



(1200) Terms and Conditions for Lifeline Customers

Study Area Code: 240516

Study Area Name: Chester Telephone Company

Chester Telephone Company, d/b/a TruVista does not offer any plans only available to Lifeline customers. Lifeline customers may subscribe to any voice or broadband plan under the same terms and conditions as any non-Lifeline customer, with the exception that Lifeline customers may subscribe to Toll Limitation Service free of charge.

All Chester Telephone Co. d/b/a/ TruVista voice plans offer unlimited local calling.

All customers are eligible for any of the LD calling Plans which offer discounts based on packages of minutes up to unlimited nationwide long distance . These plans are offered through TruVista' s affiliated Long Distance Carrier (Chester Long Distance Services, Inc.).

If no plan is chosen , LD calls are billed on a per call/per minute basis.

.( See <http://www.truvista.net/>) for a more detailed description of the terms and conditions of all TruVista products.

The pages below are maintained on the TruVista internal web server as an aid to employees:

# Pricing

## Voice

### Lines/Calling Features

Exchange Access Line - One Party -Ridgeway	RR1	\$15.50	RB1	\$27.90
Exchange Access Line - One Party - Chester	RR1	\$15.50	RB1	\$27.90
Exchange Access Line - One Party - Great Falls	RR1	\$15.50	RB1	\$27.90
Exchange Access Line - One Party - Lewisville	RR1	\$15.50	RB1	\$27.90
Exchange Access Line - One Party -Lockhart	RR1	\$14.25	RB1	\$23.80
Rotary Line (Hunting)Service	RRLS	\$2.00	RRLS	\$2.00
Anonymous Call Rejection	RRACB	\$2.00	RBACB	\$2.00
Call Block (Selective Call Rejection)	CLR04	\$3.00	CLB04	\$4.25
Call Forwarding	RRCF	\$1.75	RBCF	\$2.75
Call Forwarding Busy Line	RRCFB	\$1.75	RBCFA	\$2.75
Call Forwarding Don't Answer Busy Customer Control		\$1.75		\$2.75
Call Forwarding Don't Answer	RRCFD	\$1.75	RBCFD	\$2.75
Call Hold	RCH	\$1.75	RCH	\$2.75
Call Return (Automatic Recall)	CLR01	\$2.75	CLB01	\$4.00
Call Selector (Distinctive Ringing)	CLR03	\$3.00	CLB03	\$4.25
Call Tracing (Customer Originated Trace)	RRCT	\$3.75	RBCT	\$5.00
Call Waiting	RRCW	\$2.75	RBCW	\$4.25
Call Waiting Deluxe	RRCWD	\$4.00	RBCWD	\$6.00
Caller ID (Calling Number Delivery)	CLR06	\$4.75		\$6.25
Caller ID Blocking Per Line	CIBPL	\$2.00		\$2.00
Caller ID Blocking Per Call	RRID2	\$0.00		N/C
Caller ID Deluxe (Name	RRIDD	\$5.75		\$7.25

and Number Delivery)			
Enhanced Caller ID (Busy Line/idle Line Name )	RRECI	\$8.95	RBECI \$11.00
Hot Line	RRHL	\$1.75	\$2.75
Remote Access- Call Forwarding	RRCFA	\$6.50	\$9.00
Repeat Dialing (Automatic Call Back)	RRRD	\$2.75	\$4.00
Selective Call Acceptance	RRSCA	\$3.00	\$4.25
Selective Call Forwarding	RRSCF	\$3.00	\$4.25
Speed Calling (8 code)	RRSC	\$1.75	\$2.75
Speed Calling (30 code)	RRSC1	\$2.75	\$3.75
Speed Calling (50 code)	RRSC2	\$3.75	\$4.75
Three Way Calling	RRTWC	\$2.75	\$4.25
Warm Line	RRWL	\$1.75	\$2.75
Single Line Variety Pack	RRVP	\$3.00	\$4.50
Calling Card (Each Call)		\$1.00	\$1.00
Operator Station, Each Call		\$1.25	\$1.25
Person to Person		\$2.50	\$2.50
Emergency Interrupt (Each Request)		\$1.75	\$1.75
Verification Request (Per Request)		\$1.75	\$1.75
Primary Service Listing		\$0.00	\$0.00
Additional Name Listing		\$0.35	\$0.35
Non-Published Service		\$1.00	\$1.00
Non-Listed Service		\$0.50	\$0.50
Residential Voice Mail		\$3.95	
711 Dialing Code Residence		\$0.00	\$0.00

