

**Livingston Communications**  
**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 may result in disqualification from EBBP participation.**

I hereby opt-in to the Emergency Broadband Benefit Program (EBBP) operated by the Federal Communications Commission.

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 LivCom's undiscounted general rates, terms and conditions, expected to total \$ \_\_\_\_\_ per month, if I choose to continue subscribing to the service from LivCom.

I certify that I:

1. have confirmed my eligibility for the Emergency Broadband Benefit through the National Verifier.
2. meet the eligibility standards as a current federal Lifeline program beneficiary recipient.

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 LivCom.

I agree that all information I provide on this form may be collected, used, shared, and retained for the purposes of applying for and/or receiving the EBBP benefit. I understand that if this information is not provided to the EBBP Program Administrator, I will not be able to get EBBP benefits.

All official communications for EBBP will be via electronic mail and I consent to receive such communications from LivCom.

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 of up to \$50 per month on my broadband internet access service, and that the benefit amount will not exceed LivCom's standard rate for my broadband internet access service. If the total bill exceeds \$50 per month, I will be responsible for the remaining balance after the EBBP discount is applied. This includes any taxes and required fees that are applied to the full amount of the 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 program funding 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 LivCom verifying my household's broadband usage each month to enable LivCom to claim reimbursement for my program benefit each month.

I understand that if LivCom 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 LivCom 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 LivCom's posted Rates, Terms and Conditions, filed Tariffs, Acceptable Use Policy or other rules and regulations that govern the services I receive.

LivCom will notify me of the end date of the EBBP and give me the opportunity to opt-in to continue receiving my broadband service plan to which I am subscribed under the EBBP by paying the regular rates, terms, and conditions for the plan. If I do not opt-in, LivCom will discontinue providing the broadband internet service plan I have been receiving under the program.

Customer Signature:

Signature Date:

Authorized LivCom Representative:

Signature Date: