

Office use only: Account # \_\_\_\_\_

### Emergency Broadband Benefit (EBB) Program Form

The EBB program is a government program that reduces the customer's broadband Internet access service bill.

The EBB program is **temporary** in nature and will end when the funds are depleted or when the emergency period ends, whichever comes first.

Qualifying customers are responsible for the remainder of the monthly charges after the discount is applied.

Qualifying customers may change their emergency broadband benefit program provider at any time.

Qualifying customers will be subject to the full, undiscounted rates and general terms and conditions at the end of the program, if continuing with the Internet service. These rates, terms and conditions are contained in the PTCI Internet Application. Only the following PTCI Internet plans and WiFi qualify for the emergency broadband benefit.

All Fiber locations: 100/100 Mbps – Full Monthly Recurring Charge-\$59.99

All Cable Modem locations: 30/5 Mbps – Full Monthly Recurring Charge-\$79.99

All Copper DSL locations: 30/5 Mbps-Full Monthly Recurring Charge-\$79.99

All Fixed Wireless locations: 12/1 Mbps – Full Monthly Recurring Charge-\$59.99

Whole Home WiFi all locations – Full Monthly Recurring Charge-\$9.95 (used in conjunction with Internet plan for wireless connection to compatible devices.)

Free installation for qualifying customers.

The maximum discount to be applied to these plans for qualifying customers is \$50.00 per month on non-tribal lands and \$75.00 per month on tribal lands. Customer is responsible for remainder of the monthly charges after the discount is applied.

When you are enrolled in the program your personal identifiable information will be entered in the National Lifeline Accountability Database (NLAD).

I acknowledge that I have read and understand the conditions of the EBB program.

Customer Name (please print): \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Opt-in to continue Internet Service when the EBB program ends:**

I, (print name) \_\_\_\_\_, choose to keep my Internet service plan at the full monthly rate of \$ \_\_\_\_\_ when the emergency broadband benefit discount stops.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Opt-out of continuing Internet Service when the EBB program ends:**

I, (print name) \_\_\_\_\_, choose to disconnect my Internet service plan when the emergency broadband benefit discount stops.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Required:** Valid customer email address (print) \_\_\_\_\_