**Le-Ru Telephone Company**
P.O. Box 147 · Stella, MO 64867
417-628-3844 · Toll-free 1-866-628-3844
leru.net · info@leru.net

LIFELINE PROGRAM

# Lifeline Transfer Consent Form

Subscriber Consent to Transfer Lifeline Benefit

I, _____ , acknowledge that I am currently receiving a Lifeline benefit and understand that **only one Lifeline benefit is permitted per household**.

By signing this form, I **voluntarily consent** to transfer my Lifeline benefit as described below.

## 1 Subscriber Information

FULL NAME

DATE OF BIRTH (MM/DD/YYYY)

LAST 4 DIGITS OF SSN

LIFELINE PHONE NUMBER OR ACCOUNT NUMBER

SERVICE ADDRESS

## 2 Provider Transfer

SWITCHING FROM

**Current Lifeline Provider**

PROVIDER NAME

SWITCHING TO

**New Lifeline Provider**

PROVIDER NAME

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## 3 Transfer Authorization

I understand and agree that:

- ✓ My Lifeline benefit will be **transferred** from my current provider to Le-Ru Telephone Company.
- ✓ Once this transfer is completed, my current provider may **terminate my Lifeline-supported service**.
- ✓ I will **not receive duplicate Lifeline benefits**.
- ✓ This transfer is being made **at my request** and without coercion.
- ✓ Providing false information or attempting to receive more than one Lifeline benefit may result in **de-enrollment** and other penalties under federal rules.

## 4 Acknowledgement

I certify that the information provided on this form is true and correct to the best of my knowledge. I understand that my consent authorizes the Lifeline transfer and related verification.

✕ _____ _____

SUBSCRIBER SIGNATURE DATE

### Authorized Representative

Complete only if signed by an authorized representative.

REPRESENTATIVE NAME

RELATIONSHIP TO SUBSCRIBER

_____

REPRESENTATIVE SIGNATURE

**QUESTIONS?** Call 417-628-3844 or 1-866-628-3844, Monday–Friday, 8:00 am – 4:30 pm, or email info@leru.net.