

**LIFELINE AND LINK UP WORKSHEET**

USAC Service Provider Identification Number (1) \_\_\_\_\_

Serving Area (2) \_\_\_\_\_

<p>(3)</p> <p><b>Company Name:</b> _____</p> <p><b>Mailing Address:</b> _____</p> <p>_____</p> <p><b>Contact Name:</b> _____</p> <p><b>Telephone Number:</b> _____</p> <p><b>Fax Number:</b> _____</p> <p><b>E-mail Address:</b> _____</p>	<p>(4)</p> <p>a) Submission Date _____</p> <p>b) Data Month _____</p> <p>c) Type of filing (Check one):    Original <input type="checkbox"/>    Revision <input type="checkbox"/></p> <p>d) State Reporting _____</p>
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<b>Lifeline</b>	# Lifeline Subscribers (a)	x	Lifeline Support/ Subscriber (b)*	=	Total Lifeline Support (c)
<b>Tier 1</b> Low-Income Subscribers receiving federal Lifeline Support (5)	_____	x	\$ _____	=	\$ _____
<b>Tier 2</b> Low-Income Subscribers receiving federal Lifeline Support (6)	_____	x	\$ _____	=	\$ _____
<b>Tier 3</b> Low-Income Subscribers receiving federal Lifeline Support (7)	_____	x	\$ _____	=	\$ _____
<b>Tier 4</b> Low-Income Subscribers receiving federal Lifeline Support (8)	_____	x	\$ _____	=	\$ _____

Check box to the right if **partials** or **pro rata amounts** are used. Indicate dollar amount, if applicable, on line 9.        \$ \_\_\_\_\_ (9)

**NOTE:** (Do not include partials or pro rata amounts on lines 5 - 8 above)

Total federal Lifeline support claimed \$ \_\_\_\_\_ (10)  
(Sum of lines 5c, 6c, 7c, 8c & 9)

\* For multiple rates, use an average amount

<b>Link Up</b>	Non-Tribal (a)	Tribal (b)	Total Link Up (c)
Number of Connections waived (11)	_____	_____	
Charges waived per Connection (12) *	\$ _____ (\$30 max)	\$ _____ (\$100 max)	
Total Connection charges waived (13)	\$ _____	\$ _____	
Deferred Interest (14)	\$ _____	\$ _____	
Total Link Up dollars waived (15)	\$ _____ +	\$ _____ =	\$ _____ (15c)

\* For multiple rates, use an average amount

<b>Toll-Limitation Services (TLS)</b>			
Incremental cost of providing TLS (16)	\$ _____		
Number of subscribers for whom TLS initiated (17)	_____	Total TLS dollars claimed	\$ _____ (18)

<p><b>ETC Payment (19)</b></p> <p>Total Lifeline \$ _____</p> <p>Total Link Up \$ _____</p>	<p>Total TLS</p>	<p>\$ _____</p> <p><b>Total Dollars</b> \$ _____</p>
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*If you have any questions, please call USAC at (866) 873(USF)-4727 Toll Free*

**LIFELINE AND LINK UP WORKSHEET**

**CERTIFICATIONS AND SIGNATURES (20)**

I certify that my company will publicize the availability of Lifeline and Linkup services in a manner reasonably designed to reach those likely to qualify for those services.

I certify that my company will pass through the full amount of all Tier Two, Tier Three, and Tier Four federal Lifeline support for which my company seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for local telephone service.

I certify that my company has received any non-federal regulatory approvals necessary to implement the required rate reduction(s).

I certify that my company is \_\_\_\_\_ is not \_\_\_\_\_ subject to state regulation. (Please check one.)

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OFFICER/EMPLOYEE SIGNATURE

\_\_\_\_\_  
OFFICER/EMPLOYEE TITLE

\_\_\_\_\_  
OFFICER/EMPLOYEE NAME

NOTICE: To implement Section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs. The Commission has expanded the availability of these programs and the level of funding for discounts to low-income customers.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to jboley@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. Section 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. Section 3501, et seq.

Pursuant to Section 54.405, all eligible telecommunications carriers (ETCs) are required to provide Lifeline service. In turn, these ETCs are permitted under Section 54.407 (Lifeline) or Section 54.413 (Link Up) to receive support for offering Lifeline service to qualifying low-income customers or reduced service-connection charges through Link Up. Pursuant to Section 54.403(c), carriers providing toll-limitation services (TLS)

for qualifying low-income subscribers will be compensated from universal service mechanisms for the incremental cost of providing TLS. FCC Form 497 is to be used to request reimbursement for participating in the low-income program.

- Line 1 USAC Service Provider Identification Number (SPIN) - Please enter your 9-digit USAC Service Provider Identification Number.
- Line 2 Serving Area - Indicate the 6-digit serving area for which you are claiming reimbursement.
- Box 3 Company Name, Mailing Address - Indicate your company name and mailing address. Contact Name, Telephone Number and Fax Number - Person who should be contacted in the event we have inquiries regarding your form. E-mail Address - Indicate e-mail address of contact person listed above.
- Box 4
- a) Submission Date - The date that you are filling out this form.
  - b) Data Month - The month for which you are reporting data. Please submit one worksheet per month, on a quarterly basis.
  - c) Type of filing - Check "original" box if your company is reporting this data for the first time. If this is a revision to the data originally submitted, check the "revision" box. Revisions will not be accepted later than 12 months after the data month for which the revision applies. Report originals and revisions on separate forms. For revisions, all line items should be reported as positive numbers reflecting the actual amounts that should have been claimed for the month.
  - d) State Reporting - Please indicate in what state you are reporting activity.

