

This is a Supplemental Page for Companies with Affiliate Relationships

Block 4: Affiliate Company Information

Please list all companies with which this FCC Form 498 ID is affiliated. The term "affiliate" means a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person. For purposes of this paragraph, the term "own" means to own an equity interest (or the equivalent thereof) of more than 10 percent.

Affiliate FCC Form 498 ID Number

Affiliate Company Name

(Attach additional copies of this page if necessary)

This page is for High Cost Program participants only.

For more information about the High Cost Program, please refer to: <http://www.usac.org/hc/>

Block 5: High Cost Support Financial Institution and Remittance

Information [ALL Fields REQUIRED]

Check this box to discontinue use of this FCC Form 498 ID for High Cost Support.

Financial institution information is required. Electronic payment of universal service support payments is mandated by the Debt Collection Improvement Act of 1996, Pub. Law 104-134, 110 Stat. 1321-358.

Check this box if this information is the same as the General Contact information (Block 2) and complete lines 33-35.

22 _____ Remittance Company Name, if different from Company Name

23 First: _____ Middle Initial: _____ Last: _____
24 _____ Remittance Contact Name - Statements will be sent to Remittance Contact's attention Title

25 (_____) 26 _____
Phone Number Ext E-mail Address for receipt of remittance advice

27 _____ Remittance Financial Institution for ACH or locked box transfer of funds (required)

28 _____ 29 _____
Financial Institution Account Number for ACH (required) ACH Financial Institution Transit Number - must be nine digits (required)

Block 6: Company Contact for High Cost Support

Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 7.

30 First: _____ Middle Initial: _____ Last: _____
31 _____ Title
Contact Name for High Cost Program
(Must be a company employee or designated representative)

32 _____ Contact Address or PO Box for High Cost Program
33 _____ Address Line 2

34 _____ 35 _____ 36 _____
City State Zip Code + 4
37 (_____) 38 _____
Phone Number Ext E-mail Address of High Cost Program Contact

This page is for Lifeline Program participants only.

For more information about Lifeline Support, please refer to: <http://www.usac.org/li/>

Block 7: Lifeline Support Financial Institution and Remittance Information [All Fields REQUIRED]

Check this box to discontinue use of this FCC Form 498 ID for Lifeline Support.

Financial institution information is required. Electronic payment of universal service support payments is mandated by the Debt Collection Improvement Act of 1996, Pub. Law 104-134, 110 Stat. 1321-358.

Check this box if this information is the same as the General Contact information (Block 2) and complete lines 57-59.

39 Remittance Company Name, if different from Company Name

40 First: _____ Middle Initial: _____ Last: _____
41 Remittance Contact Name - Statements will be sent to Remittance Contact's attention Title

42 (_____) 43
Phone Number Ext E-mail Address for receipt of remittance advice

44 Remittance Financial Institution for ACH or locked box transfer of funds (required)

45 (_____) 46 (_____)
Financial Institution Account Number for ACH (required) ACH Financial Institution transit Number - must be nine digits (required)

Block 8: Company Contact for Lifeline Support

Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 9.

47 First: _____ Middle Initial: _____ Last: _____
48 Contact address for Lifeline Program Title
(Must be a company employee or designated representative)

49 Contact Address for Lifeline Program

50 Address Line 2

51 (_____) 52 State 53 Zip Code + 4
City

54 (_____) 55
Phone Number Ext E-mail Address of Lifeline Program Contact

This is a Supplemental Page for Participants in the High Cost and Lifeline Programs.

Block 9: High Cost and Lifeline Study Area/FCC Form 498 ID Association

This information will be used to associate the Study Area Codes (SAC) to this FCC Form 498 ID for the purposes of High Cost and Lifeline Support.

Check this box if there is no change to the SAC data on file.

Check this box if you are changing your organization's SAC data currently on file with USAC.

(Attach additional copies of this page if necessary)

This page is for Rural Health Care Support participants only.

