

### **Lifeline Distribution and Support Conduct Policy**

SafetyNet Wireless is establishing these standards and practices which will be followed by all Employees, Agents, and representatives when conducting business related to distribution and support of SafetyNet Wireless products and services.

Employees, Agents, and representatives will not employ sales and/or marketing practices that could be considered false, deceptive, misleading, or unlawful.

Employees, Agents, and representatives will comply with all lawful requirements including the Federal Communications Commission's Lifeline and Link-up rules. Reps will endeavor to remain familiar with current rules and regulations regarding the Lifeline program.

Employees, Agents, and representatives will, at all times conduct themselves in a professional manner when interacting with customers, prospective customers and other reps.

Employees, Agents, and representatives will provide complete and accurate information to prospective customers, educating them in the requirements, benefits, and limitations of the Lifeline program. Reps will be reasonable sure that the customer understands the Lifeline program before accepting an application.

All Agents and agent employees involved in distributing SafetyNet Wireless' Lifeline products and services must submit identification to SafetyNet Wireless. Each Lifeline application submitted in SafetyNet Wireless' provisioning system must show the representative who accepted and entered the application and that representative's identification information must be on file with SafetyNet Wireless.

Any applications that are deemed potentially fraudulent will be investigated by SafetyNet Wireless. Confirmation of misconduct will result in termination of the representative(s) involved in the application, and possible probation for the Agent under whom the representative works. Representatives agree to give complete and full cooperation to SafetyNet Wireless, law enforcement agencies, the USAC, FCC, and public utility commissions to investigate suspected fraudulent applications.

SafetyNet Wireless will make the final decision in acceptance of Lifeline applications.

Agent / Company Name:		
Representative Name (prin	it)	 
Representative Signature:		 
Title: _		 
Date: _		



# **Lifeline Training – Wireless**

#### **Amerimex Wireless**

### dba SafetyNet Wireless

This document provides information required to distribute and support Lifeline wireless services for Safetynet Wireless. All representatives who are distributing Lifeline services for SafetNet Wireless must read and understand the contents of this document, then complete and sign at the bottom.

### **Lifeline Rules**

In order to successfully determine a customers eligibility for Lifeline supported service, you will need to be know the the rules of the Lifeline program. It is important that the customer understands the rules of the program.

- Can NOT receive more than one Lifeline supported service in a household
  - Household includes all adult individuals at the same address sharing income and expenses.
  - o Can NOT receive Lifeline from more than one company.
  - Can NOT receive Lifeline support on your home phone AND your wireless service at the same time.
  - Receiving more than one Lifeline benefit in a household violates the FCC's rules and will
    result in de-enrollment from the program and possible prosecution by the government
    of the United States.
- Lifeline is non-Transferrable.
- Lifeline is a Federal benefit and willfully providing false information to obtain the benefit can result in fines, imprisonment, de-enrollment, or being barred from the program.
- Can qualify if they are enrolled in at least one of the assistance programs listed on the application form for their state or, based on a low income level as described on the application.
- Must show proof of participation in one of the qualifying programs if a state eligibility database is unavailable or, proof of income if qualifying based on income. Acceptable forms of proof are listed on the application form.
- SafetyNet Wireless must be notified when the customer is no longer qualified for Lifeline support.
- Subscribers that do not use their service for a period of 60 consecutive days will be de-enrolled.
- Subscribers must re-submit the Lifeline certification form annually in order to remain eligible.



### **SafetyNet Lifeline Plan**

Lifeline plans can vary among states. The following is a summary of features for most plans.

- Handset Customers are provided with a free handset with charger. This handset is provided by SafetyNet Wireless and is NOT part of the Lifeline program. The Lifeline subsidy is for monthly service. It is important that representatives do not mislead customers or imply that the handset is paid for by the Lifeline program.
- Minutes Monthly minutes are provided based on the terms plan chosen by the customer. The number of minutes, ability to text, and ability to rollover minutes can differ among plans.
- 911 911 service is available to subscribers upon activation and will have access to those emergency services even if their balance of minutes drops to zero.
- No Bill Customers will not be charged for the Lifeline supported service and will not receive a bill.
- More Minutes Additional minutes can be purchased as needed by visiting our website, safetynetwireless.com, calling customer service, or purchasing an AirFair refill card at a 7-Eleven store.
- 60 Days non-Usage Subscribers that do not use the service for 60 consecutive days will be deenrolled. Usage can be described as any of the following: Receiving an inbound call from someone other than SafetyNet Wireless; Completing an outbound call; Purchasing additional minutes for their SafetyNet Wireless Lifeline plan; Sending a text message; Receiving a text message from someone other than SafetyNet Wireless; Contacting SafetyNet Wireless and confirming that they would like to continue their service.

