



**Affordable Connectivity Program
Customer Opt-In Form**

Name: _____

Application ID: _____ Date of Birth: ____ / ____ / ____

Address: _____

Phone Number: _____

Email Address: _____

Please read and **initial** each of the following to participate in the Affordable Connectivity Program:

_____ I hereby opt-in to the Affordable Connectivity Program (ACP). I acknowledge the ACP is a government program that reduces my broadband internet access service bill. I acknowledge that I am aware of the eligibility requirements for the ACP. If I cannot demonstrate eligibility, I will not be enrolled in the program and/or OmniTel Communications will be required to de-enroll me from the program. I consent to applying my ACP benefit to the broadband internet access service I receive from OmniTel Communications. I acknowledge that the ACP benefit is non-transferable and that the discount is limited to one ACP discount per household, and I further certify that no other member of my household is receiving a benefit under the ACP.

_____ I acknowledge I may apply my ACP benefit to any broadband service offering of OmniTel Communications at the same terms available to households that are not eligible for the ACP supported service. I acknowledge that I have reviewed the available services and upload/download speeds for the services offered by OmniTel Communications for the ACP. I acknowledge that my participation in the ACP does not relieve my obligations to adhere to OmniTel Communications posted rates, terms and conditions, or other rules and regulations or tariffs that govern the service that I receive.

_____ I acknowledge that I may obtain ACP supported broadband service from any participating provider of my choosing and that I can transfer my ACP benefit to another provider at any time. I acknowledge I will be subject to OmniTel Communications undiscounted rates and general terms and conditions if the ACP ends, if I transfer my benefit to another provider but continue to receive service from OmniTel Communications, or upon de-enrollment from the ACP Program.

_____ I acknowledge that if OmniTel Communications has 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 notice to demonstrate continued eligibility. I acknowledge that OmniTel Communications may disconnect my ACP supported service after 90 consecutive days of non-payment.

_____ I consent to OmniTel Communications disclosing and/or transmitting any information required to the program administrator for my participation in the ACP including but not limited to my name, my dependent's name, date of birth, last 4 digits of social security number, address, telephone number, type of service, termination of service date, ACP discount amount, eligible program, type of service, start date of service, termination of service date, ACP discount amount, Linkup Service Date, and Independent Economic Household certification date.

_____ I acknowledge I may file a complaint against my provider via the Commission's Consumer Complaint Center.

_____ I certify that I have confirmed my eligibility for the Affordable Connectivity Program through the National Verifier and reviewed the above disclosures and consent to the Affordable Connectivity Program enrollment.

OmniTel Office Use

Processing Date: _____ Employee Name: _____
Date document scanned to customer account.

Customer Eligibility Confirmed in NLAD: Yes No Benefit Amount: \$ _____

This record and any related documentation of eligibility must be kept for a minimum of 6-years after the last date the customer received ACP benefits.