

**CALL
TODAY!**
478-784-8000

Or visit a Cox Digital Store
location near you!

COX Digital Store

Macon

4551 Billy Williamson Rd
Ste 90
(next to hhgregg in Presidential
Parkway Shopping Center)

Warner Robins

2929 Watson Blvd
(Target Shopping Center)

Regulatory Authorities

If you have issues with the Lifeline service provided by Cox, you may file a complaint with the following regulatory authority.

Georgia Public Service Commission

Consumer Affairs Department
244 Washington St., SW
Atlanta, GA 30334
800.282.5813

Metro Atlanta: 404.656.4506

Cox services available only to residential customers in Cox Middle GA serviceable areas. \$13.50/month basic local service discount includes \$7/month discount on one basic line and a \$6.50 waiver of the FCC Access charge. The monthly discount is available to qualifying Lifeline program participants who provide certification of Lifeline eligibility. Local toll, long distance, phone features, directory or operator assisted calls, service activation, install of additional jacks, taxes, fees and surcharges are additional. Lifeline phone discount of \$7/month is for basic local exchange service and is only applicable on the primary phone line at the customers principle place of residence. Lifeline free phone installation covers standard installation charges only. Telephone modem equipment required in some areas. Telephone modem uses household electrical power to operate and has backup battery power provided by Cox if electricity is interrupted. Modem will be provided and installed by Cox and shall remain the property of Cox. Telephone service, including access to e911 service, will not be available during an extended power outage or if the modem is moved or inoperable. Telephone services provided by Cox Georgia Telecom, LLC. Other restrictions apply. ©2010



**COX
LIFELINE
TELEPHONE
SERVICE**

For qualified low income customers who participate in one or more qualifying State or Federal programs.

THE BENEFITS

- **\$13.50 monthly telephone service discount**
- **Unlimited local calling, including enhanced 911 access when you need it most**
- **Phone features available at competitive rates**
- **FREE toll restriction** (deposit waived if selecting this option)
- **FREE standard installation**



**LIFELINE
SELF-CERTIFICATION FORM**

This signed certification is required in order to enroll you in the Enhanced Lifeline and/or LinkUp America programs as approved by the Federal Communications Commission (FCC). The form is only for the purpose of verifying your participation in these programs and will not be used for any other purpose.

Please use black or blue ink only.

Last Name	First Name	
Social Security #		
Address (No P.O. Box) Street		
City	State	Zip
Home Phone	Message Phone	

Are you a current Cox Telephone customer? YES NO

1. I hereby certify that I participate in **at least one** of the programs listed below. **(please check all that apply):**
- Food Stamps
 - Medical Assistance (Medicaid)
 - Supplemental Security Income (SSI)
 - Low Income Home Energy Assistance Program
 - Federal Public Housing Assistance (FPHA)
 - Temporary Assistance to Needy Families (TANF)
 - Senior Citizen low income discount offered by the local gas or power company

2. I understand that if I voluntarily elect toll restriction, it will block long distance, collect and third party calling and Cox will waive any applicable deposit. I also understand that if I cancel toll restriction, Cox will require payment of the previously waived deposit.
- I voluntarily elect toll restriction
 - I DO NOT wish to have toll restriction
3. By signing below I also certify that:
- The telephone service for which I am requesting Lifeline is in my name
 - I am not listed as a dependent on another individual's income tax return (Unless over the age of 60)
 - The address listed is my primary residence, not a second home or business.
 - If in the future, I no longer participate in at least one of the programs listed in Step 1, or if conditions in Step 3 change, I will promptly notify Cox.
 - I certify that I do not receive a Lifeline discount from any other carrier (wireline or wireless services), and that I am aware that I can only receive the Lifeline discount on one phone line.

I affirm, under penalty of perjury, that the foregoing representations are true.
(Will not be processed without signature)

Applicant Signature
Date

Mail completed form to:
Cox Florida Telecom, LLC
Attention: Telephony Operations
2205 LaVista Avenue
Pensacola, FL 32504

Fax completed form to: 1-877-873-7188
Note: Forms will also be accepted at one of our Cox Digital Stores

OFFICE USE ONLY

Account #	
Link Up Waiver	Effective Date