

\$1 COX LIFELINE TELEPHONE SERVICE

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

The Benefits

- Unlimited local calling, including enhanced 911 access when you need it most
- Primary phone line for just \$1.00 a month*
- Phone features available at competitive rates
- FREE toll restriction (deposit waived if selecting this option)
- Discounted installation

To enroll in Cox Lifeline program, please complete the form on the following page and return the form to Cox.

You may drop off the form at a Cox Store location near you or mail/fax it to address below:

Cox Communications
Attention: Lifeline Department
6301 Waterford Blvd., Suite 200
Oklahoma City, OK 73118

(405) 600-9255 fax



OKLAHOMA CITY COX STORES

SOLUTIONS STORES

HOURS: M-Sat 9am-8pm, Sun 12pm-5pm

MIDWEST CITY

7199 SW 29th, Ste 106
Midwest City, OK 73110

EDMOND

3316 S Broadway
Edmond, OK 73013

WEST I-40

217 S MacArthur Blvd
Oklahoma City, OK 73128

NORMAN

1278 N Interstate Dr
Norman, OK 73072

NW 23RD STREET

2340 NW 23rd
Oklahoma City, OK 73107

SW 104TH STREET

3000 SW 104th Street, Ste 3
Oklahoma City, OK 73159

AUTHORIZED RETAILERS

HOURS: M-F 9am-7pm, Sat 9am-5pm

MOORE

2715 S I-35 Service Rd
Moore, OK 73160

NW EXPRESSWAY

5571 Northwest Expy
Warr Acres, OK 73132

SOUTH MAY

2821 S May Ave
Oklahoma City, OK 73108

TULSA COX STORES

SOLUTIONS STORES

HOURS: M-Sat 9am-8pm, Sun 12pm-5pm

51ST STREET

11811 E 51st Street South
Tulsa, OK 74146

WOODLAND PLAZA

8622 E 71st Street
Tulsa, OK 74133

RIVERSIDE

9932 Riverside Parkway
Tulsa, OK 74137

AUTHORIZED RETAILERS

HOURS: M-F 9am-7pm, Sat 9am-5pm

MIDTOWN

2613 E 11th Street
Tulsa, OK 74104

NORTH TULSA

1605 N Peoria Ave, Ste E
Tulsa, OK 74106

BROKEN ARROW

806A S Aspen Ave
Broken Arrow, OK 74012

EAST TULSA

10398 E 21st Street
Tulsa, OK 74129

OWASSO

8751 N 117th East Ave, Ste D
Owasso, OK 74055

www.cox.com



*Cox services available only to residential customers in Cox Oklahoma serviceable areas. \$1/month basic local phone service on one line (after monthly bill credits) available only 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 rate of \$1/month is for basic local exchange service and is only applicable on the primary phone line at the customer's principle place of residence. FCC access charge of \$5.78 waived. Lifeline phone installation discount 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 Oklahoma Telcom, LLC. Other restrictions apply. ©2011 CoxCom, Inc., d/b/a Cox Communications Oklahoma City and Cox Communications Tulsa. All rights reserved.

ENHANCED LIFELINE TELEPHONE PROGRAM

Enhanced 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. This form will provide enrollment in the Enhanced Lifeline and/or LinkUp America programs for 12 months, after 12 months you will be required to re-certify participation in one of these programs. **Please use black or blue ink only.**

Name _____

Address _____

Cannot be a P.O. Box

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):**

- | | |
|---|--|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP - Food Stamps) | <input type="checkbox"/> Oklahoma Sales Tax Relief |
| <input type="checkbox"/> Medical Assistance (Medicaid) | <input type="checkbox"/> Temporary Assistance to Needy Families (TANF) |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Bureau of Indian Affairs General Assistance |
| <input type="checkbox"/> Low Income Home Energy Assistance Program | <input type="checkbox"/> Tribally Administered Temporary Assistance to Needy Families (TANF) |
| <input type="checkbox"/> Federal Public Housing Assistance / Section 8 | <input type="checkbox"/> Head Start (income qualified customers only) |
| <input type="checkbox"/> Vocational Rehabilitation (including hearing impaired) | <input type="checkbox"/> National School Lunch Program (free lunch program only) |

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. Will this Lifeline telephone account represent the only Lifeline telephone service at the above address (including roommates' accounts)?

- Yes No (Lifeline assistance is only available for one wireline or wireless phone line per household)

4. By signing below I also certify that:

- The telephone service for which I am requesting Enhanced Lifeline is in my name.
- I am not listed as a dependent on another person's income tax return (unless over the age of 60).
- The address listed above is my primary residence, not a second home or business and is located on tribal or former tribal land. All Oklahoma counties are considered tribal land, except Beaver, parts of Beckham, Cimarron, Greer, Harmon, Jackson and Texas counties.
- This Lifeline telephone account will represent the only Lifeline telephone service at the above address (including roommates); and I am aware that I can only receive the Lifeline telephone discount on one phone line.
- If Cox will be installing Enhanced Lifeline service at this address, I certify that I have never received a discount to install Enhanced Lifeline at this address from Cox or any other telephone service provider.

If in the future, I no longer participate in at least one of the programs listed in step 1 above, or if conditions in step 4 above change, I will promptly notify Cox.

In 12 months, I will need to re-certify my participation in one of the programs listed in step 1 above.

