



Affordable Connectivity Program (ACP) Consent

I, _____, hereby provide my written consent that Southeast Nebraska Communications, Inc. can enroll me in the **Affordable Connectivity Program (ACP)**.

I am qualified for **ACP Only** **Lifeline and ACP (check one box)**. I understand the ACP is a government

program that **1)** began on December 31, 2021, **2)** reduces my broadband internet access bill and **3)** is temporary. The program may end once the funds are exhausted. Once the program ends, I understand that my monthly bill will revert to the full monthly charges less any discounts and plus any taxes and surcharges, based on the terms and conditions of my agreement with Southeast Nebraska Communications, Inc..

Southeast Nebraska Communications, Inc. may disconnect my ACP supported service after 90 consecutive days of non-payment of any past due charges associated with the supported service (calculated from the due date of the past due bill or invoice).

The ACP may end in the middle of the billing cycle resulting in less than the full monthly service credit for the final month of the program. If there is a partial benefit in the last month of the program, I understand I will be charged on the amount higher than what I would pay if the full ACP benefit were applied to my broadband bill.

I understand that I may obtain ACP support from any ACP participant and I can transfer my Affordable Connectivity Program benefit to another ACP participant at any time. I also understand that I am not able to transfer to another ACP participant more than once a month.

The ACP provides only one monthly discount on broadband service per household and a one-time benefit for an eligible connected device, if applicable. Continued participation in the ACP benefit requires that I remain eligible under the designated qualifying assistance programs or income threshold criteria. Continued participation is also subject to annual recertification to be conducted by the Universal Service Administrative Company (USAC).

The Federal Communications Commission (FCC) has made available a dedicated complaint process to address subscriber issues concerning ACP enrollment or participating provider provisioning of ACP-supported services. The FCC's Consumer Complaint Center for ACP can be found at: <https://consumercomplaints.fcc.gov/hc/en-us>

Please consider your service options after the ACP has ended and indicate your choice:

INITIAL ONE:

I wish to continue my broadband service with Southeast Nebraska Communications, Inc. after the ACP has ended.

I do not wish to continue my broadband service with Southeast Nebraska Communications, Inc. after the ACP has ended.

Signature: _____ Date: _____

Print Name: _____

Contact Phone: _____

Contact Email: _____



Consent to Transmit Subscriber Information to the National Lifeline Accountability Database

I, _____ [print full name], give my consent to Southeast Nebraska Communications, Inc. to transmit to the federal National Lifeline Accountability Database (a federal database which is also being used for proper administration of the ACP) all subscriber information that I submit in applying for the monthly ACP discount benefit, including, but not limited to, the following: subscriber's full name; full residential address; date of birth; telephone number associated with ACP service; last 4 digits of Social Security number; date the ACP discount was initiated; date the ACP discount is terminated, if it has been terminated; amount of support being sought for subscriber; and the means through which subscriber qualified for the ACP. I understand that failure to provide this consent will result in a denial of the Affordable Connectivity Program benefit.

Applicant

First name: _____

Last name: _____

Date of Birth: _____

Last 4 of SSN: _____

Benefit Qualifying Person

First name: _____

Last name: _____

Date of Birth: _____

Last 4 of SSN: _____

Service Address: _____

Billing Address: _____

Phone number used in National Verifier: _____

National Verifier Application Approval ID: _____

Signature: _____

Date: _____

Print Name: _____