

# FREE Wireless Program

Currently paying for service?  
You can move your current  
number with this free service!

All Medicaid participants can apply  
for a **FREE** phone with a  
talk, text, and 4.5 GB of data plan.\*



## APPLYING IS EASY!



Complete  
the following  
application.



Send the  
pages to  
the PO  
Box below.



Receive the  
phone in the  
mail and  
enjoy!

\*Offer varies by State.

Complete plan information and terms and conditions can be found at <http://mybenefitphone.com>.

PO Box 664, New Albany, OH 43054 | [contact@pulsewrx.com](mailto:contact@pulsewrx.com)

**ATTENTION:** If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-844-626-6813 (TTY: 711) or speak to your provider.

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-844-626-6813 (TTY: 711) o hable con su proveedor.

**注意：**如果您说 中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-844-626-6813（文本电话: 711）或咨询您的服务提供商。

PA Health & Wellness complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

# Lifeline Program **Application Form**

## 1. About Lifeline

Lifeline is a Federal Communications Commission (FCC) program that provides one non-transferable monthly phone or internet service discount per qualifying low-income household.

## 2. Benefit

If you qualify, your household can receive a Lifeline benefit of up to **\$9.25** to lower the costs of phone or internet service and up to **\$34.25** for qualifying households on Tribal lands.

## 3. Household

A household is a group of people who live together and share income and expenses (even if they are not related to each other). If more than one person in your household participates in Lifeline, you are breaking the FCC's rules and will lose your benefit.

## 4. Sign and Send

To apply, fill out the required sections, initial each statement, and sign. Then mail the completed application to the address below.

### Mail Your Completed Application to:

**Pulsewrx Applications**  
**PO Box 664**  
**New Albany, OH 43054**

**What is your information?** Your information as it appears in Medicaid. **Highlighted** fields are required.

|   |  |  |  |  |            |  |  |  |  |   |  |  |  |  |                      |  |  |  |  |   |  |  |  |  |
|---|--|--|--|--|------------|--|--|--|--|---|--|--|--|--|----------------------|--|--|--|--|---|--|--|--|--|
|   |  |  |  |  |            |  |  |  |  |   |  |  |  |  |                      |  |  |  |  |   |  |  |  |  |
| <b>First and Last Name</b>  |  |  |  |  |            |  |  |  |  |   |  |  |  |  |                      |  |  |  |  |   |  |  |  |  |
|   |  |  |  |  |            |  |  |  |  |   |  |  |  |  |                      |  |  |  |  |   |  |  |  |  |
| <b>Street Address</b> (No PO BOX)   |  |  |  |  |            |  |  |  |  | <input type="checkbox"/> <b>Permanent</b> |  |  |  |  | or                   |  |  |  |  | <input type="checkbox"/> <b>Temporary</b> |  |  |  |  |
|   |  |  |  |  |            |  |  |  |  |   |  |  |  |  |                      |  |  |  |  |   |  |  |  |  |
| APT, ROOM, LOT  |  |  |  |  | <b>ZIP</b> |  |  |  |  | <b>Date of Birth</b> (MM DD YYYY)         |  |  |  |  | <b>Last 4 of SSN</b> |  |  |  |  |   |  |  |  |  |
|   |  |  |  |  |            |  |  |  |  |   |  |  |  |  |                      |  |  |  |  |   |  |  |  |  |
| <b>Email Address</b> (You will receive an email verification request before approval) |  |  |  |  |            |  |  |  |  |   |  |  |  |  |                      |  |  |  |  |   |  |  |  |  |

**Lifeline Rules.** **Initial** that you agree to each Lifeline benefit rule, under the penalty of perjury.

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | I am an active Medicaid recipient and therefore meet the program-based eligibility criteria for Lifeline.  |
| <input type="checkbox"/> | I will notify the Lifeline carrier within 30 days if I no longer qualify for Lifeline or my household is receiving more than one Lifeline benefit.   |
| <input type="checkbox"/> | If I am claiming the increased Tribal benefit based on the address above, I certify that I live at that physical address.  |
| <input type="checkbox"/> | If I move to a new address, I will provide that new address within 30 days.  |
| <input type="checkbox"/> | My household can receive only one Lifeline benefit, and, to the best of my knowledge, my household is not already receiving a Lifeline benefit.  |
| <input type="checkbox"/> | The information provided is true and correct to the best of my knowledge.  |
| <input type="checkbox"/> | I understand that providing false or fraudulent information to receive a federal government benefit is punishable by law and can result in fines, jail time, de-enrollment, and / or being barred from the program.  |
| <input type="checkbox"/> | I understand that my Lifeline provider may check whether I still qualify at any time. If I need to recertify my Lifeline benefit, I understand that I must respond by the deadline, or I will lose my Lifeline benefit.  |
| <input type="checkbox"/> | I agree that all information collected on this application may be used, shared, and retained for the purposes of applying for the Lifeline benefit. I agree that the state or Tribal government may share information about my benefits from a qualifying program. |
| <input type="checkbox"/> | I understand that if I am currently receiving a Lifeline benefit and transfer my Lifeline benefit by completing this form, I may lose my current service or receive a bill from my current provider.   |
| <input type="checkbox"/> | If it is found that a Lifeline benefit is already being received at my address, I certify that I live at an address with more than one household.  |

☐ **Authorization and Consent.** **Initial** that you acknowledge and agree to the statements below:

By submitting this application, I authorize Pulsewrx, Inc. ("Pulsewrx") to prepare, transmit, and certify my Lifeline application and all supporting documentation to the Universal Service Administrative Company (USAC) and/or the National Verifier for eligibility determination, and to act on my behalf in all matters related to program enrollment and continued participation. I authorize Pulsewrx to apply my approved Lifeline benefit with a qualified telecommunications carrier of its choosing, based on coverage availability, device compatibility, and Eligible Telecommunications Carrier (ETC) designation in my service area. I expressly consent to the collection, use, and limited disclosure of my personally identifiable information (PII) and Customer Proprietary Network Information (CPNI)—including, but not limited to, my name, contact information, date of birth, last four digits of my Social Security Number, phone number, and service usage details—by and between Pulsewrx, its carrier partners, applicable state Medicaid agencies, managed care organizations, and authorized third-party vendors. This information will be used solely for the purpose of Lifeline program enrollment, compliance, benefit servicing, Medicaid-related verification, and to deliver communications related to eligibility, re-certification, or value-added qualifying service offers related to Lifeline, Medicaid, or other government benefits. I understand and agree that my receipt of Lifeline service is also subject to the terms and conditions, privacy policies, and any other applicable usage or compliance policies of the selected underlying carrier, all of which I agree to by submitting this application. My information will not be sold or shared outside of these stated purposes. I further agree that my authorization and consent may be given by written signature, electronic signature, voice recording, digital form submission, keypad entry, chatbot interaction, or other legally recognized method, and that such consent shall be binding and enforceable under applicable federal and state laws, including the Electronic Signatures in Global and National Commerce Act (E-SIGN Act) and the Uniform Electronic Transactions Act (UETA).

**By signing below,** I certify that I have read, understand, and agree to the Authorizations and Consent statement above. I affirm that all information provided is true and correct to the best of my knowledge, and I authorize Pulsewrx, Inc. to act on my behalf in accordance with the terms outlined.

**Signature**

**Date**