Access Lines SCFEEAL

**Nationwide Talk 500**

OCPNW) 500 Nationwide Long Distance Minutes for \$25.00 permonth - Overage minutes above| 500 will be charged at \$.09 per minute. Applies to Direct Dialed Domestic calls including Alaska and Hawaii any time of day. No Connection Charges. Calls are rounded up to the nearest Minute. Volume discounts do not apply to this plan. Available to Residential & Business Customers

### Nationwide Talk Plan 250

(OCPNT)] 50 Nationwide Long Distance Minutes for \$12.95 per month. Overage minutes above 250 will be charged at \$.09 per minute. Applies to Direct Dialed Domestic calls including Alaska and Hawaii any time of day.

- No Connection Charges.
- *Volume discounts do not apply to this plan.*
- Available to Residential & Business Customers

### Nationwide Talk 500

OCPNW) 500 Nationwide Long Distance Minutes for \$25.00 per month - Overage minutes above 500 will be charged at \$.09 per minute. Applies to Direct Dialed Domestic calls including Alaska and Hawaii any time of day. No Connection Charges. *Calls are rounded up to the nearest Minute.*

- Volume discounts do not apply to this plan.
- Available to Residential & Business Customers

### Nationwide Talk Plan 1000

- (OCPNN) Distance Minutes for \$50.00 per month - Overage minutes above 1000 will be charged at \$.09 per minute.
- Applies to Direct Dialed Domestic calls including Alaska and Hawaii anytime of day. No Connection Charges. *Calls are rounded up to the nearest Minute.*
- Volume discounts do not apply to this plan.
- Available to Residential & Business Customers

### 9 cents Flat Rate Calling Plan

- (OCP10) Flat rate of 9 cents per minute on Direct Dialed Domestic calls including Alaska and Hawaii any time of day
- **NO monthly recurring charge.** No Connection Charges. *Calls are rounded up to the nearest Minute.* Applies to Direct Dialed Domestic calls including Alaska and Hawaii any time of day. No Connection Charges.
- Volume discounts do not apply to this plan.
- Available to Residential & Business Customers

**The 509 Plan**

- Flat rate of 5 cents per minute on Direct Dialed Domestic State to State calls including Alaska and Hawaii any time. Flat rate of 9 cents per minute on Direct Dialed In-State calls any time.
- \$5.95 Monthly Recurring Charge
- 9.9% Universal Access Fee
- *Calls are rounded up to the nearest Minute.*

**Unlimited LD**

- One Flat Monthly Charge for All Your Long Distance Calls! \*[View Brochure](#)
- \$29.99

# TRUVISTA®

## VOICE: LOCAL TRUVISTA, LOCAL TELEPHONE PROVIDER FOR OVER 115 YEARS.

### BASIC

TruVista provides basic residential local telephone service. If you make many telephone calls within the state beyond your basic calling area you may want to consider an Extended Calling Plan which will save you money over long distance calling.

### LIFELINE

Lifeline offers a discount on monthly telephone service and associated charges. You may be eligible for Lifeline if you qualify for one of the following:

- Supplemental Nutrition Assistance Program (SNAP)
- Federal Public Housing Assistance (Section 8)
- Low Income Home Energy Assistance Program (HEAP)
- Medicaid
- Supplemental Security Income (SSI)
- National School Lunch (NSL) free lunch program
- Temporary Assistance for Needy Families (TANF)

Please contact your local TruVista business office for more information.

