



Lifeline Assistance Change Notification/Request Form

Lifeline Service subscribers should use this form to (a) notify Mercury Broadband of any changes that affects the subscriber’s eligibility for Lifeline Service, or (b) request a change with Mercury Broadband that may or may not affect a subscriber’s eligibility for Lifeline Service.

Please respond completely and correctly. The information provided should be information associated with the primary account holder. Inaccurate or incomplete responses may cause your change to be delayed or rejected. Completed forms and documentation can be Emailed to lifeline@mercurybroadband.com or mailed to PO Box 5128, Topeka, KS 66605-0128.

*The information on this application is strictly confidential and will only be used to assess your continued eligibility for Lifeline assistance. Any documentation received will be securely retained and will not be shared. **

Account Information	
Telephone # or Account #:	Email Address:
First Name:	Middle Initial: Last Name:
Service Address (No PO Boxes):	
City:	State: Zip Code:
Change Information - Please note what changed to your account is needed:	
<input type="checkbox"/> Change of Address	Effective Date of Change: _____
New Service Address (No PO Boxes):	
City, State, Zip:	
Note: Continued service by Mercury Broadband is subject to availability of service at the new address, the Company's Eligible Telecommunications Carrier (ETC) designation at the new address, and continued receipt of the Lifeline subsidy from Mercury Broadband is subject to location of the new service address in accordance with Mercury's Lifeline Terms and Conditions. A change of service address which is not serviceable by Mercury Broadband may be subject to an early termination fee upon disconnection.	
<input type="checkbox"/> Loss of eligibility	Effective Date for loss of benefits: _____
Name of Program: _____	
Note: Unless a new program eligibility is provided below, the Lifeline subsidy shall no longer be applied to your account as of the first billing cycle following the effective date of loss of your benefits.	
<input type="checkbox"/> New eligible program participation (check box below and attach documentation)	Effective Date for new program: _____
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> Federal Public Housing Assistance / Section 8	<input type="checkbox"/> Low-Income Home Energy Assistance Program (LIHEAP)
<input type="checkbox"/> National School Lunch Program	<input type="checkbox"/> Temporary Assistance to Needy Families (TANF)
<input type="checkbox"/> Supplemental Nutrition Assistance Program	<input type="checkbox"/> Household Income less than 135% of poverty level
*Documentation: If you are changing your qualification based on program eligibility, a copy of a program award letter, a government agency document, or a program card that shows the participant’s name, address, program name and effective date of the award is to be provided. If changing your qualification based on your household income, provide a copy of one of the following: (i) last year’s federal income tax return; (ii) current annual income statement from employer; (iii) Social Security Statement of Benefits; (iv) Veteran’s Administration Statement of Benefits; (v) Retirement or Pension Statement of Benefits; (vi) Unemployment or Worker’s Compensation Statement of Benefits; or (vii) Letter of Participation in General Assistance. Federal law requires Mercury Broadband to review and securely retain this documentation and prevents Mercury from sharing these documents with unauthorized persons.	



Mercury Broadband, LLC
1100 Walnut Street, Suite 2050
Kansas City, MO 64106

<input type="checkbox"/> Voluntary De-enrollment	Effective Date for De-enrollment: _____
Note: The Lifeline subsidy will no longer be applied to your account as of the first billing cycle following the effective date of your de-enrollment. Voluntary De-enrollment from Lifeline Services will not terminate your service with Mercury Broadband and a termination of your Mercury Broadband service may be subject to an early termination fee.	
Certification	
By signing below, I certify under penalty of perjury that the information contained within this application is true and correct to the best of my knowledge.	
Signature: _____	Date: _____