## **SafetyNet Lifeline Application Process Summary**

Employees, Agents, and representatives must complete all of the following procedures to process a Lifeline application for a prospective customer:

- 1. Must inspect the customers *government issued* photo ID to confirm the identity of the applicant.
- 2. Must inspect the customers' proof of eligibility (where required by state).
  - a. Proof must be acceptable, official document for the customers qualifying program or income.
  - b. Identity must match that of the photo ID
- 3. Must confirm that the customer, or anyone in their household, is not currently receiving a Lifeline supported service, reminding the customer that not all Lifeline services use the name "Lifeline" (i.e. Safelink and Assurance)



- 4. Must complete the application using the CGM ECP system (available on iPad, Android tablet, or PC) (see training documentation for the CGP ECP application).
  - a. Includes providing customer with information on all Certifications, Authorizations, and Disclosures.
- 5. Upon successful application, must explain to the customer how to activate service by calling the SafetyNet Account Verification Activation department.

### **Certifications, Authorizations, and Disclosures**

All applicants must read or be read and agree with the following Disclosures, Authorizations, and Certifications (available on the CGM ECP application process):

#### **Disclosures:**

#### All applicants must agree to the following disclosure (available on the CGM application process):

A complete and signed Lifeline Service Application and Certification ("Certification") is required to enroll you in SafetyNet Wireless' Lifeline service program in your state. The Certification is only for the purpose of verifying your eligibility in the Lifeline service program and will not be used for any other purpose. Service requests will not be processed until this form has been received and verified by the Company.

I understand that I have the right to enroll in the Lifeline service using non-electronic methods. I further understand that I have the right to withdraw this consent at any time prior to activation of my service. The Company has advised me that I may request a paper copy of my contract and associated fees by calling 611 from my wireless handset.

Lifeline is a government assistance program and willfully making false statements to obtain a Lifeline benefit can result in fines, imprisonment, de-enrollment of 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-transferrable 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.

#### **Activation and usage requirement disclosures:**



This service is a prepaid service and you must personally activate it by dialing 611 from your handset. 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 the Company, answering an inbound call from someone other than the Company, or by responding to a direct contact from the 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 the Company.

#### **Authorizations:**

Customer must authorize the Company to access any records required to verify their statements on the application form and to confirm eligibility for the Lifeline program. They must authorize and understand that the Company may provide to state and Federal agencies, as required by law, for the purposes of complying with the Lifeline program all the information related to their account including but not limited to name, date of birth, social security number, usage history, address, and phone number. Failure to consent will result in denial of service.

Customer must understand they have the right to enroll in the Lifeline service using non-electronic methods. Also, that they have the right to withdraw their consent at any time prior to the activation of service. The customer should be advised that they may request a paper copy of their contract and associated fees by calling 611 from their Company provided wireless handset.

Customer must authorize the Company to send text messages to their Company provided wireless number about their Lifeline benefit. Text messages sent by the Company will not decrement their available wireless minutes or texts. Standard voice, data and text rates will apply to all messages to and from anyone other than the Company.

#### **Certifications:**

I (applicant) 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 of program-based
	eligibility criteria, I begin receiving more than on 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.
П	I am not listed as a dependent on another person's tax return (unless over the age of 60)



Representative Signature:  User Name:	<ul> <li>If I provided a temporary residential address to the Company, I will verify my temporary residential address as required by law.</li> <li>I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.</li> </ul>
residential address as required by law.  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 deenrollment and the termination of my Lifeline benefits.  The information contained in this certification form is true and correct to the best of my knowledge.  Agent / Company Name:  Representative Name (print)  Representative Signature:  User Name:	residential address as required by law.  I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.
□ 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 deenrollment and the termination of my Lifeline benefits.         □ The information contained in this certification form is true and correct to the best of my knowledge.         Agent / Company Name:         Representative Name (print)         Representative Signature:         User Name:         Title:	I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.
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 deenrollment and the termination of my Lifeline benefits.    The information contained in this certification form is true and correct to the best of my knowledge.    Agent / Company Name:	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 deenrollment and the termination of my Lifeline benefits.  The information contained in this certification form is true and correct to the best of my knowledge.  Agent / Company Name:  Representative Name (print)  Representative Signature:  User Name:  Title:	•
time, and my failure to re-certify as to my continued eligibility within 30 days will result in deenrollment and the termination of my Lifeline benefits.  The information contained in this certification form is true and correct to the best of my knowledge.  Agent / Company Name:  Representative Name (print)  Representative Signature:  User Name:  Title:	☐ I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any
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.  Agent / Company Name:  Representative Name (print)  Representative Signature:  User Name:  Title:	
The information contained in this certification form is true and correct to the best of my knowledge.  Agent / Company Name:  Representative Name (print)  Representative Signature:  User Name:  Title:	
knowledge.  Agent / Company Name:  Representative Name (print)  Representative Signature:  User Name:  Title:	•
Agent / Company Name:  Representative Name (print)  Representative Signature:  User Name:  Title:	_
Representative Name (print)  Representative Signature:  User Name:  Title:	Knowledge.
Representative Name (print)  Representative Signature:  User Name:  Title:	
Representative Name (print)  Representative Signature:  User Name:  Title:	
Representative Name (print)  Representative Signature:  User Name:  Title:	/ 0
Representative Signature:  User Name:  Title:	Agent / Company Name:
User Name:	Representative Name (print)
User Name:	Representative Signature:
Title:	
	User Name:
Date:	Title:
pate:	Deter
	Date: