. If no errors are discovered, then click “Activate Now”.



- Account
- Agents
- Orders
- Reports
- Commissions
- Inventory
- Resources

Activate Service

[Take Payment for Upgrading Handset](#)

[Refund a Previous Payment](#)

Order #:
Name: RUNNER RUNNER
5-Digit Zip Code:
Service Plan:
20-Digit SIM:
15-Digit IMEI:

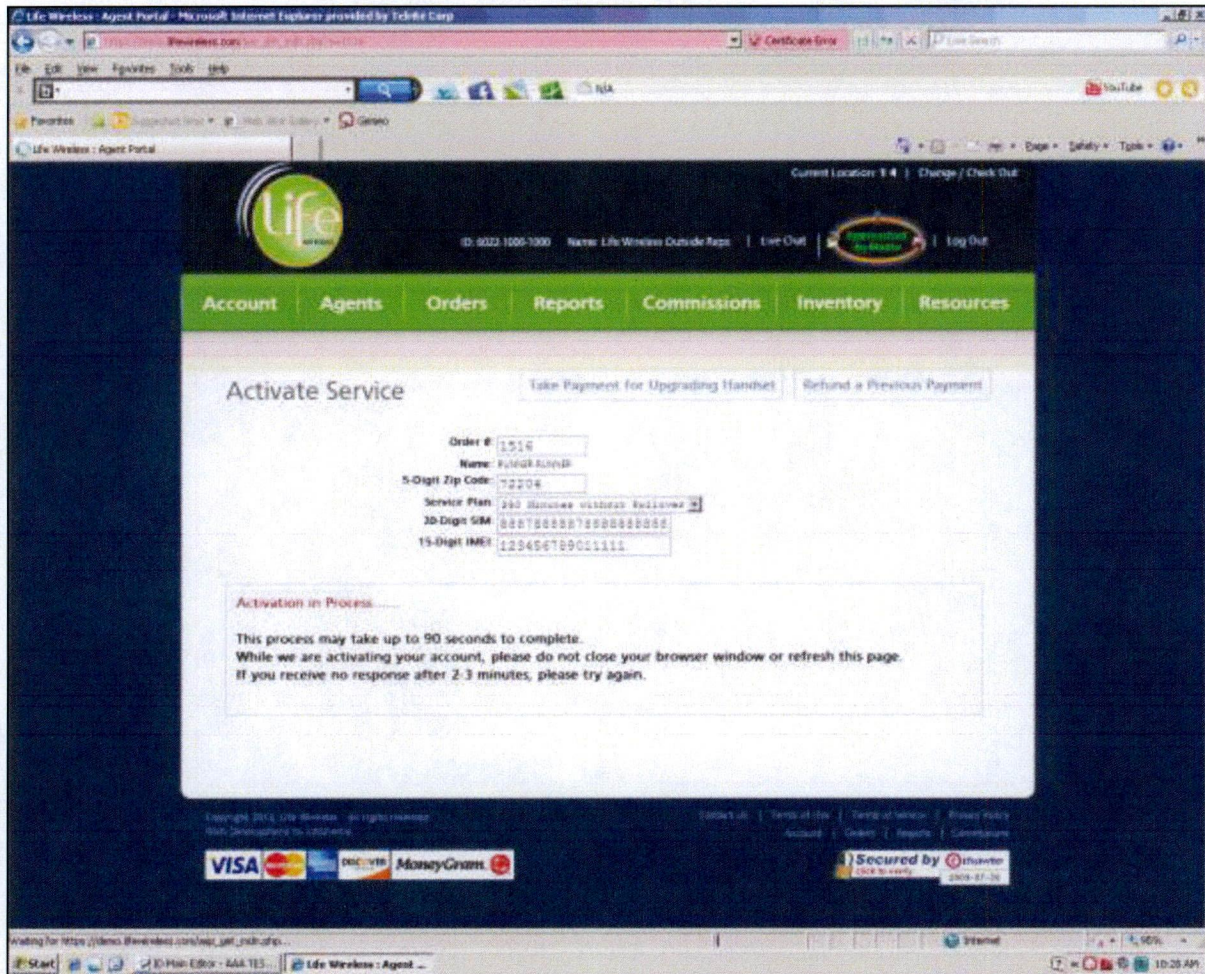
Note: If SIM card was inserted, please power off the handset before activation.

If a hearing aid compatible phone is needed, please complete this order and give the customer a handset from your inventory. If you don't have availability on a hearing aid compatible phone, please have the customer contact customer service at 1-888-543-3620 to request a hearing aid compatible handset. The phone will be mailed as a replacement.

[Activate »](#)

Choose the customer's desired service plan and use your hand scanner to scan in the "20 Digit SIM" number and the "15 Digit IMEI" number provided on the label of the phone bag you are going to give the customer. Once the plan is chosen and the numbers are scanned, select "Activate" to begin activating.

You will see this screen. Please be patient:



The screenshot shows the top navigation bar of the Life Wireless portal. On the left is the Life Wireless logo. On the right, it displays 'Current Location: 14 | Change / Check Out'. Below the logo, it shows 'ID: 6022-1000-1000 Name: Life Wireless Outside Reps | Live Chat | Approached by Media | Log Out'. A green navigation bar contains the following menu items: Account, Agents, Orders, Reports, Commissions, Inventory, and Resources. The main content area is titled 'Activate Service' and includes two buttons: 'Take Payment for Upgrading Handset' and 'Refund a Previous Payment'. A central message box states: 'Activation is successful. Your Mobile Number is 770-818-5000. Activation Call Verification'. Below this, it says: 'You can now power up the handset to test the service. If there is a problem, please contact our Customer Service department at 800-373-0757.' At the bottom of the message box is a 'Submit a New Order' button.

Once you reach this screen, your activation was successful and the customer's phone is now ready to use.

The Customer Service Department number provided on this screen is for Field Reps ONLY. This is the number you would call if you are having trouble with the equipment activation. This number IS NOT to be given to anyone else.

The CUSTOMER SERVICE NUMBER for the customer is 888-543-3620. This is the ONLY number given out to customers.

ACTIVATION CALL !

All representatives are required to instruct customers to complete activation by placing a call to the Activation Line (770-200-1000). This call is to be made by the customer before the customer exits the site. The Activation Line signage should be posted at the site in a way to expedite assisting the next customer. The phone bag will also have a sticker with this information on it. The call is free to the customer and will not reduce their minute balance.

The Activation Line is an IVR and will take the customer less than one minute to complete.

