

June 26, 2012

**VIA ELECTRONIC FILING**

Ms. Marlene H. Dortch  
Secretary  
Federal Communications Commission  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

Re: WC Docket No. 11-42 - Lifeline and Link Up Reform and Modernization  
WC Docket No. 03-109 - Lifeline and Link Up  
CC Docket No. 96-45 - Federal-State Joint Board on Universal Service  
WC Docket No. 12-23 - Advancing Broadband Availability Through  
Digital Literacy Training

Petition for Declaratory Ruling or, In the Alternative, for Waiver  
of Section 54.410(f) of the Commission's Rules  
**NOTICE OF EX PARTE PRESENTATION**

Dear Ms. Dortch:

On May 18, 2012, TracFone Wireless, Inc. ("TracFone"), by undersigned counsel, filed the above-captioned petition in which it requested relief from the requirement codified at Section 54.410(f) of the Commission's rules. In that petition, TracFone sought a ruling that it is in compliance or at least substantial compliance with the requirement that all enrolled Lifeline customers have their Lifeline eligibility re-certified between June 1, 2012 and December 31, 2012 or, in the alternative, that the rule be waived so that TracFone not be required to re-verify Lifeline customers' eligibility twice during 2012 or re-verify new customers' (*i.e.*, those who enrolled in Lifeline during 2012) prior to the anniversary of their enrollment. Underlying TracFone's petition is the concern that many thousands of TracFone enrolled Lifeline customers already have been subject to annual re-verification of their continuing Lifeline eligibility between January 1, 2012 and June 1, 2012. Of the more than one million customers contacted by TracFone for re-verification, more than 270,000 were de-enrolled as no longer being eligible or, more frequently, for failure to respond to re-verification requests. In addition, thousands of new TracFone SafeLink Wireless® Lifeline customers were enrolled during 2012 prior to June 1 and would not be subject to annual re-verification until the anniversary date of their enrollment in 2013, but for the requirement that entire Lifeline customer bases as of June 1, 2012 be re-verified by year-end.

Recently, the Wireline Competition Bureau Telecommunications Access Policy Division staff ("Staff"), has requested that TracFone provide additional information and documentation in support of its petition. That requested information and documentation is provided herein.

First, Staff has requested samples of the Lifeline enrollment forms which TracFone utilized to enroll customers during 2012. Between January 1, 2012 and now, it has utilized

several forms. Examples of each form are attached. (Note: the actual forms differ somewhat from state to state to comply with various state-specific requirements but the information required on the forms is consistent throughout the states.) The first form, labeled Attachment 1, was used from between January and April. That form requires specific customer information, including full name, telephone number, address, e-mail address (if the applicant has such an address), date of birth and Social Security Number (last 4 digits). In addition, it contains spaces for the applicant to check the qualifying program(s) in which he/she is enrolled. It also contains spaces for the applicant to initial under penalty of perjury each of the requisite certifications. The second form labeled, Attachment 2, was used between April and June. It contains all of the information in Attachment 1, but also includes certain disclosures specifically required by 47 C.F.R. § 54.410(d). Those disclosures include:

**SafeLink<sup>®</sup> is a Lifeline-supported service. Lifeline is a federal benefit and only eligible subscribers may enroll. Customers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be removed from the program.**

**Lifeline is available for only one line per household. A household is defined as any individual or group of individuals who live together at the same address and share income and expenses. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household rule constitutes a violation of FCC rules and will result in the customer's de-enrollment from Lifeline. Lifeline is a non-transferable benefit and a customer may not transfer his or her benefit to another person.**

Attachment 3 is sample of the enrollment form introduced in June 2012 and currently in use. As indicated, the form contains all disclosures and information required by the Commission's rules. It also requires the applicant to indicate whether the residential address is temporary. In addition, like Attachment 1, this form contains spaces for the applicant to initial under penalty of perjury each of the requisite certifications. Attachment 4 is an enrollment form which consumers may access through the Internet. This web-based enrollment form contains all the information and requires all the customer data and certifications as does Attachment 3, but its format is slightly different to accommodate web-based access.

