

**MEDIACOM MOBILE
SHARED MOBILE SERVICE
LINE SEPARATION REQUEST FORM**

WHO IS THIS FORM FOR?

Individuals who have experienced domestic violence, dating violence, sexual assault, or similar crimes, or who are caring for individuals who have experienced domestic violence, dating violence, sexual assault or similar crimes (referred to as “Survivors” on this form) may submit a request to separate their line, the line of individuals in their care, or the line of the person who committed the crime(s) (referred to as the “Abuser” on this form) from a shared mobile service contract/account. You may use this form to submit a request. Mobile providers have 2 business days from the receipt of a complete request to process the line separation.

WHAT ARE YOUR LINE SEPARATION OPTIONS?

Survivors may request that we:

- Separate the Survivor’s line from the existing shared account, separate the lines of any individuals in the Survivor’s care from the account (such as children), or both. We will set up a new account for you with your existing phone numbers, or we can help you move your phone numbers to a different mobile provider.
- Separate the Abuser’s line from the existing shared account. You will remain on the existing account, along with anyone else (besides the Abuser) that is currently on the account. We will contact the Abuser to set up a new account for them.

HOW DO YOU SUBMIT A LINE SEPARATION REQUEST?

- **BY EMAIL:** You can email a completed form and required documentation to safeconnectionsact@mediacomcc.com.
- **BY TELEPHONE:** You can call **855-699-7464** and a specialized Customer Service Representative can help you.

WHAT ELSE DO YOU NEED BESIDES THIS FORM?

In submitting your request, you will need to include documentation that verifies that an individual who uses a line under the shared mobile service contract is the Abuser (that is, has committed or allegedly committed domestic violence, dating violence, sexual assault, sex trafficking, or a similar crime, referred to as a “covered act,” against you, the Survivor, or an individual in your care. For more information about what crimes are considered a “covered act” visit <https://mediacommobile.com/support>.

WHEN WE MAY HAVE TO NOTIFY THE ABUSER AND/OR OTHER PARTIES AND WHEN WE MAY NOT BE ABLE TO PROCESS A REQUEST:

Mediacom allows up to 6 lines on a mobile account. Each account has one primary account holder (the “Account Holder”) and other individuals are additional line users. It is important to understand who the Account Holder is so that you know the options available, understand when we may notify the Abuser and/or other parties of the line separation, and when we may not be able to process a request.

As permitted by law, Mediacom may inform an Account Holder and/or Abuser of a completed line separation under the following circumstances:

- Mediacom will notify any Account Holders when a line separation request is completed. This notice will be given whether you request to separate your line or the Abuser's line from the shared account.
 - If the Abuser is the Account Holder, and you request to separate:
 - Your line from the shared account, the Abuser will know about the line separation request immediately after we have completed the separation request, which will occur within 2 business days from when we receive the completed request.
 - The Abuser's line from the shared account, Mediacom will not be able to operationally process this request. As alternative, Mediacom can separate your line and open a new account for you, or we can help you port your phone number to a different provider.
 - If another party is the Account Holder (not you or the Abuser), and you request to separate:
 - Your line from the shared account, by law, we will not separately notify the Abuser of the line separation. We will need to contact the Account Holder to inform them of the line separation request. Therefore, the Account Holder will be contacted within 2 business days from when you submit the completed request.
 - The Abuser's line from the shared account, Mediacom will need to contact the Account Holder to inform them of the line separation request. We will need to contact the Abuser to effectuate the line separation request. Therefore, the Account Holder and Abuser will be contacted within 2 business days from when you submit the completed request.
 - If you are the Account Holder, and you request to separate:
 - Your line from the shared account, Mediacom will not be able to operationally process this request. As an alternative, as the Account Holder, you can opt to terminate the Abuser's line or terminate the entire account and port your number to a different provider. If you terminate the Abuser's line, we will not contact the Abuser, but they will certainly recognize that their phone no longer works.
 - The Abuser's line from the shared account, we will need to contact the Abuser to effectuate the line separation request. Therefore, the Abuser will be contacted within 2 business days from when you submit the completed request.
- Note that even where we need to contact the Abuser, we will not provide the Abuser with any other information, such as the reason for the request, whether you asked us to change the SIM of your phone (to help protect against stalker-ware on your phone) or to port your number to another provider.
- Finally, note that if you request to separate your line, we will need to create a new account for you. Our mobile service requires autopay, so you will need to provide a credit card to open the account. As an alternative, you may port your number to another provider that does not require autopay.