This is to be printed out on a 8.5x11 sheet of paper in LANDSCAPE MODE, laminated, and displayed in 2 different locations in or around your tent.
THIS MUST BE EASILY VISIBLE TO EVERY CUSTOMER



ATTENTION

**YOU MUST DIAL THIS NUMBER TO
COMPLETE YOUR ACTIVATION**

(770) 200 – 1000

Does not use your minutes

Continuing Education

UPLOADED PROOF VIEWING AND EDITING GUIDELINES

SUBSIDY PROOFS

1. Life Wireless requires that all subsidy proofs be retained; therefore representatives placing orders must scan and upload each customer's subsidy proof AND photo ID. To view the status of these uploads, select "Subsidy Proofs" under the Reports tab and you will see the following screen:

The screenshot shows the Life Wireless web application interface. At the top left is the Life Wireless logo. To the right of the logo, the user's ID (6022-1000-1000) and name (Life Wireless Direct - Employee Operations) are displayed, along with a "Log Out" link. Below this is a green navigation bar with tabs for "Account", "Orders", "Reports", "Commissions", "Inventory", and "Resources". A yellow banner below the navigation bar contains the text: "R - ALL REPRESENTATIVES ARE TO CONTACT LIFE WIRELESS IMMEDIATELY IF YOU OR YOUR LOCATION IS A". The main content area is titled "Subsidy Proofs Report" and contains a form with the following fields: "Begin:" with a date picker set to 2012-06-07, "End:" with a date picker set to 2012-06-13, "Master Agent:" with a dropdown menu showing 6022, "Sub1 Agent:" with a dropdown menu showing All, and "Sub2 Agent:" with a dropdown menu showing All. A green "Get Report" button is located below the form fields.

Adjust the date parameters and the representative's portal ID to view all subsidy proof uploads for the dates and the representative entered. To view the subsidy proof uploads of all of your representatives within the entered date parameters, simply leave the "Sub1 Agent" and "Sub2 Agent" fields unchanged.

- All subsidy proof uploads will appear for each representative whose portal ID was selected, as well as the status of each upload:

Subsidy Proofs Report

Begin: 2012-09-30
 End: 2012-10-01
 Master Agent: ALL
 Sub1 Agent: ALL
 Sub2 Agent: ALL

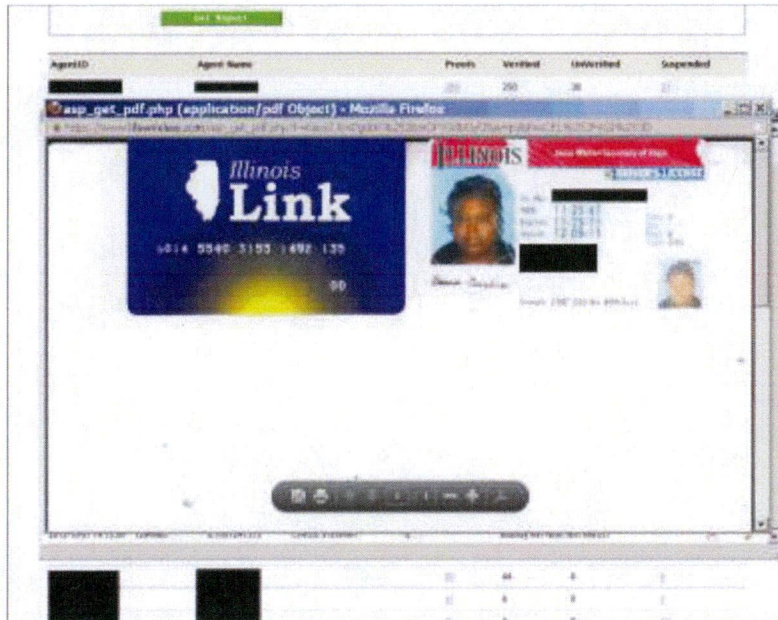
AgentID	Agent Name	Proofs	Verified	Unverified	Suspended
		250	250	0	<u>0</u>
		124	124	0	<u>0</u>
		94	94	0	<u>0</u>
		88	88	0	<u>0</u>
		81	81	0	<u>0</u>
		57	57	0	<u>0</u>
		74	74	0	<u>0</u>
		76	76	0	<u>0</u>

- To view the reason for suspension and the actual proofs themselves, select the underlined number in the “Suspended” column. The following screen will appear:

Subsidy Proofs - By Agent

Entered Date	Order Number	Account Number	Customer Name	State	Public Aid ID	Reason	Proof Doc	Edit
2012-09-30 13:51:12	1277442	61801234243		IL		Subsidy Proof Not Acceptable	<u>1</u>	
2012-09-30 13:58:20	1277498	61801234259		IL		Subsidy Proof Not Acceptable	<u>1</u>	
2012-09-30 14:35:40	1277580	61801234350		IL		Name Not Match	<u>1</u>	
2012-09-30 14:47:37	1277615	61801234370		IL		Subsidy Proof Not Acceptable	<u>1</u>	
2012-09-30 16:58:34	1277990	61801234750		IL		Photo ID Not Belongs to Customer	<u>1</u>	
2012-10-01 15:14:21	1278780	61801238502		IL		Name Not Match	<u>1</u>	
2012-10-01 15:41:57	1276880	61801226828		IL		Name Not Match	<u>1</u>	
2012-10-02 12:01:33	1281032	61801237762		IL		Subsidy Proof Not Acceptable	<u>1</u>	
2012-10-02 12:11:14	1281992	61801227827		IL		Subsidy Ref Num Already Used	<u>1</u>	
2012-10-02 14:38:35	1283044	61801226764		IL		Income on Proof Not Match Income Entered	<u>1</u>	
2012-10-02 18:54:05	1283144	61801225864		IL		Photo ID Not Belongs to Customer	<u>1</u>	
2012-10-02 18:30:39	1283939	61801238411		IL		Name Not Match	<u>1</u>	
2012-10-02 18:35:24	1283727	61801230439		IL		Name Not Match	<u>1</u>	
2012-10-03 12:49:20	1284505	61801221280		IL		Name Not Match	<u>1</u>	
2012-10-03 13:12:35	1284735	61801221447		IL		Name Not Match	<u>1</u>	
2012-10-03 13:23:44	1284821	61801229652		IL		Subsidy Proof Not Acceptable	<u>1</u>	
2012-10-03 14:04:02	1284824	61801227590		IL		Name Not Match	<u>1</u>	
2012-10-03 14:46:56	1281736	61801237790		IL		Name Not Match	<u>1</u>	
2012-10-06 18:32:56	1294471	61801241069		IL		Subsidy Ref Num Not Match	<u>1</u>	
2012-10-06 18:47:36	1294594	61801241102		IL		Subsidy Ref Num Not Match	<u>1</u>	
2012-10-07 14:13:24	1294886	61801241573		IL		Subsidy Ref Num Not Match	<u>1</u>	