For more information about Rural Health Care Support, please refer to: <http://www.usac.org/rhc/>

Block 10: Rural Health Care Support Financial Institution and Remittance Information [ALL Fields REQUIRED]

Check this box to discontinue use of this FCC Form 498 ID for Rural Health Care Support.

Financial institution information is required. Electronic payment of universal service support payments is mandated by the Debt Collection Improvement Act of 1996, Pub. Law 104-134, 110 Stat. 1321-358.

Check this box if this information is the same as the General Contact information (Block 2) and complete lines 81-83.

56

Remittance Company Name, if different from Company Name

57 First: _____ Middle Initial: _____ Last: _____

Remittance Contact Name - Statements will be sent to Remittance Contact's attention

58

Title

59()

60

Phone Number Ext E-mail Address for receipt of remittance advice

61

Remittance Financial Institution for ACH or locked box transfer of funds (required)

62

63

Financial Institution Account Number for ACH (required) ACH Financial Institution transit Number - must be nine digits (required)

Block 11: Company Contact for Rural Health Care Support

Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 12.

64 First: _____ Middle Initial: _____ Last: _____

86

Title

Contact Name for Rural Health Care Program

(Must be a company employee or designated representative)

65

Contact Address for Rural Health Care Program

66

Address Line 2

67

City

68

State

69

Zip Code + 4

70()

71

Phone Number Ext E-mail Address of Rural Health Care Program Contact

This page is for Schools and Libraries Program participants only.

For more information about the Schools and Libraries Program, please refer to: <http://www.usac.org/sl/>

Block 12: Schools and Libraries Support Financial Institution and Remittance Information [ALL Fields REQUIRED]

Check this box to continue use of this FCC Form 498 ID for Schools and Libraries Support.

Financial institution information is required. Electronic payment of universal service support payments is mandated by the Debt Collection Improvement Act of 1996, Pub. Law 104-134, 110 Stat. 1321-358.

Check this box if this information is the same as the General Contact information (Block 2) and complete lines 105-107.

72

Remittance Company Name, if different from Company or Billed Entity Name

73

First: _____ Middle Initial: _____ Last: _____
Remittance Contact Name - Statements will be sent to Remittance Contact's attention

74

Title

75

(_____) 76
Phone Number Ext E-mail Address for receipt of remittance advice

77

Remittance Financial Institution for ACH or locked box transfer of funds (required)

78

Financial Institution Account Number for ACH (required)

79

ACH Financial Institution Transit Number - must be nine digits (required)

Block 13: Company Contact for Schools and Libraries Support

Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 14.

80

First: _____ Middle Initial: _____ Last: _____
Contact Name for Schools and Libraries Program
(Must be a company, or entity employee or designated representative)

81

Title

82

Contact Address for Schools and Libraries Program

83

Address Line 2

84

85 _____ 86 _____
City _____ State _____ Zip Code + 4

87

(_____) 88
Phone Number Ext E-mail Address of Schools and Libraries Program Contact

This is a Supplemental Page for Schools, Libraries and Other Applicant Payment Recipients

Block 14: Billed Entity Number/FCC Form 498 Association

Please list all Billed Entity Numbers with which this FCC Form 498 ID affiliated.

Billed Entity Number

Billed Entity Name

(Attach additional copies of this page if necessary)

Disbursement Offsets and Healthcare Connect Certification

Block 15: Offsetting Disbursement Payments Against Federal Universal Service Contribution Obligations For High Cost Participants

The following information pertains only to telecommunications companies participating in the High Cost Program. A telecommunications company may choose to offset its payment against its Federal universal service contribution. A telecommunications company must have an FCC Form 499 Filer ID number in order to offset its High Cost Program payments against its Federal universal service contribution. In order to obtain an FCC Form 499 Filer ID number, visit <http://www.usac.org/cont/tools/forms/default.aspx> and select FCC Form 499. You do not need an FCC Form 499 Filer ID in order to be issued a FCC Form 498 ID.

