



LIFELINE CUSTOMER ENROLLMENT & CONSENT FORM

FIRST NAME LAST NAME

SERVICE ADDRESS

CITY STATE ZIP CODE

PHONE NUMBER EMAIL ADDRESS DATE OF BIRTH

BTC BROADBAND ACCOUNT # (IF CURRENT CUSTOMER) APPLICATION ID (# FROM NATIONAL VERIFIER) LAST 4 OF SSN

ONLY FILL OUT IF YOU ARE QUALIFYING UNDER A DEPENDENT

DEPENDENT FIRST NAME DEPENDENT LAST NAME

DEPENDENT DATE OF BIRTH DEPENDENT LAST 4 OF SSN

Please read and initial each of the following disclaimers to participate in the Lifeline Support program:

_____ I acknowledge that I am aware of the eligibility requirements for the Lifeline Support program. If I can't demonstrate eligibility, I will not be enrolled in the program and/or BTC Broadband will be required to de-enroll me from the program.

_____ I acknowledge that the Lifeline Support program is non-transferable to another individual and that the discount is limited to one discount per household, and I further certify that no other member of my household is receiving the Lifeline Support benefit.

_____ I acknowledge that I may choose to participate in the Lifeline Support program from any participating service provider and I may transfer the Lifeline Support benefit to another provider at any time during this program.

_____ I acknowledge I may apply the Lifeline Support benefit to any broadband service offering of BTC Broadband at the same terms and available to households that are not eligible for the Lifeline Support benefit.

_____ I acknowledge I will be subject to BTC Broadband's undiscounted rates and general terms and conditions if the Lifeline Support program ends, if I transfer my benefit to another provider but continue to receive service from BTC Broadband, or upon de-enrollment from the Lifeline Support program.

_____ I acknowledge that my participation in the Lifeline Support program does not relieve my obligations to adhere to BTC Broadband posted rates, terms and conditions, or other rules and regulations or tariffs that govern the services I receive.

_____ I acknowledge that if BTC Broadband has a reasonable basis to believe that I am no longer eligible to receive the Lifeline Support benefit, I will receive a notification of impending termination of my Lifeline Support benefit and will have 30 days following the date of such notice to demonstrate continued eligibility.

_____ I acknowledge that I have reviewed the available services and upload/download speeds and data caps for services offered by BTC Broadband for the Lifeline Support program.

_____ I acknowledge BTC Broadband may disconnect my Lifeline Support supported service if I am 30 days past due and have an overdue balance over \$60.

_____ I acknowledge that the monthly Lifeline Support benefit will not be prorated but the benefit amount may vary during the first and final month of the program.

_____ I acknowledge I have the right to file a complaint at <https://www.lifelinesupport.org/> or by calling (800) 234-9473.

_____ I consent to BTC Broadband disclosing and/or transmitting any information required to the program Administrator for my participation in the program including but not limited to my name, my dependent's name, date of birth, last 4 digits of social security number or Tribal Identification Number, address, telephone number, type of service, start date of service, termination of service date, Lifeline Support program discount amount, eligible program, tribal benefit status, Lifeline Tribal Benefit, Linkup Service Date and Independent Economic Household certification date.



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By initialing and signing this form, I certify that:

1. I have confirmed my eligibility for Lifeline Support program through the National Verifier.
2. I reviewed the above disclosures and give my affirmative consent to Lifeline Support program enrollment.
3. I consent to applying or transferring my Lifeline Support program benefit to my internet service from BTC Broadband.

CUSTOMER SIGNATURE

DATE

Please email the completed form to customerservice@mybtc.com or return in-person to BTC Broadband.
 For additional assistance, please call Customer Care at (918) 366-8000.

FOR OFFICE USE ONLY

PROCESSING DATE

EMPLOYEE NAME

CUSTOMER CONFIRMED IN NATIONAL VERIFIER (Y/N)

BENEFIT AMOUNT TO BE APPLIED