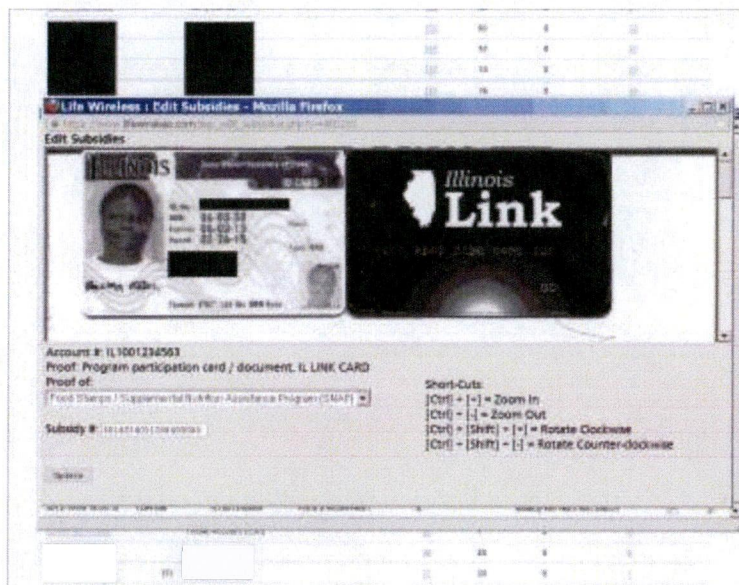
4. To view the actual proof that was suspended, select the .pdf icon under “Proof Doc” column and a .pdf file of the proof upload will appear:



5. If a “pencil” icon is in the Edit column, correct the document accordingly:

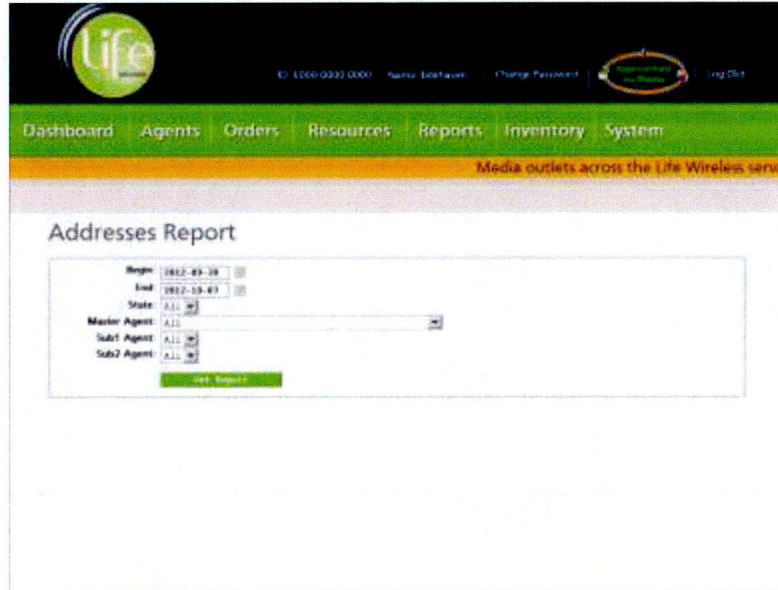
2012-10-05 14:46:58	1291156	IL1001237790	[Redacted]	309 W 107TH PLACE, CHICAGO, IL 60628	Address Not Match	2012-10-06 09:56:31	[PDF icon]	[Pencil icon]
2012-10-05 15:55:03	1291601	IL1001238228	[Redacted]	6728 S CLYDE AVE, CHICAGO, IL 60649	Address Not Match	2012-10-06 09:47:36	[PDF icon]	[Pencil icon]
2012-10-05 16:51:59	1291906	IL1001238530	[Redacted]	13026 S KING DRIVE ST, RIVERDALE, IL 60827	Address Not Match	2012-10-06 09:53:27	[PDF icon]	[Pencil icon]

Be sure to select “Update” before closing the document:



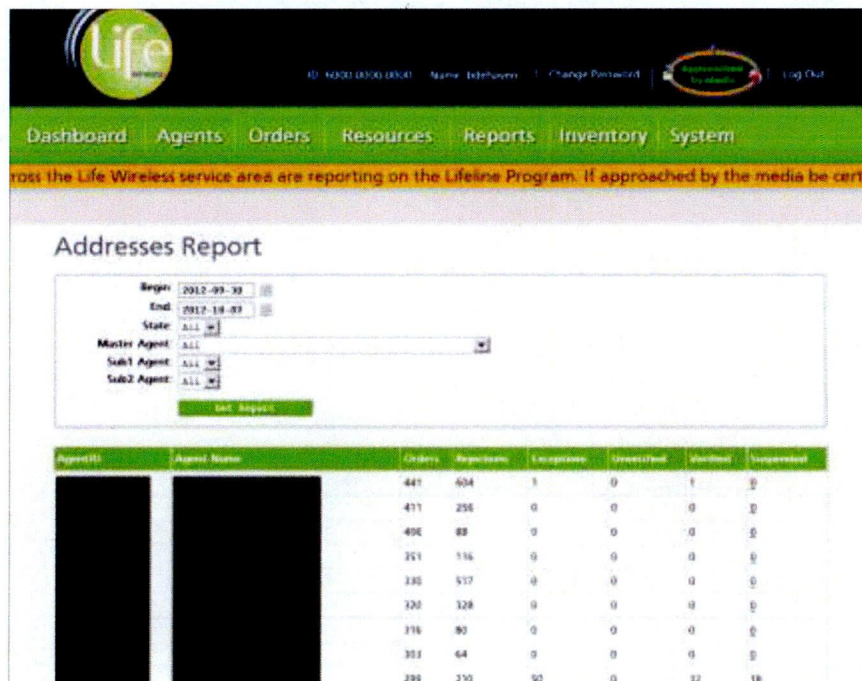
ADDRESS PROOFS

1. Any time an entered address is flagged as a non-residential address, representatives are required to scan and upload a proof-of-address document. To view the status of these uploads, select "Addresses" under the Reports tab and you will see the following screen:



Adjust the date parameters and the representative's portal ID to view all address proof uploads for the dates and the representative entered. To view the address proof uploads of all of your representatives within the entered date parameters, simply leave the "Sub1 Agent" and "Sub2 Agent" fields unchanged.

