

Consent to Provide Lifeline Subscriber Information to the National Lifeline Accountability Database

The Federal Communications Commission has established the National Lifeline Accountability Database (“Database”) to detect and prevent consumers from receiving more than one discounted telephone service under the federal Lifeline program.

Under federal law, Harlan Municipal Utilities is required to check/query this Database prior to signing up Lifeline subscribers and is also required to provide to the federal administrator of this Database the following information regarding each new and existing Lifeline subscriber:

- The Lifeline subscriber’s full name;
- The Lifeline subscriber’s full residential Address;
- The Lifeline subscriber’s date of birth;
- The last four digits of the Lifeline subscriber’s Social Security number or Tribal Identification Number (if the subscriber is a Tribal member and does not have a Social Security number);
- The telephone number associated with the Lifeline service;
- The date on which the Lifeline service was initiated;
- The date on which the Lifeline service was terminated (if applicable);
- The amount of Lifeline service support being sought for the subscriber;
- The means through which the subscriber qualified for Lifeline service (income or program-based, Medicaid, etc.).

The above information related to your Lifeline service is being provided by Harlan Municipal Utilities to the federal administrator (the “Universal Service Administrative Company” and/or its agents) of the National Lifeline Accountability Database to verify that you, as a Lifeline applicant and/or subscriber, are not receiving more than one Lifeline benefit, and to otherwise ensure proper administration of the Lifeline program.

I, the Lifeline applicant/subscriber, acknowledge that Harlan Municipal Utilities will transmit to the federal administrator of the National Lifeline Accountability Database the above-referenced information about my Lifeline account and/or service for inclusion into the Database, and hereby consent to transmission of the information for purposes allowed by law relating to administration of the Lifeline program.

I further understand that a failure to provide this consent to release my Lifeline account and/or service information to the federal administrator for inclusion in the National Lifeline Accountability Database will result in a denial of or de-enrollment from Lifeline service.

Signature

Date