Emergency Broadband Benefit Program (EBBP)

Customer Opt-In Form

Date: _____

Customer Name (Last, First, MI): _____

Customer Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Mobile: _____

Number: Preferred Email Address: _____

Customer must read and initial all applicable statements below. Failure to fully accept all program statements mayresult in disqualification from EBBP participation.

_____ I understand that Hilliary Communications LLC is a billing agent for the following listed Telephone companies and Broadband Internet Service Providers (ISP): (Southern Plains Cable – ISP for Medicine Park Telephone Co.), (Texhoma Fiber LLC- ISP for Border to Border Communications, Inc., Electra Telephone Co., Tatum Telephone Co.), (Phoenix Long Distance – ISP for Oklahoma Western Telephone Co.)

_____ I hereby opt into the Emergency Broadband Benefit Program (EBBP).

_____ I understand that the EBBP is a temporary federal government subsidy that reduces my broadband internet access service bill, and that upon conclusion of the Program, my household will be subject to Hilliary Communication LLC undiscounted general rates, term's and conditions, expected to total $_____ per month, if I choose to continue subscribing to the service from Hilliary Communication LLC.

_____ I understand that I may obtain broadband internet access service from any participating provider of my choosing, and that I may transfer my EBB program benefit to another provider at any time, but at this time, I consent to applying my EBB program benefit to the broadband internet access service I receive from Hilliary Communications LLC.

I certify that I: _____ (1) have confirmed my eligibility for the emergency broadband benefit through the National Verifier; **Or** _____ (2) meet the eligibility standards as a current federal Lifeline program beneficiary recipient.

_____ I consent to Hilliary Communications LLC transmitting all information required for program participation to the program Administrator to ensure the proper administration of the Emergency Broadband Benefit Program.
This information may include my (or) my eligible dependent's name, mailing and primary address, date of birth, telephone number, EBBP discount amount, eligible program, tribal benefit status, service type, service initiation date, service termination date, last 4 digits of social security number or Tribal Identification Number, Lifeline Tribal Benefit, LinkupService date and Independent Economic Household certification date.

_____ I understand that I may only receive one emergency broadband benefit per household, from one participating provider, and I certify that no other member of my household is receiving an emergency broadband benefit under the EBBP.

_____ I understand that if I share an address with one or more existing EBBP subscribers according to the National Lifeline Accountability Database or National Verifier, I must complete a form certifying compliance with the one-per-household rule prior to initial enrollment in the program.

_____ I understand that in order to qualify for the Tribal emergency broadband benefit, my residential address must be verified as located on Tribal lands.

☐ I understand that the emergency broadband benefit amount will be issued as a monthly discount on my broadband internet access service, and that the benefit amount will not exceed Hilliary Communications LLC standard rate for my broadband internet access service.

☐ I understand that due to the nature of this program, the emergency broadband benefit will not be prorated for a partial month of service and may be less than the full benefit during the final month of the program when programfunding is nearing depletion.

☐ I understand that as a condition of receiving the emergency broadband benefit, I must use the broadband internet access service at least once during the service month, and that failure to do so will result in loss of the program benefit for that month.

☐ I consent to Hilliary Communication LLC verifying my household's broadband usage each month to enable Hilliary Communication LLC to claim reimbursement for my program benefit each month.
I understand that if Hilliary Communication LLC has a reasonable basis to believe that I am no longer eligible to receive the EBBP benefit, I will receive a notification of impending termination of my EBBP benefit and will have 30 days following the date of such notice to demonstrate continued eligibility.

☐ I understand that if I cannot demonstrate eligibility, I will not be enrolled in the program and/or Hilliary Communications LLC is required to de-enroll me from the program.
I understand that I will not be required to pay early termination fees if I choose to terminate or modify my broadband service during my participation in the EBBP, or upon receiving notice of the benefit ending.

☐ I understand that unless otherwise stated herein, my participation in the EBBP does not alleviate my obligations to adhere to Hilliary Communications LLC posted Rates, Terms and Conditions, filed Tariffs, Acceptable UsePolicy or other rules and regulations that govern the services I receive.

Customer Signature: _____ Signature Date: _____

**********************FOR OFFICIAL OFFICE USE ONLY**********************

Processing Date: ☐ Employee Name : : ☐

Customer eligibility confirmed in National Verifier? ☐ Yes ☐ No
If Yes, note benefit amount. $50 Standard ($50 for non Tribal, $75 for Tribal residents)
If No, was customer informed about eligibility status and provided instructions for completing eligibility step?
Yes ☐ No ☐
Customer information queried in National Lifeline Accountability Database? ☐ Yes ☐ No
Is customer currently receiving EBBP benefit from another provider? ☐ Yes ☐ No
If yes, is customer seeking to transfer EBB benefit to Hilliary Comm. LLC? ☐ Yes ☐ No
If yes, transfer request initiated in NLAD? ☐ Yes ☐ No
If no, Hilliary Comm. LLC cannot proceed with initiating EBB benefit for subscriber and must notify thecustomer accordingly.
Confirm notification method and date/time:
Is anyone else living at the prospective subscriber's address and receiving the EBB benefit? ☐ Yes ☐ No
If yes, customer must complete a form certifying compliance with the one-per-household rule prior toinitial enrollment in the program. Attach form.
Customer information entered into National Lifeline Accountability Database? ☐ Yes ☐ No
If No, indicate reason why.
Customer established in billing system with EBBP billing codes? ☐ Yes ☐ No
If No, indicate reason why.

NOTE: THIS RECORD AND ANY RELATED DOCUMENTATION OF ELIGIBILITY MUST BE MAINTAINED FOR A MINIMUM OF 6 YEARS AFTER THE LAST DATE THE ABOVE-NAMED CUSTOMER RECEIVED EBBP PROGRAM BENEFITS.