89 Yes, I want my High Cost Program disbursement payments to be offset against my Federal universal service contribution obligations. This box must be checked in order to receive offsets. The Default is "No."

Block 16: Offsetting Disbursement Payments Against Federal Universal Service Contribution Obligations For Lifeline/Lifeline Participants

The following information pertains only to telecommunications companies participating in the Lifeline Program. A telecommunications company may choose to offset its payment against its Federal universal service contribution. A telecommunications company must have an FCC Form 499 Filer ID number in order to offset its Lifeline Program payments against its Federal universal service contribution. In order to obtain an FCC Form 499 Filer ID number, visit <http://www.usac.org/cont/tools/forms/default.aspx> and select FCC Form 499. You do not need an FCC Form 499 Filer ID in order to be issued a FCC Form 498 ID.

90 Yes, I want my High Cost Program disbursement payments to be offset against my Federal universal service contribution obligations. This box must be checked in order to receive offsets. The Default is "No."

Block 17: Offsetting Disbursement Payments Against Federal Universal Service Contribution Obligations For Rural Healthcare Participants

The following information pertains only to telecommunications companies participating in the Rural Health Care Program. In accordance with FCC rule section 54.679 regarding Rural Health Care payments, a telecommunications company may choose to offset its payment against its Federal universal service contribution. A telecommunications company must have an FCC Form 499 Filer ID number in order to offset its Rural Health Care Program payments against its Federal universal service contribution. In order to obtain an FCC Form 499 Filer ID number, visit <http://www.usac.org/cont/tools/forms/default.aspx> and select FCC Form 499. You do not need an FCC Form 499 Filer ID in order to be issued a FCC Form 498 ID.

91 Yes, I want my Rural Health Care Program disbursement payments to be offset against my Federal universal service contribution obligations. This box must be checked in order to receive offsets. The Default is "No."

Block 18: Certification to Assist Health Care Providers

In accordance with FCC rule section 54.640(b), service providers participating in the Healthcare Connect Fund Program must certify, as a condition of receiving support, that they will provide to health care providers, on a timely basis, all information and documents regarding supported equipment, facilities, or services that are necessary for the health care provider to submit required forms or respond to FCC or USAC inquiries. USAC may withhold disbursements to the service provider if the service provider, after written notice from USAC, fails to comply with this requirement.

92 I certify, as a condition of receiving support under the Healthcare Connect Fund Program, that the above-named service provider will provide to health care providers, on a timely basis, all information and documents regarding the supported equipment, facility(ies), or service(s) that are necessary for the health care provider to submit required forms or respond to FCC or USAC inquiries.

Block 19: Offsetting Disbursement Payments Against Federal Universal Service Contribution Obligations For Schools and Libraries Participants

The following information pertains only to telecommunications companies participating in the Schools and Libraries Program. In accordance with FCC rule section 54.515 regarding Schools and Libraries Program payments, a telecommunications company may choose to offset its Schools and Libraries Program payment against its Federal universal service contribution. A telecommunications company must have an FCC Form 499 Filer ID number in order to offset its Schools and Libraries payments against its Federal universal service contribution. In order to obtain an FCC Form 499 Filer ID number,

93 Yes, I want my Schools and Libraries Program disbursement payments to be offset against my Federal universal service contribution obligations. This box must be checked in order to receive offsets. The Default is "No."

Service Identification

Block 20: Principal Communications Types [REQUIRED Field]

Select up to 5 boxes that best describe the reporting entity. Enter numbers starting with "1" to show the order of importance -- see instructions.