**Lifeline:**

Description: The federal Lifeline Program benefits eligible low-income subscribers by reducing their monthly local phone charge by up to \$10.00 per month. In addition, enhanced or tribal customers may receive a reduction of up to \$35.00 in their monthly local phone charge.

**Tier 1**

All eligible subscribers will receive up to \$6.50 in federal support which is equal to the tariffed rate in effect for the primary residential End User Common Line charge of the incumbent local exchange carrier serving the area in which the qualifying low-income consumer receives service.

**Tier 2**

Another \$1.75 of federal support is available if the carrier certifies that it will pass through the full amount of Tier 2 support to its qualifying, low-income consumers and has received any non-federal regulatory approvals necessary to implement the required rate reduction.

**Tier 3**

Additional federal Lifeline support in an amount equal to one-half the amount of any state-mandated Lifeline support, or Lifeline support provided by the carrier, up to a maximum of \$1.75 per month, is also available, provided that the carrier has received any non-federal regulatory approvals and will pass through the full amount of Tier 3 support to its qualifying low-income consumers.

**Tier 4**

**Additional federal Lifeline support of up to \$25 per month is available to eligible residents of tribal lands, as defined in 47 C.F.R. section 54.400(e), as long as that amount does not bring the basic local residential rate below \$1 per month per qualifying low income subscriber.**

- Line 5(a) Provide the monthly number of low-income subscribers, for whom Tier 1 federal support is claimed.
- Line 5(b) Enter the rate of baseline federal support claimed per subscriber. All eligible subscribers will receive an amount equal to the End User Common Line charge in effect for the incumbent local exchange carrier.
- Line 5(c) Enter the total dollar amount of Tier 1 Lifeline support claimed. The amount will equal the product of line 5(a) and line 5(b). Amount should be reported in whole dollars.



- Line 6(a) Provide the monthly count of low-income subscribers, for whom Tier 2 federal support is claimed.
- Line 6(b) Enter the additional rate per subscriber (\$1.75) for Tier 2 federal Lifeline support (if applicable).
- Line 6(c) Enter the total dollar amount of Tier 2 Lifeline support claimed. This amount is the product of line 6(a) and line 6(b). Amount should be reported in whole dollars.
- Line 7(a) Provide the monthly count of low-income subscribers, for whom Tier 3 federal Lifeline support is claimed.
- Line 7(b) Enter the rate per subscriber for Tier 3 federal Lifeline support claimed (if applicable). This amount should be between \$0 (no state support) and \$1.75 (maximum federal support allowed).
- Line 7(c) Enter the total dollar amount of Tier 3 Lifeline support claimed. This amount is the product of line 7(a) and line 7(b). Amount should be reported in whole dollars.
- Line 8(a) Provide the monthly count of low-income subscribers, for whom Tier 4 federal Lifeline support is claimed.
- Line 8(b) Enter the rate per subscriber for Tier 4 Lifeline support claimed. This can range from \$0 to a maximum of \$25.
- Line 8(c) Enter total dollar amount of Tier 4 Lifeline support claimed. The amount will equal the product of line 8(a) and line 8(b). Amount should be reported in whole dollars.
- Line 9 If claiming partial or pro-rata dollars, check the box on line 9.  
Enter the dollar amount (if applicable) for all partial or pro-rated subscribers. Amount should be reported in whole dollars, and may be either positive or negative, depending on whether there are more new subscribers being added part way through a month or more subscribers disconnecting during the reported month. DO NOT include partial or pro-rata amounts on lines 5 - 8.
- Line 10 Total Lifeline dollars claimed for the reported month. Should be equal to the sum of lines 5(c), 6(c), 7(c), 8(c) and 9 and reported in whole dollars.

**Link Up:**

Description: Link Up reduces eligible low-income subscribers' charges for starting telephone service by one-half of the telephone company's charge, or \$30.00, whichever is less, for subscribers residing on non-tribal lands. For subscribers residing on tribal lands, the reduction is up to \$100. Link Up also offers a deferred payment plan for charges assessed for starting service, for which eligible subscribers do not have to pay interest. Eligible subscribers are relieved of the requirement to pay interest charges of up to \$200 for a period not to exceed one year.

**(a) Non-Tribal Land Low-Income Subscribers Only**

- Line 11(a) Provide the monthly count of Link Up subscribers not residing on tribal lands for whom connection charges are waived.
- Line 12(a) Enter the dollar amount of reduction per subscriber. The reduction should be one-half of the service providers' charge or \$30.00, whichever is less. For multiple rates, use an averaged amount.
- Line 13(a) Enter the dollar amount of connection charges reduced (multiply Lines 11(a) and 12(a)).
- Line 14(a) Enter the dollar amount of deferred interest (if applicable).
- Line 15(a) Enter the dollar amount of total Link Up support (sum of Lines 13(a) and 14(a)). All amounts should be reported in whole dollars.