Please note that Attachment 2, in use only during a period between April and June, did not require applicants to initial each of the four required certifications. Rather, it required applicants to provide a signature under the list of certifications. Nothing in the recently-adopted rules requires that each certification be separately initialed and nothing in the Lifeline Reform Order states or suggests such a requirement. Nonetheless, in an abundance of caution, TracFone has reinstated a requirement that applicants initial each certification, as reflected in Attachments 3 and 4 currently in use. While the paper application in use between April and June did not require that each certification be separately initialed, the web-based enrollment form

(Attachment 4) at all times required -- and continues to require -- separate initials for each certification.

As explained in TracFone's petition, the requested relief is sought for several reasons. First, to require enrolled Lifeline customers who were requested to verify their continuing Lifeline eligibility during 2012 to do so again within months, weeks, or even days of the prior re-verification will annoy customers and result in mandatory de-enrollments of thousands of such Lifeline customers who re-verified their Lifeline eligibility but failed to do so a second time during the year. This result is unfair to those Lifeline customers who have already re-verified during 2012 their continuing eligibility and that they remain head of household and only receive Lifeline-supported service from TracFone. It is also unfair to TracFone which has invested extensively in marketing service to those customers and to soliciting and obtaining the required re-verification.

While the enrollment forms used by TracFone during 2012 but prior to April did not contain all of the information required by Section 54.410(d), we believe that, in view of the relevant circumstances, strict compliance with the requirements of Section 54.410(d) for customers who were enrolled in TracFone's Lifeline program or who had their continuing eligibility re-verified during 2012 prior to June 1 is not necessary to achieve the goals and purposes of the Commission's Lifeline Reform Order (Lifeline and Link Up Reform and Modernization, et al, FCC 12-11, released February 6, 2012). For example, Section 54.410(d)(1) requires Lifeline enrollment forms to contain the Commission's recently-established definition of "household" for purposes of the one-per-household requirement. While there may have been disagreement among certain Lifeline providers as to whether there was an explicit one-per-household requirement prior to the Lifeline Reform Order, TracFone has, since the inception of its Lifeline program in 2008, imposed a one-per-household limitation. All TracFone Lifeline customers have been subject to a one-per-household limitation, informed about that limitation at the time of their initial enrollment, and required to re-verify annually that they are in compliance with the one-per-household limitation. In fact, TracFone's practice has been to code each household separately based on residential address so as to ensure that no individual household would be able to receive more than one Lifeline-supported service from TracFone. The success of these efforts has been confirmed by the Universal Service Administrative Company's PQA's which have indicated no internal duplicate enrollment by TracFone.

Moreover, as part of the Commission's conditions attached to its grant of forbearance authority to TracFone in 2005, TracFone has at all times been required to have all Lifeline customers verify annually that they remain head of household and only receive Lifeline-supported service from TracFone. Accordingly, there is no need to require TracFone customers already re-verified during 2012 to again re-verify with a one-per-household definition disclosure since all TracFone Lifeline customers have always been subject to such a limitation. In addition, all applicants for TracFone Lifeline service have been required to provide full name, full residential address, date of birth and Social Security Number (last four digits). Since all applicants for enrollment in TracFone's Lifeline program have been required to submit name, address and Social Security number (last four digits), no purpose would be served by requiring consumers to verify annually that information unless their addresses have changed. TracFone's

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annual re-verification process requires customers either to confirm that their addresses have not changed or to provide new addresses if they have changed.

In short, all TracFone Lifeline customers who have enrolled during 2012 or who have had their continuing eligibility re-verified during 2012 either have executed enrollment forms in full compliance with Commission requirements or have, through other means, been informed of the program's limitations and required to indicate conformance with those limitations.

I trust that this additional information and documentation will be of assistance in evaluating TracFone's May 18, 2012 petition. If additional information is needed, please communicate directly with undersigned counsel for TracFone.