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CONTACT INFORMATION

Individual Filling Out Line Separation Request Form:	<input type="checkbox"/> Survivor	<input type="checkbox"/> Survivor's Designated Representative
		Desg. Rep. Name: <i>(If applicable)</i>
		Desg. Rep. Relationship to Survivor: <i>(If applicable)</i>

How Should We Contact You About this Request: <i>Please indicate contact method and list phone number or email address. If provided, this contact information may be used to confirm the line separation or inform you if we are unable to complete the line separation.</i>	Survivor's Contact Info. (if applicable):	Desg. Rep. Contact Info. (if applicable):
	<input type="checkbox"/> Text Message:	<input type="checkbox"/> Text Message:
	<input type="checkbox"/> Email:	<input type="checkbox"/> Email:
	<input type="checkbox"/> Phone Call:	<input type="checkbox"/> Phone Call:

INFORMATION ABOUT REQUESTING SURVIVOR AND ABUSER

Survivor's Full Name:			
Mobile Phone Number(s) used by Survivor on the Shared Account: <i>List the ten-digit phone number(s) that the Survivor uses on the shared account.</i>	1	() —	
	2	() —	
	3	() —	
	4	() —	
	5	() —	

The Survivor is the user of the line(s) listed above.

Abuser's Full Name (as known to Survivor):	
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INFORMATION ABOUT THE SHARED ACCOUNT (if known)

*Please note that the account information below helps Mediacom process the line separation request more efficiently, but **this information is not required** to process the line separation request and a request will not be automatically denied if this information is missing or inaccurate.*

Primary Account Holder Name:	
Account Number:	
Primary Account Phone Number:	
Account Address:	

LINE SEPARATION REQUEST INFORMATION

Please list the line(s) you wish to be separated from the account listed above and indicate the user of each line. See "What Are Your Line Separation Options" above for more information.

Line(s) to be separated: <i>List the 10-digit phone number associated with the <u>line(s) you wish to be separated</u> from the shared account and attest to who is the user of that line.</i>	1	() —	User of Line:	<input type="checkbox"/> Survivor <input type="checkbox"/> Abuser <input type="checkbox"/> Individual in the Care of Survivor
	2	() —	User of Line:	<input type="checkbox"/> Survivor <input type="checkbox"/> Abuser <input type="checkbox"/> Individual in the Care of Survivor
	3	() —	User of Line:	<input type="checkbox"/> Survivor <input type="checkbox"/> Abuser <input type="checkbox"/> Individual in the Care of Survivor
	4	() —	User of Line:	<input type="checkbox"/> Survivor <input type="checkbox"/> Abuser <input type="checkbox"/> Individual in the Care of Survivor
	5	() —	User of Line:	<input type="checkbox"/> Survivor <input type="checkbox"/> Abuser <input type="checkbox"/> Individual in the Care of Survivor
	6	() —	User of Line:	<input type="checkbox"/> Survivor <input type="checkbox"/> Abuser

Individual in the Care of Survivor

REQUIRED DOCUMENTATION

By law, a line separation request is not complete unless the Survivor, or their representative, submit documentation that the Abuser and has committed or allegedly committed domestic violence or a similar crime, referred to as a "covered act," against the Survivor or an individual in the Survivor's care.

You must submit one or more of the following:

- 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 work, 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.

By law, a line separation request involving an individual in the Survivor's care will not be considered complete without a signed and dated affidavit. If you are requesting to separate the line of an individual under the Survivor's care, you must submit the following:

- A signed and dated affidavit that states that the individual is in the care of the Survivor and that the individual is the user on the line(s) to be separated. (A template is included with this form).

Please submit this form and all required documentation to: safeconnectionsact@mediacomcc.com.

SERVICE PLAN AND DEVICE INFORMATION

If you are requesting to separate the Survivor's line(s) from the shared account, below you should:

- Indicate which service plan you want after the line separation is complete, if known. A list of service plans is available <https://mediacommobile.com>.
- Indicate which devices associated with a separated line, if any, you intend to maintain possession of after a line separation.

Service Plan Survivor Elects to Have After Line Separation:

The Survivor can make this selection to the representative that contacts them when processing the request.

Devices the Survivor will Maintain Ownership of After Line Separation:

The Survivor will be responsible for any existing device fees for any device they maintain possession of.

	Device description (e.g., phone, watch, tablet)	Phone Number Associated with Device
1		
2		
3		
4		
5		

The Survivor, or their Designated Representative, hereby requests relief under the Safe Connections Act of 2022 (47 U.S.C. 345).

Signature: _____

Date: _____

Printed Name: _____

AFFIDAVIT
SURVIVOR SEEKING TO SEPARATE THE LINE OF AN INDIVIDUAL UNDER THEIR CARE

I am a Survivor seeking to separate the line(s) of one or more individuals under my care. I attest that the user(s) of the specific lines identified below are under my care:

Ten-Digit Phone Number: _____

Ten-Digit Phone Number: _____

Ten-Digit Phone Number: _____

Ten-Digit Phone Number: _____

Survivor's Signature: _____

Date: _____

Survivor's Printed Name: _____