<input type="checkbox"/> Audio Bridging Provider	<input type="checkbox"/> Interconnected VoIP
<input type="checkbox"/> Coaxial Cable	<input type="checkbox"/> Paging and Messaging
<input type="checkbox"/> Non-Interconnected VoIP	<input type="checkbox"/> SMR (Dispatch)
<input type="checkbox"/> Private Service Provider	<input type="checkbox"/> Shared-Tenant Service Provider
<input type="checkbox"/> Toll Reseller	<input type="checkbox"/> Cellular/PCS/SMR
<input type="checkbox"/> Incumbent LEC	<input type="checkbox"/> Interexchange Carrier
<input type="checkbox"/> Operator Service Provider	<input type="checkbox"/> Payphone Service Provider
<input type="checkbox"/> Satellite Service Provider	<input type="checkbox"/> Local Reseller
<input type="checkbox"/> Wireless Data	<input type="checkbox"/> Internet Service Provider
	<input type="checkbox"/> School/Library or other Billed Entity Recipient

DATA Act Business Types

Block 21: DATA Act Business Type (REQUIRED Field)

Select up to 3 boxes that best describe the reporting entity. Enter check marks. For additional description -- see instructions.

<input type="checkbox"/> State Government	<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)
<input type="checkbox"/> County Government	<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)
<input type="checkbox"/> City or Township Government	<input type="checkbox"/> Private Institution of Higher Education
<input type="checkbox"/> Special District Government	<input type="checkbox"/> Individual
<input type="checkbox"/> Regional Organization	<input type="checkbox"/> For-profit Organization (Other than Small Business)
<input type="checkbox"/> U.S. Territory or Possession	<input type="checkbox"/> Small Business
<input type="checkbox"/> Independent School District	<input type="checkbox"/> Hispanic-serving Institution
<input type="checkbox"/> Public/State Controlled Institution of Higher Education	<input type="checkbox"/> Historically Black College or University (HBCU)
<input type="checkbox"/> Indian/Native American Tribal Government(Federally-Recognized)	<input type="checkbox"/> Tribally Controlled College or University (TCCU)
<input type="checkbox"/> Indian/Native American Tribal Government (Other than Federally-Recognized)	<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institution
<input type="checkbox"/> Indian /Native American Tribal Designated Organization	<input type="checkbox"/> Non-domestic (non-U.S.) Entity
<input type="checkbox"/> Public/Indian Housing Authority	<input type="checkbox"/> Other

Officer Certification

Block 22: Officer Certification [All Fields REQUIRED]

I certify that I am an officer of the above-named service provider, that I am authorized to submit this FCC Form 498 on behalf of the above named service provider, and that to the best of my knowledge, the data set forth in this form is true, accurate, and complete.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, as amended, 47 U.S.C. Secs. 220(e), 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

Officer Information	<input type="checkbox"/> Check this box if this information is the same as the General Contact information (Block 2)
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Signature of the Officer

Date

First: _____ Middle Initial: _____ Last: _____ Title: _____

Printed Name

Notice: The Federal Communications Commission (the Commission) has designated the Universal Service Administrative Company (USAC) as administrator of Federal universal service. One of the functions of USAC is to provide a mechanism for the billing, collection, and disbursement of funds for the various Federal universal service programs. In an effort to implement these requirements and obligations, the Commission has adopted this collection of information. Pursuant to the Commission rules, 47 C.F.R. §§ 54.301, 54.303, 54.307, 54.309, 54.311, 54.407, 54.413, 54.515, 54.611, 54.702, 54.802, and 54.902, USAC must obtain information relating to service provider name and address, telephone number, Federal employee identification number, contact names and telephone numbers, and billing and collection information. Each service provider receiving Federal universal service support from the High Cost, Lifeline, Rural Health Care, or Schools and Libraries Programs, should complete the FCC Form 498. USAC will use this information in administering the billing, collections, and disbursement operations of the Federal universal service programs.