2. All address proof uploads will appear for each representative whose portal ID was selected, as well as the status of each upload:



- To view the reason for suspension and the actual proofs themselves, select the underlined number in the "Suspended" column. The following screen will appear:

Entered Date	Order Number	Account Number	Customer Name	Address	Reason	Suspend Date	Proof Doc	File
2012-09-18 10:50:17	1277923	81001224733	[REDACTED]	1107 ARTHUR AVE, ROCKFORD, IL 61105	Address Proof Not Acceptable	2012-10-01	<u>1</u>	
2012-10-01 15:14:21	1279780	81001228032	[REDACTED]	3024 ANQUELINE CT, ROCKFORD, IL 61109	Name Not Match	2012-10-02	<u>1</u>	
2012-10-03 13:04:25	1281407	81001228197	[REDACTED]	3966 135TH PL, BLUE ISLAND, IL 60408	Address Proof Not Acceptable	2012-10-03	<u>1</u>	
2012-10-02 13:20:49	1281587	81001228327	[REDACTED]	2849 W IARVIS, CHICAGO, IL 60645	Address Not Match	2012-10-03	<u>1</u>	
2012-10-02 13:20:49	1281597	81001228327	[REDACTED]	2849 W IARVIS, CHICAGO, IL 60645	Address Not Match	2012-10-07	<u>1</u>	
2012-10-03 18:18:28	1286817	81001233498	[REDACTED]	6800 S NORMAL BLVD, CHICAGO, IL 60621	Address Not on Proof	2012-10-04	<u>1</u>	
2012-10-05 14:04:02	1290874	81001233709	[REDACTED]	6410 S MARION (UTHER KING DR), CHICAGO, IL 60637	Name Not Match	2012-10-06	<u>1</u>	
2012-10-05 14:46:58	1291566	81001233790	[REDACTED]	309 W 107TH PLACE, CHICAGO, IL 60628	Address Not Match	2012-10-06	<u>1</u>	
2012-10-05 15:55:01	1291601	81001238228	[REDACTED]	6728 S CLYDE AVE, CHICAGO, IL 60649	Address Not Match	2012-10-08	<u>1</u>	
2012-10-05 16:51:59	1291906	81001238530	[REDACTED]	13028 S KING DRIVE ST, RIVERDALE, IL 60427	Address Not Match	2012-10-06	<u>1</u>	
2012-10-06 16:09:08	1291845	81001240345	[REDACTED]	3123 BLACKSTONE AVE NO T, ROCKFORD, IL 61101	Address Not Match	2012-10-07	<u>1</u>	
2012-10-06 16:44:13	1294821	81001240621	[REDACTED]	5129 TENNESSEE ST, GARY, IN 46409	Address Not Match	2012-10-07	<u>1</u>	
2012-10-06				3902 EDGEWAY AVE, ROCKFORD		2012-10-07	<u>1</u>	

2012-10-06	217	62	0	0	0	0
2012-10-07	214	178	0	0	0	0

- To view the actual proof that was suspended, select the .pdf icon under "Proof Doc" column and a .pdf file of the proof upload will appear:



5. If a “pencil” icon is in the Edit column, correct the document accordingly:

2012-10-05 14:46:58	1291156	IL1001237790	[REDACTED]	309 W 107TH PLACE, CHICAGO, IL 60628	Address Not Match	2012-10-06 09:56:31	[REDACTED]	[Pencil Icon]
2012-10-05 15:55:03	1291601	IL1001238228	[REDACTED]	6728 S CLYDE AVE, CHICAGO, IL 60649	Address Not Match	2012-10-06 09:47:36	[REDACTED]	[Pencil Icon]
2012-10-05 16:51:59	1291906	IL1001238530	[REDACTED]	13026 S KING DRIVE ST, RIVERDALE, IL 60827	Address Not Match	2012-10-06 09:53:27	[REDACTED]	[Pencil Icon]

Be sure to select “Update” before closing the document:



BOTH ADDRESS AND SUBSIDY REJECTED PROOFS MUST BE VIEWED AND EDITED WITHIN SEVEN (7) DAYS OF THE REJECTION.

ORDERS WITH UNCORRECTED PROOFS AFTER THE SEVEN DAY LIMIT WILL BE SUBJECT TO WITHHELD COMMISSIONS AND MASTER REPRESENTATIVE CHARGEBACK'S.

PHOTO AUDITS



! EVERY SITE PHOTO AUDIT MUST SHOW !

- Complete Tent Setup including A-Frame
- Shot of All Required Table Documents
- Sign w/Portal ID, Current Date, and Rep Name
- Life Wireless Badge and Apparel

! ALL REPS AT THE TABLE MUST COMPLY !

EVERYTHING ABOVE MUST BE SEEN IN PHOTO – SEND MULTIPLE PHOTOS IF NECESSARY

Send Photos to compliance@lifewireless.com

MANDATORY FIELD REQUIREMENTS

No Field Rep will be allowed to perform activations unless all the items below are present and Site Photo Audits show everything listed in the example above. No additional signs, forms, or materials should be displayed without prior approval. If you have missing items, contact your Master Rep immediately.

EQUIPMENT & APPAREL

- Tent Neatly Fitted on Proper Frame
- 6/1 FCC Sign on rear tent valance
- Photo ID Badge & Logoed Shirt
- Table Cover Neatly Fitted Over Table
- A-Frame Viewable At Tent Setup
- If Wearing a Hat, it must be Logoed

FORMS & SIGNAGE

- ✓ Lifeline State Enrollment Form
- ✓ Enrollment Certification Page – Yellow Border 8.5x14
- ✓ Georgia Public Service Commission's Consumer Affairs Unit Sign (GA Events Only)
- ✓ Activation Call Sign 770-200-1000 (omission of this sign only upon approval)
- ✓ Compliance Manual Always Available at Every Site, but NOT Displayed on Table Top

NOTE: All table signs and forms can be printed from the RESOURCES section in the Portal

IMMEDIATE DEACTIVATION FOR ANY OF THE FOLLOWING INFRACTIONS

- ☒ Missing Tent or Table Cover (inside events may omit tent, but table cover always required)
- ☒ Not Responding to Audit within the Requested Time Frame (Currently 30 mins)
- ☒ No Compliance Sign or One That is Missing 6/1 Verbiage
- ☒ No Lifeline State Enrollment Form displayed on table
- ☒ No Life Wireless Issued Badge
- ☒ Site not presented neat and professional
- ☒ Improper Apparel

Site Selection

Most counties and/or cities require a Vending Permit. It is the policy of the company that the representative secures not only the property owner's permission to be on site, but also a Vending Permit if one is required by the local or county government regulatory agency or department.

