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CCCIL3328170013

APPLICATION FOR ILLINOIS LIFELINE ASSISTANCE PROGRAM

		First Nov-	MI
Last Name		First Name	
		-	
Home Phone Number	Cell Phone Nur	mber	Contact Phone Number
Street / Apartment No.	City		State Zip Code
	City		State Zip code
Email Address		Last Four [Digits of SS# Birth Date (Month/Day/Year)
	68	125	250
Plan Features	FREE	FREE	FREE
Choose your plan (check one)	Monthly minutes	Monthly	Monthly minutes
Local calls			© LG
National long distance	./	./	1
Voice mail	1		
Nationwide text	/	7	<u> </u>
Roaming at no additional cost	· /	· /	,
Free 911	1	./	Y,
411 Directory Assistance*	1	1	,
Carry-over minutes from month to month		y	× **
00+ International long distance destination		×	· • • • • • • • • • • • • • • • • • • •
Minutes can be used for 411 calling at no additiona	as a second seco	^	^
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For questions please call 1-800-SafeLink (1-800-723-3546).

Mail application to: SafeLink Wireless® Fax app
PO Box 220009

Milwaukie, OR 97269-0009

Fax application to: 1-866-902-5756

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