



*Consent to Provide Lifeline Subscriber  
Information to the National Lifeline  
Accountability Database (NLAD)  
Use this form Dec 2016-Dec 2017*

The Federal Communications Commission has established the National Lifeline Accountability Database (NLAD) to detect fraud and prevent consumers from receiving more than one discounted telecommunications service under the federal Lifeline program.

Under federal law, Swiftel Communications is required to check this database prior to signing up Lifeline subscribers and is also required to provide the following information to the federal database's administrator:

- The Lifeline subscriber's full name;
- The Lifeline subscriber's full residential address;
- The Lifeline subscriber's date of birth;
- The last four digits of the Lifeline subscriber's Social Security Number or Tribal Identification number;
- The telephone number associated with the Lifeline service;
- The date on which the Lifeline service was initiated;
- The date on which the Lifeline service was terminated (if applicable);
- The amount of Lifeline service support being sought for the subscriber; and
- The means through which the subscriber qualified for Lifeline service (program or income-based: Medicaid, SNAP, etc.)

The above information related to your Lifeline service is being provided by Swiftel Communications to the National Lifeline Accountability Database to verify that you, as a Lifeline applicant and/or subscriber, are not receiving more than one Lifeline benefit, and to otherwise ensure proper administration of the Lifeline program.

If the National Lifeline Accountability Database indicates you already receive a Lifeline benefit, Swiftel will be required to deny the benefit to your account.

**Authorization:**

*I, the Lifeline applicant/subscriber acknowledge that Swiftel Communications will transmit to the administrator of the federal National Lifeline Accountability Database the above-referenced information about my Lifeline account and service for inclusion into the database, and hereby consent to transmission of the information for purposes allowed by law relating to administration of the Lifeline program.*

*I further understand that a refusal or failure to provide this consent to release my Lifeline account and service information to the administrator for inclusion in the federal National Lifeline Accountability Database will result in a denial of or de-enrollment from Lifeline service.*

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Signature

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Date signed