The five (5) most important criteria in the selection of a SUCCESSFUL Distribution Site are:

1. **Safety FIRST:** Make sure that the location is one that does not present any conditions that will place the Representative, customer or equipment in danger or harms—way. Considerations to include: traffic, weather conditions, nuisance or angry prospect (security), or equipment configuration: electrical cords, wheel chair accessibility, pathways for customer foot traffic, employee only areas.
2. **Compliance** – Permit or vendor license from the local governing agency
These permits may take up to a week to obtain.
 - City Vendor Application
 - Check for Application Fee
 - Copy of Permission Letter from Owner of the property with specific dates
 - True to scale aerial printout of the location and exactly where our setup will be placed on the property
 - List the approximate yardage distance from major streets
 - List the names of Representatives that will be running the event (some cities require a city provided ID Badge for each)
3. **Demographic fit:** Is this location one that will draw a high number of qualified service candidates?
4. **Visibility** – Make sure the site is not visually blocked or isolated. Park vehicles, signage and tent in a position where they can be easily spotted by pedestrians or cars passing by. Ideal locations tend to be shopping centers, street corners, high traffic intersections, and business establishments that cater to our demographic customer profile.
5. **Solicit Partnerships** – Request permission for on-site distribution with agencies who serve the same clientele that we target for the Life-line service: Human Service Agencies, Religious Organizations, Community Service Agencies, Non-Profit Groups, Public / Lifeline supported Assisted Housing Authorities, Schools, and Youth Recreation Centers.

UPGRADES

Life Wireless offers customers the option of upgrading their Lifeline handset to a more superior model: the Alcatel OT355/356. The cost of this upgrade to the customer is \$20, which can be paid in cash or credit/debit card.



Please use the following steps when performing a handset upgrade **for NEW ACCOUNTS**:

1. At the "Activate Service" screen, select "Take Payment for Upgrading Handset":

Current Location: 14230 Lochridge Blvd | Change / Check Out

Life wireless

ID: 6000-1000-1000 Name: House Account | Live Chat | | Log Out

Account | Agents | Orders | Reports | Commissions | Inventory | Resources

Activate Service

[Take Payment for Upgrading Handset](#) [Refund a Previous Payment](#)

Order #:

Name: BARTON DEHAVEN

5-Digit Zip Code:

Service Plan: ▼

20-Digit SIM:

15-Digit IMEI:

Note: If SIM card was inserted, please power off the handset before activation.

If a hearing aid compatible phone is needed, please complete this order and give the customer a handset from your inventory. If you don't have availability on a hearing aid compatible phone, please have the customer contact customer service at 1-888-543-3620 to request a hearing aid compatible handset. The phone will be mailed as a replacement.

[Activate »](#)

2. Enter the IMEI of the upgraded model. Please note that only the IMEI's of upgraded models can be entered:

Upgrade Handset

Order #: 1111



15-Digit IMEI:

Method of Payment Cash Credit/Debit Card

Total Upgrade Fee: \$20.00

3. Choose the correct method of payment: Cash or Credit/Debit Card. If Credit/Debit Card, enter the customer's cardholder information. Select "Purchase":

Current Location: 14230 Lochridge Blvd | Change / Check Out

 ID: 6000-1000-1000 Name: House Account | Live Chat |  Log Out

Account Agents Orders Reports Commissions Inventory Resources

Upgrade Handset

Order #: 1587

15-Digit IMEI:

Method of Payment Cash Credit/Debit Card

Name and billing address have to match those on file with card issuer.

Card Holder Name:

Street Address 1:

Street Address 2:

City:

State:

Zip:

Card Type:

Card Number:

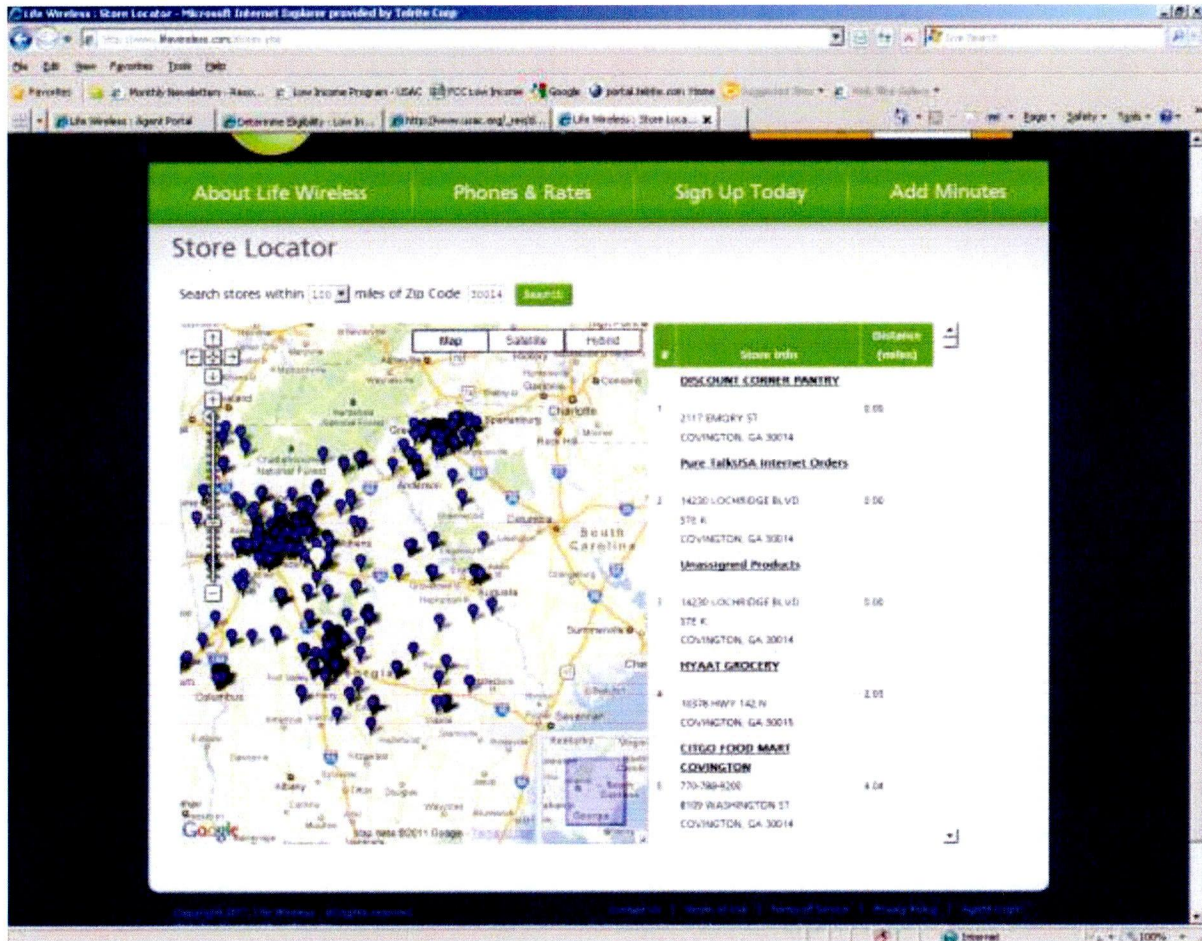
Expiration Date: /

CVV:

Total Upgrade Fee: \$20.00

ADDING MINUTES

It is very important to encourage customers to recharge. Many customers are unaware they can recharge their phones at MoneyGram retailers, through www.lifewireless.com, and by calling Customer Service.