Sincerely,



Mitchell F. Brecher  
*Counsel for TracFone Wireless, Inc.*

Attachments

Cc: Ms. Sharon Gillett  
Mr. Trent Harkrader  
Ms. Kimberly Scardino  
Mr. Jonathan Lechter  
Ms. Divya Shenoy

# **Attachment 1**



# **Attachment 2**

# The Free Cell Phone & Minutes Program

**MUST BE RETURNED BY MAY 5<sup>th</sup>**

We are sending this information because you may be eligible for Safelink Wireless<sup>®</sup> a service supported by the Federal Lifeline Program. As a qualified recipient you have the right to request a free cell phone with free monthly minutes from Safelink Wireless<sup>®</sup>. You'll receive a premium based call phone from Motorola, LG or Samsung and up to 350 free monthly minutes for local & long distance calls, texting and more! Pay Nothing, there are no bill, no contracts, no credit checks and no hidden fees. Lifeline services limited to one per household.

To get started... Complete application, sign at the bottom and return to get your free phone and minutes as soon as possible. Get your phone faster visit us at [safelink.com](http://safelink.com) and enter the promo code RUSH29



## APPLICATION FOR FLORIDA LIFELINE ASSISTANCE PROGRAM

Provide only personal information. It will be validated against Public Records, any discrepancies will result in Rejection of service.

Last Name  First Name  MI  
 Street Address / Apartment No. (No P.O. Boxes)  City  
 State  Zip Code  Cell Phone Number  Contact Phone Number  
 Email Address  Last Four Digits Of SS#  Birth Date (Month/Day/Year)

### Plan Features

Choose your plan (check one)

Local Calls

National Long Distance

Voice Mail

Nationwide Text

Roaming at no Additional Cost

Free 911

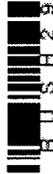
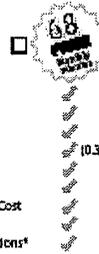
411 Directory Assistance at no Additional Cost

Carry-Over Minutes from Month to Month

100+ International Long Distance Destinations\*

\*List of destinations available at [www.Safelink.com](http://www.Safelink.com)

\*\*If you choose this plan, your unused minutes will be renewed/wiped out and will not carry-over on your next monthly minutes delivery. However, if you purchase and recharge additional minutes cards, all unused minutes will carry over for three consecutive months.



To apply for Safelink you may choose ONE of the two options below: (1) Certify you belong to ONE of the programs listed below (2) Qualify via income. You must submit proof of total household income from ONE of the following: 4 months consecutive pay stubs, letter from employer, or last year's income tax form (Please provide copies ONLY). Please check household persons and income level that applies. Eligibility may apply if your total household income is at or below the following guidelines.

- Medicaid (Not the same as Medicare)
- Supplemental Nutrition Assistance Program (Food Stamps)
- Temporary Assistance to Needy Families (TANF)
- Supplemental Security Income SSI (Not the same as Social Security Benefits)
- National School Lunch Program (NSL)
- Low-Income Home Energy Assistance Program (LIHEAP)
- Federal Public Housing Assistance/Section 8
- Bureau of Indian Affairs Programs (Tribal Temporary Assistance for Needy Families)

Persons in Family or Household	Annual Income	Monthly Income
1	\$1,025	\$1,396
2	\$2,095	\$1,891
3	\$2,835	\$2,386
4	\$3,455	\$2,881
5	\$4,055	\$3,376
6	\$4,645	\$3,871
7	\$5,235	\$4,366
8	\$5,835	\$4,861
For each additional person, add	\$5,340	\$485

Total monthly household income  Number of people receiving income   
 Total yearly household income  Number of children under age of 18

Qualify via income. The Florida OPC will send you a letter requesting proof of your income level. For questions regarding the OPC's process for approving your level of income, contact them at 1-800-540-7039. Do not contact them until you receive the letter regarding your application.

Safelink<sup>®</sup> is a Lifeline supported service. Lifeline is a federal benefit, and only eligible subscribers may enroll. Customers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program.

Lifeline is available for only one line per household. A household is defined as any individual or group of individuals who live together at the same address and share income and expenses. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household rule constitutes a violation of FCC rules, and will result in the Customer's disenrollment from Lifeline. Lifeline is a non-transferable benefit, and a Customer may not transfer his or her benefit to another person.

