



Complete form, print, sign, date, & send to:
 Reservation Telephone Cooperative
 PO Box 68, Parshall ND 58770-0068
 Web: www.RTC.coop Email: rtc@rtc.coop
 Fax: 701.862.3033, 701.627.4350 or 701.842.2407
 Phone: 701.862.3115

FCC Emergency Broadband Benefit (EBB) Program Opt-In

The FCC’s Emergency Broadband Benefit (EBB) will provide a discount of **up to** \$50 per month towards broadband service for eligible households and **up to** \$75 per month for households on Tribal lands.

The EBB is a temporary federal government benefit program that makes monthly internet service more affordable for eligible households. The EBB will expire when funds are exhausted or six months after the Department of Health and Human Services (HHS) declares the end of the COVID-19 health emergency. The EBB is limited to one monthly service discount per eligible household, and you may not receive it from more than one provider. For the purpose of this program, a household is an individual or any group of individuals who live together at the same address and share income or expenses.

Subscriber Information

Subscriber Name:

First

Last

Service Address:

Street (No PO boxes)

Apt. No.

City

State

Zip Code

Contact Number: _____

Email Address: _____

Opt-In Certifications

Please Initial Each Line Below, Sign & Date

_____ I am aware that the EBB program is a government program and it is temporary in nature. I understand that the FCC will forecast the end of the program and give notice to RTC, at which time, RTC will send EBB participants notice of the last service month that the full support amount will be applied to their bill and the last service month for which a partial support amount may apply.

_____ I am aware that at the end of the program I must opt-in with RTC to continue receiving broadband service at the standard undiscounted rate. I acknowledge that if I do not opt-in my services will be terminated.

_____ I understand that I’m automatically qualified for the EBB Program since I am currently receiving a Lifeline benefit and I acknowledge that I would like to participate in the EBB Program as stated above.

_____ I give RTC permission to release to the Universal Service Administrative Company (USAC) or its agent any records required to ensure the proper administration of the EBB Program. I also understand that if I refuse to have this information transmitted to the Administrator, I will be denied EBB Program benefits.

Signature

Date