From time to time Life Wireless will send a free text message to customers providing them with their nearest recharge retailer and other important information.

ANNUAL RE-CERTIFICATION

The company is required by the FCC to annually re-certify that customers receiving Lifeline service are still eligible per the eligibility guidelines. Each year, Life Wireless each year is required to recertify the entire customer base to verify which program they participate in making them eligible to receive the Lifeline assistance. THE CUSTOMER MUST RESPOND TO THIS VERIFICATION REQUEST WITHIN 30 DAYS OR THEIR LIFE WIRELESS SERVICE WILL BE SHUT OFF.

RE-ACTIVATE EXPIRED SERVICE

Go through the activation process as usual and when you get to the screen below, you'll see a green button that says "Re-activate Expired Service".

! CUSTOMER MUST HAVE THE PHONE WITH THEM AND MUST PERFORM THE ACTIVATION CALL !

Activate Service

[Take Payment for Upgrading Handset](#) [Refund a Previous Payment](#)

Former Life Wireless customer may keep their previous mobile number. [Re-activate Expired Service](#)

Order #:
Name: KEN RUNNER
5-Digit Zip Code:
Service Plan:
20-Digit SIM:
15-Digit IMEI:

Note: If SIM card was inserted, please power off the handset before activation.

If a hearing aid compatible phone is needed, please complete this order and give the customer a handset from your inventory. If you don't have availability on a hearing aid compatible phone, please have the customer contact customer service at 1-888-543-3620 to request a hearing aid compatible handset. The phone will be mailed as a replacement.

[Activate >](#)

Once you click "Re-activate Expired Service" button, you will need to get the mobile number from the customer. We will search for that number from our expired number list, and check it to make sure it is still available. Numbers are only retrievable during the first 45 days from the date of deactivation.

Re-activate Expired Service

Order #:
Expired Mobile #:
[Find >](#)

If we find the line and it looks good for re-activation, then you can verify the name of mobile number owner with the customer's name, select a plan and re-activate it.

Re-activate Expired Service

Order #: 1318
Expired Mobile #: 5019400607
The above mobile number was assigned to TEST TELRITE
Name: KEN RUNNER
Service Plan: 250 Minutes without Rollover
20-Digit SIM: 89014102232505788613
15-Digit IMEI: 201010171200005

Note: If the above equipment is present, please power off the handset first.

If a hearing aid compatible phone is needed and you don't have availability on a hearing aid compatible phone, please have the customer contact customer service at 1-888-543-3620 to request a hearing aid compatible handset. The phone will be mailed as a replacement.

[Re-activate »](#)

Once it's done, the number will be assigned to the newly sign-up customer. The Rep should physically make the activation call for the customer and hand the phone to them to listen to the message. You will only get credit for re-activated phones that call the activation line. This call will also insure the re-activation process is complete.

Re-activate Expired Service

Re-activation is successful. Your Mobile Number

501-940-0607 should be restored. [Activation Call Verification](#)

You can now power up the handset to test the service. If there is a problem, please contact our Customer Service department at 800-373-0757.

[Submit a New Order](#)

netSpend.
Sign up a debit card

Company Policy's

POLICY NUMBER: FR001

ISSUED DATE: 10/26/11

EVENT SITE STANDARDS

All Life Wireless sites are required to meet the following uniform standards at all events:

- 10'x10' Custom Printed Tent w/ Frame
- 6' Custom Printed Fitted Table Cover
- A-frame w/ (2) 2x3 Custom Printed Inserts
- FCC Required Sign
- (1 each per table) Laminated State Lifeline Application & Activation Call Sign

THIS IS A REQUIREMENT FOR ALL REPRESENTATIVES

POLICY NUMBER: FR002

ISSUED DATE: 12/16/11

VENDING PERMIT

All sites with local vendor & vending codes and ordinances must obtain a local permit. This permit must be on-site during all hours of event.

THIS IS A REQUIREMENT FOR ALL REPRESENTATIVES

POLICY NUMBER: FR003

ISSUED DATE: 12/16/11

CONTACT WITH THE MEDIA

It is a policy of the company that **NO** Employee, Representative, Agent or Contractor is allowed to speak to the media.

Politely direct ALL media inquiries to:

www.lifewireless.com/media.php

THIS IS A REQUIREMENT FOR ALL REPRESENTATIVES

POLICY NUMBER: FR004

ISSUED DATE: 12/16/11

SAFETY

ALL Life Wireless branded vehicle doors must be locked and engines shut off while on-site. All power cords must be neatly contained around the Representative area. Power must be supplied by generator and the generator kept in good working condition. USE OF VEHICLE BATTERY AS POWER SUPPLY IS PROHIBITED. Caution tape must be placed on ground around all sides of generator no farther than 12 inches from generator. If using A-frame caution sign it must be no further than 2 feet from generator.

If using a heater or fan, yellow and black caution tape or caution sign must be prominently displayed on ground no farther than 12 inches from heater or fan. If using a caution A-frame sign, the sign must be placed within 2 feet of the generator, heater or fan. Fans and heaters must not be placed under tables and only placed behind table where Representatives are seated.

THIS IS A REQUIREMENT FOR ALL REPRESENTATIVES

POLICY NUMBER: FR005

ISSUED DATE: 12/16/11

DRESS CODE & BADGE

It is the policy of Life Wireless that all Representatives wear Life Wireless apparel and their Life Wireless badge while representing the company in the field.

THIS IS A REQUIREMENT FOR ALL REPRESENTATIVES

POLICY NUMBER: FR006

ISSUED DATE: 12/20/11

CHECK IN/OUT

Effective immediately, all Representatives are required to check in to complete the log in process. After entering your Agent ID and password, you will be prompted to enter your site address, city and state. A description box is also provided where you must add specific location information such as "Next to the church" or "Parking lot of grocery store". You will not be able to complete the log in process without entering your site location. Once you have checked in, you will see your current location and Change/Check Out on the top right of the screen. When your event is over or you leave the site for any reason, please select "check out" at the top right of page. You may also change the location if you enter the wrong address.

