



AFFORDABLE CONNECTIVITY PROGRAM (ACP) CUSTOMER OPT-IN FORM

CUSTOMER ACCOUNT INFORMATION

Customer Name:	Date:
_____	_____
Address:	City, State, Zip Code:
_____	_____
Telephone Number:	Mobile Phone Number:
_____	_____
Email Address: _____	

OPT-IN *(READ AND INITIAL EACH STATEMENT TO PARTICIPATE IN THE ACP)*

- I hereby opt-in to the Affordable Connectivity Program (ACP).
- I acknowledge that I am aware of the eligibility requirements for the ACP Program.
- I acknowledge that the ACP is non-transferable and that the discount is limited to one ACP discount per household, and I certify that no other member of my household is receiving a benefit under the ACP.
- I acknowledge that I have reviewed the available upload/download speeds for services offer by TCT for the ACP.
- I acknowledge that the ACP is a **temporary** emergency federal government benefit program operated by the Federal Communications Commission and, upon the conclusion of the benefit, my household will be subject to TCT's regular rates, terms, and conditions which is expected to be \$_____ per month, if my household chooses to continue to subscribe to TCT's broadband service.
- I consent to applying my ACP benefit to the broadband Internet access service I receive from TCT.
- I consent to TCT disclosing and/or transmitting any information required to the program Administrator for my participation in the program including but not limited to my name, my dependent's name, date of birth, last 4 digits of social security number or Tribal Identification Number, address, telephone number, type of service, start date of service, termination of service date, ACP discount amount, eligible program, tribal benefit status, Lifeline Tribal Benefit, Linkup Service Date and Independent Economic Household certification date.
- I consent to TCT verifying my household's broadband usage each month to enable TCT to claim reimbursement for my program benefit each month.
- I acknowledge that if TCT has a reasonable basis to believe that I am no longer eligible to receive the ACP benefit, I will receive a notification of impending termination of my ACP benefit and will have 30 days following the date of such notice to demonstrate continued eligibility.
- I acknowledge that I may obtain ACP-supported broadband service from any participating provider of my choosing and that I can transfer the ACP benefit to another participating provider at any time.

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AFFORDABLE CONNECTIVITY PROGRAM (ACP) CUSTOMER OPT-IN FORM1

OPT-IN *(READ AND INITIAL EACH STATEMENT TO PARTICIPATE IN THE ACP)*

____ I acknowledge that if I cannot demonstrate eligibility, I will not be enrolled in the program and/or TCT is required to de-enroll me from the program.

____ I acknowledge 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 ACP, or upon receiving notice of the benefit ending.

____ I acknowledge that my participation in the ACP does not relieve my obligations to adhere to TCT's posted rates, terms and conditions, or other rules and regulations or tariffs that govern the services I receive.

____ I acknowledge that the ACP 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 program funding is nearing depletion.

____ I certify that:

(1) I have confirmed my eligibility for the Affordable Connectivity Program through the National Verifier.

Customer Signature

Date

FOR OFFICIAL USE

Date Processed:

Employee Name:

Was customer eligibility confirmed in National Verifier? Yes No

If Yes, benefit amount: _____ (\$30 Residential, \$75 Tribal Resident)

Was customer information queried in National Lifeline Accountability Database? Yes No

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 ACP BENEFITS.