TruVista's regulated services are sold subject to terms and conditions contained in applicable tariffs and contracts. Any inconsistencies between terms, conditions and pricing information presented on this website and such tariffs and contracts will be resolved in favor of the tariffs and contracts. Local service rates do not include standard applicable taxes and fees that apply to all regulated telephone lines. (Such as Federal End User Access Charge, LNP End User Basic Charge, 911, Dual Party Relay Service Charge, Federal Universal Service Charge and State Universal Service Charge). All published rates subject to change.

### BUNDLES

Explore our Savings Bundles where getting multiple services on one bill adds up to substantial savings - Up to \$100's of dollars per year.

### OTHER VOICE FEATURES

#### VOICE MAIL

The most reliable, user friendly and cost effective call answering system available today for your home or your business.

TruVista's Voice Mail service answers your incoming calls and records any messages, even if you are on the telephone! There are no machines to buy or repair, no tapes that wear out, and no scratchy voice recordings. You can even set up multiple mailboxes, all password protected. Your messages are secure and easily accessible from any touch-tone phone - anytime, anywhere.

#### INSIDE WIRE MAINTENANCE

Affordable protection for your telephone service for when problems arise that could be costly - especially since most repairs pertaining to telephone service are unexpected.

Whether you have a new home with new technology or an older home with older wiring, TruVista's affordable monthly telephone line maintenance plan will protect you from unexpected repair bills. A monthly maintenance plan for your cable wiring is also available from TruVista Communications. (Inside Wire Maintenance only applies to existing wires and jacks that have been properly installed.)

- Telephone Line Maintenance Plan
- Cable Wiring Maintenance Plan

TRUVISTA.NET

REDACTED – FOR PUBLIC INSPECTION  
GENERAL SUBSCRIBER SERVICES TARIFF

CHESTER TELEPHONE COMPANY  
CHESTER, SOUTH CAROLINA

ELEVENTH REVISED PAGE 2  
REPLACES TENTH REVISED PAGE 2

ISSUED: \_\_\_\_\_

EFFECTIVE: JUNE 1, 2013

A3. BASIC LOCAL EXCHANGE SERVICE

A3.3 MONTHLY EXCHANGE RATES

- a. Monthly exchange rates, as authorized by the Public Service Commission, are shown below.
- b. The rates specified herein, entitle subscribers to an unlimited number of messages to all stations bearing the designation of central offices within the serving exchange and additional exchanges as shown in Section A3.4 Local Calling Areas of this tariff.

EXCHANGE	RESIDENCE 1 PARTY	BUSINESS 1 PARTY	PBX TRUNK
CHESTER	\$ 15.50 (I)	\$ 27.90	\$ 27.90
GREAT FALLS	\$ 15.50 (I)	\$ 27.90	\$ 27.90
LEWISVILLE	\$ 15.50 (I)	\$ 27.90	\$ 27.90

A3.3.1 Public Telephone Access Service For Customer Provided Equipment (CPE)

3.3.1.1 Rates and Charges

- A. Public Telephone Access Service for CPE is provided on a Flat Rate basis where facilities permit.

1. Flat Rate \$27.90 per line

- a. The above monthly rate is applicable to Public Telephone Access Service for CPE.

A3.4 LOCAL CALLING AREAS

The rates specified in Section A3.3 entitle subscribers to access all stations bearing the central office designations of additional exchanges as shown below. The local calling area of the exchange in the left hand column also includes the exchanges listed in the right hand column.

EXCHANGE	ADDITIONAL EXCHANGES
Chester	Great Falls - Lewisville
Great Falls	Chester - Lewisville
Lewisville	Chester - Great Falls

## Federal Lifeline Program Annual Recertification Form

The Lifeline Program is a federal program that helps eligible consumers pay for wireless or home telephone service by discounting monthly service bills. At least once each year, consumers who receive Lifeline Program-supported service must recertify that 1) they remain eligible, and 2) no one else in their household receives Lifeline Program-supported service.