THIS IS A REQUIREMENT FOR ALL REPRESENTATIVES

POLICY NUMBER: FR007

ISSUED DATE: 01/12/12

MASTER REP AND FIELD REP RELATIONSHIP

Any new representatives within a channel will work directly for the Master Rep. Life Wireless will compensate only the Master Representative and they are solely responsible for compensating their Field Reps through any pre-determined agreements. Life Wireless holds no responsibility of commission payments to Field Reps. Master Reps will have access to productivity reports concerning their Field Reps.

The responsibility of Life Wireless is to provide the following: all mandatory background checks, processing of the Representative On-Boarding Application Packet, all training and continued education, provide necessary policy and procedure documentation, Photo ID Badge, access to approved Life Wireless apparel, and perform field support to all Field Reps through their Master Rep.

Life Wireless reserves the right to terminate any relationship with the Master Rep and /or his Field Rep at any time.

THIS IS A REQUIREMENT FOR ALL REPRESENTATIVES

POLICY NUMBER: FR008-R

ISSUED DATE: 03/06/12

REVISION DATE: 06/01/12

MARKETING MATERIAL REQUIREMENT

All ETC “marketing materials” (*i.e.*, all media, including Internet, outdoor signage, application and certification forms) must inform consumers in clear, easily understood language:

- that the offering is a Lifeline-supported service;
- that only eligible consumers may enroll in the program;
- what documentation is necessary for enrollment;
- that the program is limited to one benefit per household, wireline or wireless; and
- that Lifeline is a government benefit program and consumers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or barred from the program.

All independently designed and produced marketing materials must be approved by the Life Wireless Field Operations Department. When designing marketing materials, please use the following verbiage for each requirement so that it will meet our approval:

THIS IS A REQUIREMENT FOR ALL REPRESENTATIVES

Marketing Material Requirements Continued

Verbiage that must be in LARGE PRINT:

- “Life Wireless is a Lifeline supported service, a government assistance program.”
- “Only eligible customers may enroll in the program.”
- “Forms of documentation necessary for enrollment are listed below.”
- “Service is limited to one discount per household, consisting of either wireline or wireless service.”
- “Telrite is an Eligible Communications Carrier (ETC), doing business as Life Wireless.”
- “IMPORTANT: consumers who willfully make a false statement in order to obtain the Lifeline benefit can be punished by fine or imprisonment or can be barred from the program.”

Verbiage that can be in FINE PRINT:

“Forms of documentation necessary for enrollment: All subscribers will be required to demonstrate eligibility based at least on (1) Household income at or below 135% of Fed Poverty guidelines for a household of that size; OR (2) the household’s participation in one of the federal assistance programs. 1 – current or prior year’s statement of benefits from a qualifying state, federal or Tribal program. 2 – a notice letter of participation in a qualifying state, federal or Tribal program. 3 – program participation documents (eg: consumers SNAP card, Medicaid card, or copy thereof). 4 – other official document evidencing the consumer’s participation in a qualifying state, federal or Tribal program. Income eligibility: Prior Year’s state, federal, or Tribal tax return, current income statement from an employer or paycheck. Social Security statement of benefits. Veterans Administration statement of benefits. Retirement/pension statement of benefits. Unemployment/Workmen’s comp statement of benefits. Federal or Tribal notice letter of participation in General Assistance. Divorce decree, child support award, or other official document containing income information for at least three (3) months time. Life Wireless will NOT retain a copy of this documentation.”

THIS IS A REQUIREMENT FOR ALL REPRESENTATIVES

POLICY NUMBER: FR009

ISSUED DATE: 05/01/2012

QUALIFICATION FORMS

Each State can have different subsidy qualifications and proof requirements. All Life Wireless sites are required to have a laminated copy of the State form for the State in which your event is being held. The form must be accessible to the customer by being displayed on the event table. A copy of each State can be accessed on the Life Wireless Agent Portal.

THIS IS A REQUIREMENT FOR ALL REPRESENTATIVES

POLICY NUMBER: FR010-RV

ISSUED DATE: 12/16/11

REVISION DATE: 01/30/13

ID VERIFICATION

Government-Issued Photo ID Requirement

Effective immediately, customers are required to present with every order a photo ID that is issued by a State or United States Federal Government entity.

These ID's are limited to:

- State Driver's License
- State ID
- United States Passport
- Voter ID
- State Department of Corrections ID
- State-Issued Weapons Permit
- United States Military ID
- Veterans Affairs ID
- Permanent Resident Cards
- Transportation Worker Identification Credentials (TWIC)
- State Port Authority ID
- Tribal ID's

Work, college and bank account ID's are not acceptable, nor are passports and ID's issued by a consulate of a foreign country. Customers that cannot present the required ID at the time of enrollment will not be allowed to enroll. Field representatives will also be required to scan and upload the ID along with the customer's eligible subsidy proof for every order.

THIS IS A REQUIREMENT FOR ALL REPRESENTATIVES

POLICY NUMBER: FR011

ISSUED DATE: 05/01/12

ZERO TOLERANCE

TELRITE CORPORATION HAS A ZERO TOLERANCE POLICY IN CASES OF FRAUD. ANY REPRESENTATIVE FOUND TO BE COMMITTING FRAUD WILL BE TERMINATED, HAVE COMMISSIONS WITHHELD AND PROSECUTED TO THE FULLEST EXTENT OF THE LAW.

All Representatives order activity will be monitored and audited by the company and Representatives are expected to adhere to all regulations, requirements and policies. If you have any questions regarding fraud or any regulation, requirement, or policy or suspect fraud may be occurring, contact:

Life Wireless

compliance@lifewireless.com

(678) 202-0835 office

To help prevent fraud from occurring, there are **NO** exceptions to the site set-up and order process.

Eliminating fraud begins with you. There are many reasons fraud is attempted: Financial and peer pressure, a sense that one deserves what everyone else is getting, or a lack of being educated about the qualifications. Regardless of the reasons, it is important for you to do all you can to prevent fraud from happening.

Some common tips to prevent fraud:

- Customer offers suspicious or conflicting ID's
- Multiple attempts at addresses by customer or doesn't know his or her address
- Customer returns multiple times to site with varying ID's
- Customer is not head of household.
- Customer informs you another company is offering Lifeline service nearby

Aggressive behavior by customer to complete the order without proper qualifications

THIS IS A REQUIREMENT FOR ALL REPRESENTATIVES

POLICY NUMBER: FR012-RV

ISSUED DATE: 05/01/12

REVISION DATE: 12/27/12

PROOF-OF-BENEFITS VERIFICATION

It is of utmost importance that EVERY field representative verifies the eligibility of EVERY potential customer by confirming that the customer is in possession of the required proof-of-benefits and by visually inspecting the document. The document MUST:

- Be on the list of acceptable types of benefits relative to the particular state where the enrollment is taking place.
- Contain all required pertinent information relative to the potential customer
- Match the name on the identification and any other documents rendered by the potential customer.