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

Applicant's Signature _____

Social Security # _____

Date _____

Mail or fax completed form to:

Cox Communications • Attention: Lifeline Department • 6301 Waterford Blvd, Suite 200 • Oklahoma City, OK 73118

Fax: (405) 600-9255 • Telephone: (405) 600-8282 In Oklahoma City or (918) 806-6000 in Tulsa | Or deliver to one of our Cox Stores

FOR OFFICE USE ONLY

Account No. _____

Link Up Waiver _____

Effective Date _____

\$1 cox lifeline servicio de telefono por \$1.00/al mes

Para Información adicional sobre este programa visite:
<http://ww2.cox.com/residential/phone/lifeline.cox>

PROGRAMA DE TELEFONIA ENHANCED LIFELINE

Forma de Auto-Certificación del programa Enhanced Lifeline

Esta certificación firmada es requerida para inscribirle en el programa Enhanced Lifeline y/o LinkUp América aprobados por la Comisión Federal de Comunicaciones (FCC). El propósito de esta forma es verificar su participación en estos programas y no será utilizada para ningún otro propósito. Esta forma le provee inscripción en los programas de Enhanced Lifeline y/o LinkUP America por 12 meses, después de 12 meses tendrá que re-certificar su participación en uno de estos programas. **Por favor complete con tinta azul o negra solamente.**

Nombre

Dirección

No puede ser P.O. Box

Ciudad

Estado

Código Postal

Teléfono de Casa

Teléfono para Mensajes

Es usted actualmente cliente del Servicio Telefónico Cox?

Si No

1. Por la presente yo certifico que participo **en al menos uno** de los siguientes programas. **(por favor seleccione todos en los que participe):**

- | | |
|---|---|
| <input type="checkbox"/> Programa de Asistencia de Suplemento Nutricional - Estampillas de Comida (Food Stamps) | <input type="checkbox"/> Asistencia temporal para familias indigentes (TANF) |
| <input type="checkbox"/> Asistencia Médica (Medicaid) | <input type="checkbox"/> Oficina General de Asistencia a asuntos Indios (BIA GA) |
| <input type="checkbox"/> Seguridad de Ingreso Suplementario (SSI) | <input type="checkbox"/> Asistencia temporal para familias indigentes Tribalmente |
| <input type="checkbox"/> Programas de Asistencia de Energía para familias de bajos recursos | <input type="checkbox"/> Administrada (TANF) |
| <input type="checkbox"/> Asistencia Pública Federal para vivienda / Sección 8 | <input type="checkbox"/> Head Start (Solo para clientes con ingreso que califique) |
| <input type="checkbox"/> Rehabilitación Vocacional (incluyendo discapacidad auditiva) | <input type="checkbox"/> Programa nacional de almuerzos escolares (programa de almuerzo gratis solamente) |
| <input type="checkbox"/> Reducción de impuestos sobre las ventas en Oklahoma (Oklahoma Sales Tax Relief) | |

2. Comprendo que si voluntariamente elijo restricción de llamadas con cargo (toll restriction), esto bloquearía la larga distancia, llamadas por cobrar, servicio de llamadas por operadora o tercera persona y Cox prescindirá de cualquier depósito aplicable. También entiendo que si cancelo la restricción de llamadas con cargo, Cox requerirá el pago del depósito anteriormente prescindido.

- Yo elijo voluntariamente la restricción de llamadas con cargo (toll restriction) Yo NO DESEO restricción de llamadas con cargo (toll restriction)

3. ¿Es esta cuenta de teléfono Lifeline, el único servicio de teléfono Lifeline en la dirección ya mencionada (incluyendo compañeros/as de cuarto)?

- Si No (Asistencia de Lifeline solo está disponible para una línea telefónica alámbrica o inalámbrica por casa)

4. Con mi firma también certifico que:

- El servicio telefónico para el cual estoy solicitando Enhanced Lifeline está a mi nombre.
- No soy reclamado como dependiente en la declaración de impuestos de otra persona (a menos que sea mayor de 60 años).
- La dirección arriba mencionada es mi residencia primaria, no una segunda casa o negocio y se encuentra ubicada en tierra tribal o en tierra considerada tribal anteriormente. Todos los condados de Oklahoma se consideran como tribales o haber sido tierra tribal, excepto Beaver y parte de los condados de Beckham, Cimarron, Greer, Harmon, Jackson y Texas.
- Esta cuenta de teléfono Lifeline, el único servicio de teléfono Lifeline en la dirección ya mencionada (incluyendo compañeros/as de cuarto); y, estoy conciente de que solamente puedo recibir descuento de teléfono Lifeline en una línea.
- Si Cox va a instalar el servicio Enhanced Lifeline en esta dirección, yo certifico que nunca he recibido un descuento de Cox ni de ningún otro proveedor de servicio telefónico para instalar Enhanced Lifeline en esta dirección.

Si en un futuro ya no participo en al menos uno de los programas descritos en el punto 1 o las condiciones en el punto 4 cambian, notificaré inmediatamente a Cox.

En 12 meses tengo que re-certificar mi participación en uno de los programas descritos en el punto 1.

Yo afirmo bajo pena de perjurio que lo que declaré anteriormente es verdad (Sin firma no será procesado.)

Firma del Solicitante

Número de Seguro Social

Fecha

Envíe por Fax o Correo esta forma debidamente completada a:

Cox Communications • Attention: Lifeline Department • 6301 Waterford Blvd, Suite 200 • Oklahoma City, OK 73118

Fax: (405) 600-9255 • Teléfono: (405) 600-8282 en Oklahoma City ó (918) 806-6000 en Tulsa | O entréguela en una de nuestras tiendas Cox

FOR OFFICE USE ONLY

Account No.

Link Up Waiver

Effective Date