

**Affordable Connectivity Program (ACP)
Customer Opt-In Form**

Date: _____

Customer Name: _____

Full Address: _____

Telephone Number: _____

Date of Birth: _____ Application ID: _____

Email Address: _____

Please read and initial each of the following 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.

_____ I acknowledge that the ACP 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 an Affordable Connectivity Program benefit under the ACP.

_____ I acknowledge that I have reviewed the available upload/download speeds and data caps for services offer by Craigville Telephone Company, Inc dba AdamsWells Internet Telecom TV (AdamsWells) 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 AdamsWells' regular rates, terms, and conditions which is expected to be \$_____ per month, if my household continues to subscribe to AdamsWells' broadband service.

_____ I consent to applying my ACP benefit to the broadband Internet access service I receive from AdamsWells.

_____ I consent to AdamsWells 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 AdamsWells verifying my household's broadband usage each month to enable AdamsWells to claim reimbursement for my program benefit each month.

_____I acknowledge that if AdamsWells 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 their Affordable Connectivity Program to another provider at any time.

_____I acknowledge that if I cannot demonstrate eligibility, I will not be enrolled in the program and/or AdamsWells 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 AdamsWells' posted rates, terms and conditions, or other rules and regulations or tariffs that govern the services I receive.

_____I acknowledge that the Affordable Connectivity Program 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

Processing Date: _____

Employee Name: _____

Was Customer eligibility confirmed in National Verifier? Yes or No

If Yes, benefit amount: _____(UP TO: \$50 Residential, \$75 Tribal Resident).

Was customer information queried in National Lifeline Accountability Database? Yes or 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 PROGRAM BENEFITS.