

Safe Connections Act Line Separation Request Form

This form allows a survivor of domestic violence (or their designated representative) to request a line(s) separation from United under the Safe Connections Act.

Please print out the line separation form and bring it with the required documentation to any United retail store location.

Contact Information for Assistance: If you need assistance, please contact our SCA Response Team by phone at 620-227-8641 during United's business hours of Monday-Friday, 8 a.m. to 5 p.m.

REQUESTOR INFORMATION

Who is filling out this line separation request form?

☐ Survivor ☐ Designated representative of survivor

Survivor's Full Legal Name:

If you are the Designated Representative of a Survivor and are filling out this form on their behalf or assisting the survivor in filling out this form, please provide your full name here:

Designated Representative's Relationship to Survivor:

CURRENT UNITED ACCOUNT INFORMATION (IF AVAILABLE)

Current United Account Number:

Current United Account Holder's Name:

LINE SEPARATION REQUEST

Line Identification and Abuser Identification

Survivor's Phone Number:

Abuser's Phone Number:

Abuser's Full Name:

If there are additional phone lines on the account that belong to an individual(s) under the care of the survivor that you wish to separate, please provide the numbers here (separate multiple answers with commas):

If you are seeking separation of the line(s) of any individual under the care of the survivor, you must include an affidavit. The affidavit must:

- *be signed,*
- *be dated,*
- *state that the individual(s) is in the care of the survivor, and*
- *state that the individual(s) in the care of the survivor is the user(s) of the specific line(s) to be separated.*

Are you seeking to separate the survivor and individual(s) under the care of the survivor's line(s) to a new account, or are you seeking to separate the abuser's line to a new account?

- ☐ Separate line(s) of the survivor and individual(s) under the care of the survivor's line(s) to a new account

Do you intend to retain possession of any device(s) associated with a separated line, and if so, assume responsibility for any remaining device financing costs? ☐ Yes ☐ No

- ☐ Separate the line of the abuser to a new account (this is only applicable if the survivor is the primary account holder for the United account)
- ☐ Unknown

CONTACT PREFERENCES

United will attempt to communicate with the survivor or designated representative of the survivor regarding the line separation request, including informing if the line separation was approved or if United is unable to complete the line separation as submitted. Please identify your preferred contact methods below.

Preferred Language: ☐ English ☐ Spanish

Preferred Contact Method(s): ☐ Phone Call ☐ Email

Preferred Phone and/or Email:

If you provided a phone number above, do you have an alternate contact number at which you can be contacted? If yes, please provide here:

DOCUMENTATION OF SURVIVOR STATUS

You must provide evidence that an individual who uses a line under the shared mobile service contract or plan (i.e. an abuser) has committed or allegedly committed a covered act against the survivor or an individual(s) in the survivor's care.

Eligible documents shall be either (checkmark the documentation you are providing):

- ☐ A copy of a signed affidavit from a licensed medical or mental health care provider, licensed military medical or mental health care provider, licensed social worker, victim services provider, licensed military victim services provider, or an employee of a court, acting within the scope of that person's employment; or
- ☐ a copy of a police report, statements provided by police, including military or Tribal police, to magistrates or judges, charging documents, protective or restraining orders, military protective orders, or any other official record that documents the covered act.

LIFELINE PROGRAM

The Lifeline program is a source for emergency communications for qualifying survivors. For a description of who might qualify for the Lifeline program, information on how to participate, and information for the Affordable Connectivity Program (or other successor program) for which the survivor may be eligible due to their survivor status, please visit <https://www.lifelinesupport.org/>.

Do you intend to apply for emergency communications support through the Lifeline program?

☐ Yes ☐ No

PLAN SELECTION

When submitting a line separation request, you may indicate your service choice from among all commercially available plans United offers from which you are eligible.

For current information about United's Single-Line and Mult-Line Postpaid Plans, visit <https://getunited.com/wireless/unlimitedplans/>.

For current information about United's Prepaid Plans, visit
<https://getunited.com/wireless/prepaidplans/>.

Please indicate your desired plan below. Please note that the United employee who contacts the survivor or designated representative of the survivor can help the survivor choose the plan that best meets their needs, even if this differs from what is marked below:

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SUBMISSION

By completing and submitting this line separation request, you are requesting (either as the survivor or their designated representative) a line(s) separation from United under the Safe Connections Act and section 345 of the Communications Act and the FCC's rules. You attest that all of the information and documentation provided in this request is accurate and truthful to the best of your knowledge and understand that failure to complete this form accurately and thoroughly, or failure to provide documentation that meets all requirements of eligible documentation set forth by the SCA and FCC rules, may result in denial of your request by United.