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000001
FIRSTNAME M LASTNAME SR.
STE 45
123 MAIN STREET
ANYTOWN CA 12345-5678

Renew before
December 25, 2022
Renew faster online at
CaliforniaLifeLine.com

Identity (ID) Verification Form

Response date: December 25, 2022

ID verification for California LifeLine for 123-456-7890

We could not confirm your identity. This may be due to a discrepancy with your first name, last name, date of birth, or the last four digits of your Social Security number. We need you to respond to this notification by the due date with documentation which will allow us to confirm your identity.

Sign and submit this form with a copy of proof of your identity.

For the fastest and most secure way to submit, go to CaliforniaLifeLine.com.

You will need your California LifeLine enrollment code (phone number), which you can find above. Or call 1-877-858-7463. We are open 7 a.m. to 7 p.m., Monday – Friday, except state holidays.

Or you can sign and mail this form with a copy of one proof of identity. You do not need a stamp.

After you submit your renewal and we confirm your identity, California LifeLine will notify you confirming if your renewal has been approved or denied. The notification will be sent on your anniversary date March 31, 2024.

Acceptable proof:

Acceptable proof includes a photo ID issued by a government or tribal agency with your date of birth or Social Security number.

For a complete list of acceptable proof of identity, go to CaliforniaLifeLine.com. Or call 1-877-858-7463.



Questions?

We can help

For questions about renewing, your Response Date, or your renewal status, call California LifeLine at 1-877-858-7463 (TTY: 888-858-7889).

We are open 7 a.m. to 7 p.m., Monday – Friday, except state holidays.



Mail your renewal form

You can mail your completed and signed form to:

California LifeLine
Administrator
P.O. Box 138014
Sacramento, CA 95813

Turn the page ►►►



Read below. Then sign and print your name.

By signing below, to comply with federal and state government rules, I certify, under penalty of perjury, that:

- I understand that it is against the law to lie or leave out information on this application.
- My household is qualified for the California LifeLine benefit.
- My household will not be getting more than one California LifeLine benefit unless I have submitted proof that a member of my household is a TTY user.
- I agree that all of the information I provide on this form may be collected, used, and retained for the purposes of applying for and/or getting California LifeLine Program benefits, and California LifeLine may share with any agencies as required.
- The service address is my principal residence.
- I am not claimed as a dependent on another person's tax return.
- I understand the notification rules.
- I must renew my benefit each year.
- I understand that if I do not renew, I will lose the benefit.
- The information in this form is true and correct.
- I agree to tell my service provider or California LifeLine within 30 days if:
 - ☐ I change my mailing or home address, or
 - ☐ I no longer qualify for the California LifeLine benefit, or
 - ☐ My household gets more than one California LifeLine benefit because a member of my household is a TTY user.
- I understand and agree that I will be penalized if I do not follow these notification rules. Penalties can include losing the benefits, fines, being banned from California LifeLine, and prison.
- I acknowledge and give my consent for California LifeLine to share my information in this form to the Universal Service Administrative Company and/or its agents.
- Legal Guardians or people with Power of Attorney are allowed to sign this form.

For California LifeLine wireless participants:

- I consent to receive future SMS (text) messages from California LifeLine.
- I understand that I can opt out of getting these text messages at any time because they are not needed to get the California LifeLine benefit.
- I understand that California LifeLine uses text messages to share important reminders about the benefit.

Participant's signature (Required)

Today's date (Month Day, Year)

☐ Fill in this bubble if signed by a Legal Guardian or a person with Power of Attorney.

Print the required* information below

* Print participant's first and last name

