

**FINAL NOTICE — ACTION REQUIRED**

**TO CONTINUE YOUR VERIZON LIFELINE SERVICE,  
YOU MUST RETURN THE ENCLOSED FORM AND  
PROOF OF ELIGIBILITY WITHIN 14 DAYS**



Mr. John Sample  
Apt. 1  
120 Campanelli Drive  
Braintree, MA 12345-6789

June 6, 2005

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Apt. 1  
120 Campanelli Drive  
Braintree, MA 12345-6789

XXX XXX XXXX XXX

Dear John Sample:

In a recent letter, we asked you to complete a Lifeline Eligibility Form and provide us with a photocopy of supporting documents so that you may continue to receive Verizon Lifeline telephone service.

Lifeline is a discounted telephone service for customers who receive benefits from one of several government programs identified on the enclosed Lifeline Eligibility Form, or who are income eligible to receive such benefits but not actually enrolled in one of the programs.

Government regulations require Verizon to recertify the eligibility status of its Lifeline customers on an annual basis. As of the date of this letter, we have **not** received your Lifeline Eligibility Form and a photocopy of your proof of eligibility.

Please complete the enclosed Lifeline Eligibility Form, enclose a photocopy of proof of eligibility and return the information to us within 14 days. A postage paid envelope is provided for your convenience. **Please do not send original documents.**

If we do not receive this information within 14 days of the date of this mailing, your Lifeline telephone service will be switched to regular telephone service. This means that you will not receive the discount on basic service that you currently enjoy, a savings of at least \$9.50 a month. In no event will your telephone service be disconnected.

Thank you,

Verizon Lifeline Services

**LIFELINE ELIGIBILITY FORM**

You must certify your Lifeline eligibility by mail. Please complete and return this form in the enclosed envelope along with a photocopy of proof of eligibility. To ensure the accuracy of your information, please also provide your Client Identification Number from your Medicaid card. **Please do not send original documents or other correspondence with this form.** If you have any questions, please call (tollfree) 1-888-617-0200.

1. Place a check mark next to each program that you are enrolled in or that applies:

- Temporary Family Assistance
- Title 19 Medicaid
- State Supplement to the Aged, Blind, or Disabled (AABD)
- Food Stamps
- Contingency Heating Assistance Program
- Connecticut Energy Assistance Program (CEAP)
- Care for Kids
- Personal Care Assistance Program
- Rental Assistance Program (RAP)
- Section 8 Housing
- Supplemental Security Income (SSI)
- Conn PACE
- Refugee Program
- State Administered General Assistance (SAGA)

2.  I am enclosing a copy of my benefit card or other proof that I am eligible to receive benefits.

3. My Client Identification Number is (from Medicaid card) \_\_\_\_\_

4. Signature \_\_\_\_\_ Date: \_\_\_\_\_

Mail this form to Verizon in the enclosed envelope to:

Verizon Support Response Center/Imaging Center-NY/CT LL  
P.O. Box 9000  
Annapolis, MD 21401-9000

Please Note: All of the information provided by customers in this form will be treated as confidential and will be used by Verizon solely to administer its Lifeline program.