**You must complete all sections of this form within 30 days to recertify your continued eligibility for the Lifeline Program or your service provider will remove the Lifeline Program benefits from your account.**

Mail your completed form to:  
**TruVista – Federal Lifeline Program Annual Recertification**  
 P.O. Box 160  
 Chester, SC 29706

### Section 1: Consumer Information

1 I am 18 years of age or older. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
2 First Name:		3 Last Name:	
4 Date of Birth (mm/dd/yyyy):		5 Last 4-digits of Social Security Number:	
If you are unable to provide the last four digits of a Social Security Number, complete line 6.			
6 Tribal Identification (Tribal ID) Number (if applicable):			
7 Telephone Number:			
Service address of principal residence (no Post Office Box):			
8 Street Address:		9 Apt:	
10 City:	11 State:	12	Zip Code:
13 Is this a temporary address? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
Billing address, if different from service address (may include Post Office Box):			
14 Street Address:		15 Apt:	
16 City:	17 State:	18	Zip Code:

### Section 2: Program Requirement - One Per Household

A "household" is any individual or group of individuals who live together at the same address and share income expenses. Only one person in a household can qualify to receive Lifeline Program-supported telephone service. Only one telephone service in a household can receive Lifeline Program support. A household may not receive Lifeline Program benefits from multiple service providers.

My initials here certify that I meet the one-per-household requirement. I understand that falsely certifying eligibility is a violation of the rules of the Federal Communications Commission and will result in my removal from the Lifeline Program and could result in criminal prosecution by the United States Government.

19	<input style="width: 50px; height: 15px;" type="text"/>	My initials here certify that I meet the one-per-household requirement.
20	<input style="width: 50px; height: 15px;" type="text"/>	My initials here certify that I reside on Tribal lands (if applicable).
21 Do you live at an address at which there are multiple households? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
If "yes" is checked, you must complete a supplemental form to recertify your eligibility. Please contact your service provider.		

### Section 3: Program Requirement - Eligibility

Complete this section to indicate that you (or your dependent or a member of your household) received benefits from at least one of the programs listed below OR your household meets the income requirement.

22 <input type="checkbox"/> I (or my dependent or member of my household) received benefits from at least one of the programs listed below. If checked, please indicate the program(s) from which you (or your dependent or member of your household) receives benefits. Check all that apply.	
<input type="checkbox"/> Medicaid <input type="checkbox"/> Supplemental Nutritional Assistance Program (SNAP) <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Federal Public Housing Assistance (Section 8)	<input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> National School Lunch / Free Lunch Program (NSL)
<input type="checkbox"/> I do not receive benefits, but my dependent or a member of my household does receive benefits from a program checked above. Full name of dependent or household member receiving benefits _____	

23  My household income is at or below the amount listed below for my state.  
 If checked, number of people in my household: \_\_\_\_\_

**2015 Poverty Guidelines for the 48 Contiguous States  
 and the District of Columbia**  
*Effective: January 22, 2015*

Household Size	South Carolina
1	\$11,770
2	\$15,930
3	\$20,090
4	\$24,250
5	\$28,410
6	\$32,570
7	\$36,730
8	\$40,890

*For families/households with more than 8 persons,  
 add \$4,160 for each additional person.*

Source: <https://www.federalregister.gov/articles/2015/01/22/2015-01120/annual-update-of-the-hhs-poverty-guidelines#t-1>

**Section 4: Notification Obligations**

You have obligations if you receive Lifeline Program benefits. You must initial the statements below to acknowledge you understand your obligations:

- 24  I will notify my service provider within 30 days if I (or my dependent or household member) no longer participate(s) in the federal/state programs identified in my application or if my household income exceeds 135% of the Federal Poverty Guidelines.
- 25  I will notify my service provider within 30 days if I or my household begins to receive more than one Lifeline Program benefit.
- 26  I will notify my service provider within 30 days if I no longer qualify for Lifeline Program benefits for any reason.
- 27  I will notify my service provider of my new address within 30 days of moving.
- 28  I understand these notification obligations and that I may be subject to penalties if I fail to provide this notice.

**Section 5: Certifications**

You must certify the following statements. You must read and initial all certifications.