### PLEASE READ AND SIGN THE FOLLOWING:

**I certify under penalty of perjury to each of the following:**

1. I participate in the above designated qualifying program OR have income at or below the level specified above.
2. I understand that I must notify Safelink<sup>®</sup> within 30 days if I no longer participate in the qualifying program or meet the income eligibility threshold, if I or another member of my household obtains Lifeline supported service from another carrier, or, for any other reason, I no longer qualify for Lifeline support.
3. I understand I may be required to recertify my continued eligibility for Lifeline at any time, and failure to do so will result in termination of my Lifeline benefits.
4. If I change my address, I will provide my new address to Safelink<sup>®</sup> within 30 days.
5. My household will receive only one Lifeline benefit and to the best of my knowledge, my household is not already receiving a Lifeline service.
6. The information contained in this application is true and accurate to the best of my knowledge, and I acknowledge that providing false or fraudulent information to obtain Lifeline benefits is punishable by law.

I authorize Safelink Wireless<sup>®</sup> or its duly appointed representative to: (1) access any records required to verify my statements herein; (2) to confirm my continued eligibility for Lifeline assistance; (3) to update my address to a proper mailing address format; (4) to provide my name, telephone number, and address to the Universal Service Administrative Company (USAC) (the administrator of the program) and/or its agents for the purpose of verifying that I do not receive more than one Lifeline benefit; and (5) authorize social service agency representatives to discuss with and/or provide information to Safelink Wireless<sup>®</sup> verifying my participation in benefit programs that qualify me for Lifeline assistance.

Check this box if you would like to receive pre-recorded special offers and promotional offers from TracFone at the Contact Telephone number provided above.

REFERRED BY A FRIEND: Customer's First Name  Customer's Last Name  Safelink Phone Number

**I AUTHORIZE AND DIRECT SAFELINK<sup>®</sup> TO ACTIVATE MY HANDSET FOR ME UPON SHIPMENT**

By signing below, I separately affirm and agree to each of the above statements, including items 1 through 6 above.

Applicant Signature  Date

For questions please call 1-800-Safelink (1-800-723-3546) Fax application to: 1-866-902-5756 Promo Code: RUSH29

Mail application to: Safelink Wireless<sup>®</sup> • PO Box 220609 • Milwaukie, OR 97269-0009

To get your phone faster apply at [www.safelink.com](http://www.safelink.com) and enter the promo code above where requested

# **Attachment 3**



# Safelink, the Free Cell Phone & Minutes Program

A service supported by the Federal Lifeline Program. As a qualified recipient you have the right to request a free cell phone with 250 free monthly minutes, for local & long distance calls, texting and more!

PROCESS IMMEDIATELY

To get your phone faster go to [safelink.com](http://safelink.com) and enter the promo code

## FULL CERTIFICATION APPLICATION FOR NEW JERSEY LIFELINE ASSISTANCE PROGRAM



Provide only correct personal information. It will be validated against Public Records, any discrepancies will result in Rejection of service.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address / Apartment No. (No P. O. Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_ Last Four Digits Of SS# \_\_\_\_\_ Birth Date (Month/Day/Year) \_\_\_\_\_

Select if address is temporary:

### Plan Features

Choose your plan (check one)

- Local Calls
- National Long Distance
- Voice Mail
- Nationwide Text
- Roaming at no Additional Cost
- Free 911
- 411 Directory Assistance at no Additional Cost
- Carry-Over Minutes from Month to Month
- 100+ International Long Distance Destinations\*

**68** FREE Monthly minutes

✓ (0.3 minutes per text)

**125** FREE Monthly minutes

✓ (1 minute per text)

**250** FREE Monthly minutes

✓ (1 minute per text)



\* List of destinations available at [www.SafeLink.com](http://www.SafeLink.com)

\*\* If you choose this plan, your unused minutes will be removed/wiped out and will not carry-over on your next monthly minutes delivery. However, if you purchase and redeem additional minutes cards, all unused minutes will carry over for three consecutive months.



Select ONE of the two options below (Proof of eligibility MUST be submitted for either option, name and address must match applicant).

