

WIRELESS SERVICE

MISSOURI



"YOURTEL WIRELESS IS A GOVERNMENT SUPPORTED PROGRAM THAT OFFERS FREE WIRELESS PHONES AND FREE AIRTIME EACH MONTH FOR ELIGIBLE CUSTOMERS"



WWW.YOURTELWIRELESS.COM



**NATIONWIDE COVERAGE*
FREE MINUTES EACH MONTH*
TEXT MESSAGING AVAILABLE*
COMPLETE FORM ON BACK TO GET YOUR FREE PHONE***



WIRELESS REFILLS AVAILABLE

WIRELESS REFILLS

\$5* 60 ANYTIME MINUTES OR 200 TEXT MESSAGING	\$10* 200 ANYTIME MINUTES OR 650 TEXT MESSAGING	\$15* 300 ANYTIME MINUTES OR 1000 TEXT MESSAGING	\$20* 450 ANYTIME MINUTES OR 1500 TEXT MESSAGING	\$25* 300 ANYTIME MINUTES OR UNLIMITED TEXT MESSAGING	\$30* 600 ANYTIME MINUTES OR UNLIMITED TEXT MESSAGING	\$50* UNLIMITED ANYTIME MINUTES AND UNLIMITED TEXT MESSAGING
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*Wireless coverage and availability not guaranteed. Service not available in all areas. Plans may vary by state. Wireless plans subject to change without notice. Free wireless devices may require activation fee at time of receiving equipment. Deferred installation fees may apply. Includes 911 access where available but not guaranteed. Wireless refills expire in 30 days from activation. Other terms, conditions, and restrictions apply. Service provided by YourTel America, Inc. For complete wireless terms or conditions please visit www.yourtelwireless.com.

1-855-299-9990
WWW.YOURTELWIRELESS.COM

**FREE WIRELESS*
PHONE**

**FREE MINUTES*
EVERY MONTH!**

**"COMPLETE FORM ON BACK*
TO GET YOUR FREE PHONE"**



Application for Missouri Universal Service Fund MISSOURI LIFELINE/LINKUP

You may qualify for a discount on your monthly telephone bill if you or a member of your household is receiving low-income benefits under certain programs.

- Lifeline is available to qualifying low-income subscribers for residence service.
- Linkup offers a 50% discount on the initial installation, on the basic installation. Link up is available for a first time only at the applicant's principal place of residence.
- Missouri Lifeline subscribers certified under a Low-Income program will receive a reduction equal to \$13.50 per month, as follows:

State Universal Service/Company Matching	\$3.50	Federal Tier 2	\$1.75
Federal Tier 1	\$6.50 (applied to EUCL)	Federal matching (Tier 3)	\$1.75

If you or a member of your household are receiving benefits from one or more of the programs listed below, please check all that apply, complete the remainder of the form, and return it to YourTel America along with documentation verifying participation in at least one of the programs selected. Documentation may include a benefit card or a letter to you or a member of your household from the federal, state or local agency that administers the qualifying program (fax 1-877-388-1083).

LOW INCOME PROGRAMS

- Supplemental Nutrition Assistance Program (SNAP) f/k/a Food Stamps
 Supplemental Security Income
 Federal Housing Assistance or Section 8
 Low-Income Home Energy Assistance Program (LIHEAP)
 Temporary Assistance for Needy Families
 National School Lunch Program
 MO HealthNet f/k/a Medicaid

I certify under penalty of perjury my household currently receives benefits from at least one of the programs above. I also certify that I will only receive one Lifeline connection and will not have simultaneous Lifeline connections with another provider. If I am participating in another Lifeline program at the time I apply for YourTel America Wireless Lifeline service, I agree to cancel that Lifeline service with any other provider. I agree to notify YourTel America immediately if my household ceases to participate in the program(s) listed above or changes to an alternate program not indicated. I hereby direct and authorize the agency who disperses benefits to me, or to an individual for whom I am legal guardian, to confirm and provide verifying documents to the Missouri Public Service Commission or any delegate thereof, current participation in a qualifying program. I confirm local voice service discounts under the low income programs are limited to one per household.

Customer Signature	Telephone Number Where You Can Be Reached
Customer Name (please print)	Address
Your Home Telephone Number	City, State, Zip Code
Name of Qualifying Program Beneficiary (Please print)	Signature of Qualifying Beneficiary or Guardian

Mail or Fax completed form to: YourTel America
 Attention: Lifeline Department
 13220 N. Santa Fe Ave.
 Oklahoma City, OK 73114
Fax 1 (877) 388-1083

COMPANY USE ONLY

I _____ hereby attest that the supporting program documentation was presented and verified.
 (Company Representative – Please print)

Company Representative Signature	Title	Amount collected: _____ Agent Name/Number: _____ Notes: _____ _____ _____
Date	ACCOUNT #	
MOBILE NUMBER (if applicable)	ESN # (if applicable)	

Please check one of the following:
 NEW _____ RECERT _____ ADD LIFELINE _____