When uploading an eligible proof of benefits document, the document must be uploaded in a complete and correct manner. Unacceptable uploads include, but are not limited to:

- A lack of uploaded image in attached file
- Any uploaded image that is not completely legible (i.e. bad scan)
- Any uploaded image in which any required customer information is missing from view
- Any uploaded document that does not match the name on the identification rendered by the potential customer.
- Any uploaded document that does not match the actual type of benefits indicated on the enrollment application.
- Any uploaded document that does not clearly state the type of benefits received by the potential customer.

Any field representative who fails to correctly confirm, visually verify and upload a potential customer's proof-of-benefits document, knowing or not, will be held in violation of the Life Wireless Zero Tolerance Policy towards fraud and be subject to immediate disciplinary action. This may include, but is not limited to: termination, withheld commissions, and/or prosecution to the fullest extent of the law.

THIS IS A REQUIREMENT FOR ALL REPRESENTATIVES

POLICY NUMBER: FR013

ISSUED DATE: 05/01/12

DUPLICATE SERVICE QUESTION

FCC guidelines require all Representatives ask every customer if they, or any member of their household, are receiving Lifeline service from any provider. The "Important Notice" window with this information will appear at the start of every enrollment.

All Representatives are required to select "Yes" if the customer states they, or any member of their household, are receiving service from another provider. Skipping this step is unacceptable.

Knowingly clicking "No" to sign up a customer who stated "Yes" constitutes fraud and is a violation of the Life Wireless Zero Tolerance policy towards fraud and will result in immediate disciplinary action.

THIS IS A REQUIREMENT FOR ALL REPRESENTATIVES

POLICY NUMBER: FR014

ISSUED DATE: 05/01/12

GEORGIA PUBLIC SERVICE CONSUMER AFFAIRS

All Representatives are required to post the GA PSC Consumer Affairs sign at every enrollment event in Georgia.

Complaints concerning Lifeline service can be directed to the Georgia Public Service Commission's Consumer Affairs Unit at 404-656-4501

THIS IS A REQUIREMENT FOR ALL REPRESENTATIVES

POLICY NUMBER: FR015

ISSUED DATE: 05/04/12

RESALE OF PROMOTIONAL ITEMS

Promotions and incentives are provided to the field at the discretion of Life Wireless. The intent of promotions is to encourage production and build customer satisfaction and brand loyalty.

Any resale or improper use of incentives and promotional PINS and spiffs is strictly prohibited and violates company policy. Any rep found to be in violation of this policy is subject to corrective actions.

THIS IS A REQUIREMENT FOR ALL REPRESENTATIVES

POLICY NUMBER: FR016

ISSUED DATE: 10/26/12

MISMATCHING IDENTITY INFORMATION ORDER REJECTIONS

All customer identity information that is entered in an order must EXACTLY match the information on the customer's photo identification and subsidy proof. This includes NAME, DATE OF BIRTH, and SOCIAL SECURITY NUMBER. If any of this information has even one letter or digit entered incorrectly, the error(s) will not be allowed to be corrected and the order will be rejected. Life Wireless cannot claim reimbursement for such rejected orders, therefore cannot compensate the representative responsible for the order. Rejected orders will be placed under "chargeback" status, meaning that not only will the representative not receive commissions for the orders, but they will be charged back for them as well once the chargeback policy becomes finalized, effective, and enforced.

THIS IS A REQUIREMENT FOR ALL REPRESENTATIVES

POLICY NUMBER: FR017-RV

ISSUED DATE: 11/28/12

REVISION DATE: 01/31/13

NON-DESIGNATED STATE ACTIVATION PROHIBITION

Field representatives are restricted to performing activations and enrollments in ONLY the states in which Life Wireless has been designated to conduct business. Currently, these states are:

- Arkansas
- Georgia
- Illinois
- Indiana
- Louisiana
- Maryland
- Maine
- Michigan
- Minnesota
- Missouri
- Oklahoma
- Rhode Island
- South Carolina
- Texas
- West Virginia
- Puerto Rico

Any field representative found to be operating in a non-designated state will be subject to immediate disciplinary action.

THIS IS A REQUIREMENT FOR ALL REPRESENTATIVES



IMPORTANT PHONE NUMBERS

LIFE WIRELESS FIELD REP LINE (for <u>FIELD REPS</u> ONLY)	800-373-0757
LIFE WIRELESS CUSTOMER SERVICE (for <u>customers</u> ONLY)	888-543-3620
ACTIVATION LINE NUMBER	770-200-1000
TELRITE CUSTOMER SERVICE	877-820-7873
LIFEWIRELESS ON-LINE STORE	803-765-1222
GEORGIA PUBLIC SERVICE COMMISSION'S CONSUMER AFFAIRS UNIT	404-656-4501
NETSPEND CUSTOMER SERVICE (for <u>customers</u> ONLY)	866-387-7363
NETSPEND INFO LINE (for <u>LIFE WIRELESS REPS</u> ONLY)	866-397-5643

Site Checklist & Security

To ensure your site meets the required standards and uses required signs, please use this site checklist:

INVENTORY CHECKLIST

- New phones
- FCC Regulation sign, Laminated Enrollment application, &
- Pure Unlimited 3-Day Cards
- Tent Top w/Frame
- 6ft Table
- Table Cover
- A-Frame Sign with 2 Inserts
- Banner
- Generator
- Heater/Fan
- Safety Signs for generator and/or heater/fan
- Folding Chairs
- Laptops
- Scanners
- Signature Pads
- Hotspot
- Mouse
- USB Adaptors

Prior Lifeline Program Acknowledgement

- Yes, I have prior experience working for a Lifeline service provider and that I left my position in good standing with the company. I was not suspected of, investigated, reprimanded, or terminated by my past Lifeline service-providing employer for any compliance misconduct involving the Lifeline Program.

- No, I do not have prior experience working for a Lifeline service provider

Print Your Name Here _____

Representative Signature: _____

DATE: _____

Acknowledgment and Receipt of Compliance & Training Manual

I have received a copy of the Compliance & Training Manual outlining the responsibilities as a Representative and the responsibilities of the organization. I have read the information contained in this manual and it has been explained during training. If I have any questions, I should contact the Life Wireless office. I understand that the manual is not an employment contract, but does provide the organizational policies, procedures and guidelines by which I am governed.

I agree to comply with the guidelines, policies, and procedures of Telrite Corporation. This Handbook is subject to change without notice. It is understood that changes in procedure will supersede or eliminate those found in this book and I will be notified of such changes through normal communication channels.

Print Your Name Here _____

Representative Signature: _____

DATE: _____