Reminder: You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0824.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide for the Federal universal service billing, collections, and disbursement purposes. In addition, the Name, Address, DUNNS Number and Business Type will be disclosed in accordance with FFATA/DATA Act reporting requirements. If we believe there may be a violation or a potential violation of a state or Federal statute, or of a Commission regulation, rule, or order, your form 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 application may be disclosed to the Department of Justice, a court, or adjudicative body when (a) the Commission; or (b) any employee of the Commission; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies, and/or your employer to offset your salary, IRS tax refund, or other payments to collect that debt. The Commission may also provide the information to these agencies through the matching of computer records where authorized.

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

This Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. 3501 et seq. We have estimated that each response to this collection of information will take, on average, 1.5 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form for response. If you have any comments on this estimate, or how we can improve the collections and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Washington D.C. 20554, Paperwork Reduction Project (3060-0824). We will also accept your comments via Internet if you send them to PRA@fcc.gov. Please DO NOT SEND COMPLETED DATA COLLECTION FORMS TO THIS ADDRESS.

Mail this signed form to:

USAC Customer Operations, Forms Processing
700 12th Street NW, Suite 900
Washington, DC 20005

Questions?

See the FCC Form 498 Instructions found at <http://usac.org/sp/tools/forms.aspx>

Use this form for:

- New application for a Service Provider Identification Number
- Revision to existing Service Provider data currently on file with USAC
- Merger or Consolidation of Existing Service Provider Identification Number (Additional documentation is required, please see page 2 of the instructions)
- Deactivation of a Service Provider Identification Number (Please see page 2 of the instructions)

Block 4: High Cost Banking and Remittance Payment Information

See Instructions Page (4)

Check this box if this information is the same as the general contact information

19

Remittance Company Name

20

Remittance Contact Name- Checks will be sent to Remittance Contact's attention

21

Remittance Address

22

Address 2

23

City

26 ()

Phone Number

28

Remittance Bank for ACH or locked box transfer of funds

29

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Bank Account Number for ACH

31

Email Address of Remittance Contact if requesting electronic remittance statements instead of mailed paper copy statements

Block 5: Company Contact for High Cost Support Mechanism

See Instructions Page (11)

Same as general contact from lines (3-15) above

32

Contact Name for High Cost Mechanism - Must be a company employee or designated representative

33

Contact Address for High Cost Mechanism

34

Address 2

35

City

38 ()

Phone Number

40

Email Address of Remittance Contact if requesting electronic remittance statements instead of mailed paper copy statements

Block 6: Low Income Banking and Remittance Payment Information

See Instructions Page (11)

This information is the same as the general contact information (Lines 3-15 above)

41

Remittance Company Name

42

Remittance Contact Name- Checks will be sent to Remittance Contact's attention

43

Remittance Address

44

Address 2

45

City

48 ()

Phone Number

50

Remittance Bank for ACH or locked box transfer of funds

51

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Bank Account Number for ACH

53

Email Address of Remittance Contact if requesting electronic remittance statements instead of mailed paper copy statement

Block 7: Company Contact for Low Income Support Mechanism

See Instructions Page (11)

54

Contact Name for Low Income Mechanism - Must be a company employee or designated representative

55

Contact Address for Low Income Mechanism

56

Address 2

57

City

60

()

Phone Number

62

Email Address of Remittance Contact if requesting electronic remittance statements instead of mailed paper copy statement

tion (Lines 3-15 above).

24

State

27 (

Ext

Fax Number

						30	
--	--	--	--	--	--	----	--

ACH Bank Transfer Number

30

ACH Bank Transfer Number

36

State

39 (

Ext

Fax Number

46

State

49 (

Ext

Fax Number

--	--	--	--	--	--

52

--

ACH Bank Transfer Numbe

ts

58

State

61 (

Ext

Fax Number

ts

25

Zip Code

)

Table 1. Summary of the main characteristics of the 1000 samples used in this study.

31

11. **What is the primary purpose of the *Journal of Clinical Endocrinology and Metabolism*?**

37

Zip Code

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Page 10 of 10

47

Zip Code

)

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9

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59

Zip Code

)

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