**Link Up:**

(b) Tribal Land Low-Income Subscribers Only

- Line 11(b) Enter monthly count of Link Up subscribers residing on tribal lands, designated as such by the Bureau of Indian Affairs, for whom charges are waived.
- Line 12(b) Enter the dollar amount of reduction per subscriber. This reduction should not exceed \$100 in total. In addition to the \$30.00 referenced in paragraph 12(a) above, an additional \$70.00 reduction is available to cover 100 per cent of the charges between \$60.00 and \$130.00 for commencing service at the principal place of residence of an eligible resident of tribal lands.
- Line 13(b) Enter the dollar amount of connection charges reduced (multiply Lines 11(b) and 12(b)).
- Line 14(b) Enter the dollar amount of deferred interest (if applicable).
- Line 15(b) Enter the dollar amount of total Link Up support (sum of Lines 13(b) and 14(b)). All amounts should be reported in whole dollars.

(c) Total Link Up (Shaded box)

- Line 15(c) Total Link Up dollars claimed for the reported month. Should be equal to the sum of lines 15(a) and 15(b) and reported in whole dollars.

**Toll Limitation Services (TLS):**

Description: TLS is a service that carriers must provide to eligible low-income subscribers in order to be eligible to receive universal service support. This service includes toll blocking, which allows subscribers to block outgoing toll calls, and also toll control, which allows subscribers to limit in advance their toll usage per month or billing cycle. Carriers are required to provide at least one type of toll-limitation service, unless their state commission provides them with additional time to complete the network upgrades needed to provide TLS.

Support will be provided for the incremental cost of providing TLS. These costs include the costs that carriers otherwise would not incur if they did not provide TLS to a given customer. The incremental cost of TLS does not include the full retail charge for TLS that the carrier would charge other consumers. Moreover, joint and common costs associated with TLS are not supported by the Low Income support mechanism. In addition, Lifeline support in excess of the incremental cost of providing toll blocking will not be provided for switch upgrades.

- Line 16 Enter the dollar amount for the incremental cost of providing TLS. Carriers may be asked for supporting documentation justifying the incremental costs of providing TLS claimed on this Worksheet.
- Line 17 Enter number of eligible subscribers for whom TLS was initiated. Must be equal to or less than either the number of Lifeline low income subscribers or Link Up low income subscribers.
- Line 18 Enter the dollar amount of total TLS dollars claimed (multiply Lines 16 and 17). All amounts should be reported in whole dollars.
- Box 19 This is the Total Low-Income Support amount to be paid to Eligible Telecommunications Carriers for the reported month. Enter the dollar amounts from Lines 10 - total Lifeline, 15(c) - total Link Up and 18 - total TLS. Enter the sum of these dollars on the line labelled Total Dollars. All amounts should be reported in whole dollars. USAC projects each month's payment prior to receiving actual data and, upon receipt of actual data submitted on FCC Form 497, trues up the total dollars.

Certifications and Signatures (Block 20)

Page 2 of FCC Form 497 requires the signature of an officer or employee of the company certifying that the following statements are correct (as applicable):

- 1) Certify that your company will publicize the availability of Lifeline and Link Up services in a manner reasonably designed to reach those likely to qualify for those services. See 47 C.F.R. Section 54.405(b).
- 2) Certify that your company will pass through the full amount of all Tier Two, Tier Three, and Tier Four federal Lifeline support for which they seek reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for local telephone service. See 47 C.F.R. sections 54.403(a),(2), (3) and (4).
- 3) Certify that your company has received any non-federal regulatory approvals necessary to implement the required rate reduction(s). See *Federal-State Joint Board on Universal Service: Promoting Deployment and Subscribership in Unserved and Underserved Areas, Including Tribal and Insular Areas*, CC Docket No. 96-45, Twelfth Report and Order, Memorandum Opinion and Order, and Further Notice of Proposed Rulemaking, FCC 00-208 (rel. June 30, 2000), at paras. 43 and 85 (*Tribal Order*).
- 4) Certify (check off only one) whether or not your company is subject to state regulation. See *Tribal Order* at paras. 85 and 89.
- 5) Certify that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

Completed worksheet and certification should be returned to the USAC Piscataway office listed below by the third Monday after the end of each quarter. (See schedule listed below). You should submit three separate worksheets per quarter, i.e., one worksheet for each month within the quarter.

<u>Data Months</u>	<u>Due Dates of Forms Sent to USAC Piscataway Office</u>
January February March	3rd Monday in April
April May June	3rd Monday in July
July August September	3rd Monday in October
October November December	3rd Monday in January

**Forms can be faxed to the USAC Piscataway office at (866) 873(USF)-4665 Toll Free  
(Attention: Low Income Program) or mailed to:**

**USAC - Low Income Program  
444 Hoes Lane  
RR 4A1060  
Piscataway, NJ 08854**

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