1

Qualify by certifying you belong to ONE of the programs listed below, and attach proof, such as a copy of a Medicaid or Food Stamp Card, a letter from SSA or state agency stating that you receive the benefit, or a similar document. **Provide Copies ONLY**

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP) Food Stamps
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance (Section 8)
- Low-Income Home Energy Assistance Program (LIHEAP)
- National School Lunch Program's free program only
- Temporary Assistance for Needy Families (TANF)
- General Assistance (Work First NJ)
- PAAD

2

Qualify by checking the number of people in your family and your monthly income, attach proof of income such as last year's Federal or State Income Tax return, a Social Security statement of benefit, a letter from your employer, pay stubs from 3 consecutive months, an Unemployment or Workmen's Compensation statement of benefits, a Retirement/Pension statement of benefits or a divorce decree, child support award, or other official document containing income information. **Provide Copies ONLY**

Persons in Family or Household	Annual Income	Monthly Income	
1	\$16,755	\$1,396	<input type="checkbox"/>
2	\$22,695	\$1,891	<input type="checkbox"/>
3	\$28,635	\$2,386	<input type="checkbox"/>
4	\$34,575	\$2,881	<input type="checkbox"/>
5	\$40,515	\$3,376	<input type="checkbox"/>
6	\$46,455	\$3,871	<input type="checkbox"/>
7	\$52,395	\$4,366	<input type="checkbox"/>
8	\$58,335	\$4,861	<input type="checkbox"/>
For each additional person, add:		\$5,940	<input type="checkbox"/>
		\$495	<input type="checkbox"/>

Safelink® is a Lifeline supported service. Lifeline is a federal benefit, and only eligible subscribers may enroll. Customers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program.

Lifeline is available for only one line per household. A household is defined as any individual or group of individuals who live together at the same address and share income and expenses. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household rule constitutes a violation of FCC rules, and will result in the Customer's deenrollment from Lifeline. Lifeline is a non-transferable benefit, and a Customer may not transfer his or her benefit to another person.

Check this box if you would like to receive pre-recorded special offers and promotional offers from TracFone at the Contact Telephone number provided above.

REFERRED BY A FRIEND:

Customer's First Name \_\_\_\_\_

Customer's Last Name \_\_\_\_\_

SafeLink Phone Number \_\_\_\_\_



You MUST check off (✓) all statements, then Sign and Date application. (Your application cannot be approved without these items) I certify under penalty of perjury to each of the following:

Boxes MUST be checked off

- I participate in the above designated qualifying program OR have income at or below the level specified above.
- I understand that I must notify SafeLink® within 30 days if I no longer participate in the qualifying program or meet the income eligibility threshold, if I or another member of my household obtains Lifeline supported service from another carrier, or, for any other reason, I no longer qualify for Lifeline support.
- I understand I may be required to recertify my continued eligibility for Lifeline at any time, and failure to do so will result in termination of my Lifeline benefits.
- If I change my address, I will provide my new address to SafeLink® within 30 days.
- My household will receive only one Lifeline benefit and to the best of my knowledge, my household is not already receiving a Lifeline service.
- The information contained in this application is true and accurate to the best of my knowledge, and I acknowledge that providing false or fraudulent information to obtain Lifeline benefits is punishable by law.

I authorize Safelink Wireless® or its duly appointed representative to: (1) access any records required to verify my statements herein; (2) to confirm my continued eligibility for Lifeline assistance; (3) to update my address to a proper mailing address format; (4) to provide my name, telephone number, and address to the Universal Service Administrative Company (USAC) (the administrator of the program) and/or its agents for the purpose of verifying that I do not receive more than one Lifeline benefit; and (5) authorize social service agency representatives to discuss with and/or provide information to Safelink Wireless® verifying my participation in benefit programs that qualify me for Lifeline assistance.

