



Thank you for choosing Sage Telecom as your Local Service provider.

You have indicated that you qualify for Lifeline service. On the reverse side of this letter, you will find the required paperwork necessary for you to certify how you qualify for this service.

Please fill out the form completely and accurately, under penalty of perjury, and return to the address listed at the bottom of the form.

Upon receipt of this document, we will verify your eligibility for Lifeline discounts.

Your eligibility must be verified within 60 days. Failure to confirm your eligibility will result in your service remaining at the standard tariffed rate.

You may fax the completed Lifeline form to:

(214) 495-4899, Attn: Billing Department

Mailing Address: Sage Telecom, Inc.
Attn: Billing Department
3300 E. Renner Road, Suite 350
Richardson, TX 75082-2800

****SELF-CERTIFICATION FORMS MUST BE MAILED TO THE ADDRESS ABOVE. DO NOT MAIL THE COMPLETED FORM WITH PAYMENTS OR OTHER CORRESPONDENCE.**

**WISCONSIN LIFELINE - LINK UP AMERICA
VERIFIABLE CUSTOMER INFORMATION**

Customer Name: _____ Phone (BTN): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact Name: _____ Title: _____
Social Security Number: _____

Lifeline Discount Service / Link Up America (LUA) Program

I certify, **under penalty of perjury**, that I am a current participant in one or more of the following programs and, therefore, am eligible to receive Lifeline Discount Services and/or Link Up America (LUA) service on my residence telephone. I also certify that I am not a dependant (unless over 60 years of age). Please check the programs that apply:

- | | |
|---|--|
| <input type="checkbox"/> Medical Assistance (MA) | <input type="checkbox"/> Badger Care |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) | <input type="checkbox"/> Wisconsin Works or W2 |

I give permission to the Department of Health Services to verify to Sage Telecom, Inc. whether I participate in a low-income assistance program that would let me qualify for Lifeline or Linkup. Sage Telecom, Inc. shall maintain the information in this form and any information received about me from the Department as confidential customer account information.

I understand that it is my obligation, **under penalty of perjury**, to notify Sage Telecom, Inc. if and when I no longer participate in one of the programs and, therefore, am no longer eligible.

Print Name _____ Signature _____ Date Signed _____

Fax Number: (214) 495-4899
Attn: Billing Department

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For Sage Telecom, Inc.'s use only!

Date Self-Certification Received _____ Service Order Provisioned By _____ Date _____
(Date) (Initials)