

Affordable Connectivity Program (ACP) Customer Opt-In Form

Date: _____

Customer Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Mobile Number: _____

Email Address: _____

Please read and initial each of the following to participate in the ACP:

- _____ I hereby opt-in to the Affordable Connectivity Program (ACP).
- _____ I acknowledge that I am aware of the eligibility requirements for the ACP.
- _____ I acknowledge that the ACP is non-transferable and that the discount is limited to one ACP discount per household, and I further certify that no other member of my household is receiving the affordable connectivity benefit under the ACP.
- _____ I acknowledge that I have reviewed the available upload/download speeds for services offered by Star Communications.
- _____ I acknowledge that the ACP is a federal government benefit program operated by the Federal Communications Commission, and upon the conclusion of the benefit, my household will be subject to Star Communication's regular rates, terms, and conditions, if my household continues to subscribe to Star Communication's broadband service.
- _____ I consent to applying my ACP benefit to the broadband access service I receive from Star Communications.
- _____ I consent to Star Communications 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, ACP Program discount amount, eligible program, tribal benefit status, Lifeline Tribal Benefit, Linkup Service Date and Independent Economic Household certification date.
- _____ I acknowledge and have read and received all ACP disclosures and terms and agreements.

_____ I consent to Star Communications (Star) verifying my household's broadband usage each month to enable Star to claim reimbursement for my program benefit each month.

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

_____ I acknowledge that I may obtain ACP-supported broadband service from any participating provider of my choosing and that I can transfer the Affordable Connectivity Program benefit to another provider at any time.

_____ I acknowledge that if I cannot demonstrate eligibility, I will not be enrolled in the program and/or Star Communications is required to de-enroll me from the program.

_____ I acknowledge that I will not be required to pay early termination fees if I choose to terminate or modify my broadband service during my participation in the ACP, or upon receiving notice of the benefit ending.

_____ I acknowledge that my participation in the ACP does not relieve my obligations to adhere to Star's posted rates, terms and conditions, or other rules and regulations or tariffs that govern the services I receive.

I certify that:

(1) I have confirmed my eligibility for the Affordable Connectivity Program through the National Verifier.

Customer's Signature: _____

Date: _____

FOR OFFICIAL USE

Processing Date: _____ Employee Name: _____

Was Customer eligibility confirmed in National Verifier? _____ Yes _____ No Application ID _____

If Yes, benefit amount: _____ (Up to \$30 Residential, \$75 Tribal Resident).

Was customer information queried in National Lifeline Accountability Database? _____ Yes _____ No

NOTE: THIS RECORD AND ANY RELATED DOCUMENTATION OF ELIGIBILITY MUST BE MAINTAINED FOR A MINIMUM OF 6 YEARS AFTER THE LAST DATE THE ABOVE-NAMED CUSTOMER RECEIVED ACP BENEFITS.