- 29  I hereby certify under penalty of perjury that I (or my dependent or other member of my household) currently receive(s) benefits from the federal/state program(s) identified above or my annual household income is at or below 135% of the Federal Poverty Guidelines (or the amount that applies to my state as indicated in the chart above).
- 30  I hereby certify under penalty of perjury that I acknowledge that my household can only receive one Lifeline Program benefit and to the best of my knowledge my household is not receiving more than one Lifeline Program benefit from either a home phone or wireless service provider.
- 31  I hereby certify under penalty of perjury that I agree not to transfer my Lifeline Program benefits to another person.
- 32  I hereby certify under penalty of perjury that I acknowledge that I may be required to recertify my continued eligibility at any time and failure to recertify my eligibility for the Lifeline Program as required will result in my removal from the Lifeline Program.
- 33  I hereby certify under penalty of perjury that I agree that my service provider may transmit to the Administrator of the National Lifeline Accountability Database my full name, my full residential address, my date of birth, the last four digits of my Social Security Number, my Tribal Identification Number (if I am a member of a Tribal nation), the telephone number to be associated with the Lifeline Program benefit, the date on which the Lifeline Program service began, the date on which the Lifeline Program benefit ended, the amount of support sought by my service provider, and the means through which I qualify for the Lifeline Program benefit. I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program. I also understand that if I refuse to have this information transmitted to the Administrator, I will be denied Lifeline Program benefits.
- 34  I hereby certify under penalty of perjury that my service provider may continue to monitor my participation in the identified federal/state program(s) for continued eligibility for Lifeline Program benefits.
- 35  I hereby certify under penalty of perjury that I agree to allow my service provider to exchange any necessary information with the appropriate state or federal agency to verify my eligibility to participate in the Lifeline Program.
- 36  I hereby certify under penalty of perjury that all of my responses and acknowledgements provided on this application are true and correct to the best of my knowledge.
- 37  I hereby certify under penalty of perjury that I acknowledge that willingly making false statements or providing false or fraudulent information to obtain Lifeline Program benefits is punishable by law and can result in fines, imprisonment, de-enrollment, or being barred from the program.

38 **Signature (required):**

39 **Date (required):**

40 **Printed Name (required):**

### Application for Lifeline

- Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program
- Only one Lifeline service is available per household
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses
- A household is not permitted to receive Lifeline benefits from multiple providers
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's (or "FCC") rules and will result in the subscriber's de-enrollment from the program
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

### How to apply: four steps

1. Choose whether you will apply because you participate in a qualifying program or because your total household income falls within the guidelines.
2. Fill out the attached form. You must indicate your service address as well as your billing address (if not the same as your service address), as well as the last four digits of your SSN, your date of birth.
3. You must provide photocopies of either the program or income documents. These documents will be examined by TruVista to determine if they provide sufficient proof of eligibility. The documents will not be returned to you and will be destroyed once that examination is completed.
4. You must sign the bottom of the application indicating that you are complying with the Lifeline benefit rules.

### Qualifying Methods

You may qualify for Lifeline either because you participate in one of the following programs or because your income is within the following guidelines. **NOTE: You may receive Social Security and Medicare benefits, but to qualify for Lifeline, you must receive benefits from one of the following programs or your income must fall within the guidelines.**

You **MUST** provide photocopies of any qualifying documentation. **NOTE: PROVIDE PHOTOCOPIES ONLY; WE WILL NOT RETURN ANY DOCUMENTATION.**

#### Program Eligibility

- Supplemental Nutrition Assistance Program (SNAP)
- Federal Public Housing Assistance (Section 8)
- Medicaid
- Supplemental Security Income (SSI)
- National School Lunch (NSL) free lunch program
- Low Income Home Energy Assistance Program (HEAP)
- Temporary Assistance for Needy Families (TANF)

Documentation includes a photocopy of a card or an award letter.

#### Income Eligibility

You may qualify to receive Lifeline if your household income does not exceed 135% of the Federal Poverty Guidelines. The 2014 Federal Poverty Guidelines are shown on the following page.

**REDACTED – FOR PUBLIC INSPECTION**

**ATTACHMENT - LINE 3010**

**ATTACHMENT REDACTED IN ENTIRETY**