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



Applicant Signature \_\_\_\_\_



Date \_\_\_\_\_

For questions please call 1-800-SafeLink (1-800-723-3546)

Fax application to: 1-866-902-5756

Promo Code:

Mail application to: Safelink Wireless® • PO Box 220009 • Milwaukie, OR 97269-0009

To get your phone faster apply at [www.safelink.com](http://www.safelink.com) and enter the promo code above where requested

# **Attachment 4**



ALABAMA CERTIFICATION FORM
LIFELINE ASSISTANCE PROGRAM

Enrollment Number: \_\_\_\_\_

Date: \_\_\_\_\_

Section 1

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

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

Form fields for personal information: Last Name, First Name, Middle Initial, Last 4 digits of SSN, Street Address/Apt. Number, Address Line 2, City, State, Zip, Birthday, Contact Phone Number, Email Address. Includes a checkbox for 'Check here if your address is temporary'.

Plan Features section with a table comparing three plans: 68 Free Monthly Minutes, 125 Free Monthly Minutes, and 250 Free Monthly Minutes. Features include Local Calls, National Long Distance, Voicemail, Nationwide Text, Roaming, Free 911, 411 Directory Assistance, Carry-Over Minutes, and International Long Distance Destinations.

Section 2

I hereby certify that I participate in at least ONE of the following public assistance programs (select just ONE program):

- Medicaid
Supplemental Nutrition Assistance Program (SNAP) Food Stamps
Supplemental Security Income (SSI)
Federal Public Housing Assistance (Section 8)
Low-Income Home Energy Assistance Program (LIHEAP)
National School Lunch Program's (free lunch program)
Temporary Assistance for Needy Families (TANF)

You must send a COPY of any current document that proves your participation in one of the programs previously selected. All documents must have the same name and address as provided in this application.

SafeLink is a Lifeline supported service. Lifeline is a federal benefit, and only eligible subscribers may enroll. Customers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program. Lifeline is available for only one line per household. A household is defined as any individual or group of individuals who live together at the same address and share income and expenses. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household rule constitutes a violation of FCC rules, and will result in the Customer's disenrollment from Lifeline. Lifeline is a non-transferable benefit, and a Customer may not transfer his or her benefit to another person.

## Section 3

You MUST place a check mark (✓) next to each statement, then Sign and Date below (your application cannot be approved without these items).

**I certify under penalty of perjury to each of the following:**

- 1. I participate in the above designated qualifying program.
- 2. I understand that I must notify SafeLink within 30 days if I no longer participate in the qualifying program, if I or another member of my household obtains Lifeline supported service from another carrier, or, for any other reason, I no longer qualify for Lifeline support.
- 3. I understand I may be required to recertify my continued eligibility for Lifeline at any time, and failure to do so will result in termination of my Lifeline benefits.
- 4. If I change my address, I will provide my new address to SafeLink within 30 days.
- 5. My household will receive only one Lifeline benefit and to the best of my knowledge, my household is not already receiving a Lifeline service.
- 6. The information contained in this application is true and accurate to the best of my knowledge, and I acknowledge that providing false or fraudulent information to obtain Lifeline benefits is punishable by law.
- I authorize SafeLink Wireless or its duly appointed representative to: (1) use and disclose my Protected Health Information (PHI) to confirm my initial and ongoing eligibility for Lifeline assistance; (2) access any records required to verify my statements herein; (3) to confirm my continued eligibility for Lifeline assistance; (4) to update my address to a proper mailing address format; (5) to provide my name, telephone number, and address to the Universal Service Administrative Company (USAC) (the administrator of the program) and/or its agents for the purpose of verifying that I do not receive more than one Lifeline benefit; and (6) authorize social service agency representatives to discuss with and/or provide information to Safelink Wireless verifying my participation in benefit programs that qualify me for Lifeline assistance.

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
E-Signature

## Referred by a friend

### Referred By A Friend

\_\_\_\_\_  
Customer's First Name

\_\_\_\_\_  
Customer's Last Name

\_\_\_\_\_  
SafeLink Phone Number

- Please check this box if you would like to receive pre-recorded special offers for SafeLink Customers and promotional offers from TracFone at the Home Telephone number provided in the Contact information.

## Please Return to:

**Mail Application:** SafeLink Wireless  
PO Box 220009  
Milwaukie, OR 97269-0009

**Or Fax Application:** 1 (866) 902-5756

For questions concerning Lifeline, please call SafeLink Wireless business office at  
1 (800) SafeLink (723-3546)