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**CONFIRMATION**

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**Congratulations. Your filing has been successfully certified.**

Filing 1 was successfully certified on Tue 12 Apr 16 12:11:10 PM EDT by nekretchmar@ptci.com .

SAC : 439013

498 ID : 143012168

Carrier Name : CELLULAR NETWORK PARTNERSHIP

Program Year : 2017

A confirmation email will be sent to the email address on record for your user ID. Please email USAC at [HCCERTS@USAC.ORG](mailto:HCCERTS@USAC.ORG) if you do not receive this email within 24 hours.

Please take this quick survey and give us your thoughts! Your feedback will help improve the filing process. [Take Survey](#)

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**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code	439013
<015> Study Area Name	CELLULAR NETWORK PARTNERSHIP
<020> Program Year	2017
<030> Contact Name: Person USAC should contact with questions about this data	Nick Kretchmar
<035> Contact Telephone Number: Number of the person identified in data line <030>	4053750180 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	nekretchmar@ptci.com
Form Type	54.313 and 54.422

<b>(100) Service Quality Improvement Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	439013
<015>	Study Area Name	CELLULAR NETWORK PARTNERSHIP
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Nick Kretchmar
<035>	Contact Telephone Number - Number of person identified in data line <030>	4053790180 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	nekretchmar@ptcl.com

<110> Has your company received its ETC certification from the FCC? (yes / no)

If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? (yes / no)

If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets	<input type="text"/>
<114> Report how much universal service (USF) support was received	<input type="text"/>
<115> How much (USF) was used to improve service quality and how support was used to improve service quality	<input type="text"/>
<116> How much (USF) was used to improve service coverage and how support was used to improve service coverage	<input type="text"/>
<117> How much (USF) was used to improve service capacity and how support was used to improve service capacity	<input type="text"/>
<118> Provide an explanation of network improvement targets not met in the prior calendar year.	<input type="text"/>



**(300) Unfulfilled Service Request  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code	439013
<015> Study Area Name	CELLULAR NETWORK PARTNERSHIP
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Nick Kretchmar
<035> Contact Telephone Number - Number of person identified in data line <030>	4053750180 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	nekretchmar@ptci.com

<300> Unfulfilled service request (voice)

<310> Detail on attempts (voice)

\_\_\_\_\_  
Name of Attached Document

<320> Unfulfilled service request (broadband)

<330> Detail on attempts (broadband)

\_\_\_\_\_  
Name of Attached Document

<010>	Study Area Code	439013
<015>	Study Area Name	CELLULAR NETWORK PARTNERSHIP
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	NICK KRECHWAK
<035>	Contact Telephone Number - Number of person identified in data line <030>	4087750190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	nick.krechwak@fcc.gov
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only mobile voice
<410>	Complaints per 1000 customers for fixed voice	
<420>	Complaints per 1000 customers for mobile voice	0.0
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<440>	Complaints per 1000 customers for fixed broadband	
<450>	Complaints per 1000 customers for mobile broadband	

**(500) Compliance With Service Quality Standards and Consumer Protection Rules  
Data Collection Form**FCC Form 481  
OMB Control No. 3060-0866/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	439013
<015>	Study Area Name	CELLULAR NETWORK IMPROVEMENT
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Nick Zrechner
<035>	Contact Telephone Number - Number of person identified in data line <030>	4053750180 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	nzrechner@ptcl.com
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	439013ok510.pdf

**(600) Functionality in Emergency Situations  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code	435033
<015> Study Area Name	CELLOSAR NETWORK PARTNERSHIP
<020> Program Year	2011
<030> Contact Name - Person USAC should contact regarding this data	MIKE SCHUCHMAN
<035> Contact Telephone Number - Number of person identified in data line <030>	4087700140 KRS
<039> Contact Email Address - Email Address of person identified in data line <030>	mkschuch@ptol.com
<600> Certify compliance regarding ability to function in emergency situations	Yes
<610> Descriptive document for Functionality in Emergency Situations	439013ok610.pdf







**(900) Tribal Lands Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code	439013
<015> Study Area Name	CELLULAR NETWORK PARTNERSHIP
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Nick Kretchmar
<035> Contact Telephone Number - Number of person identified in data line <030>	4053750180 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	nekretchmar@ptci.com

<900> Does the filing entity offer tribal land services? (Y/N) No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

**(1000) Voice and Broadband Service Rate Comparability  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	439013
<015>	Study Area Name	CELLULAR NETWORK PARTNERSHIP
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Nick Kretchmar
<035>	Contact Telephone Number - Number of person identified in data line <030>	4053750180 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	nekretchmar@ptci.com

<1000> Voice services rate comparability certification Not Applicable

<1010> Attach detailed description for voice services rate comparability compliance

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Name of Attached Document

<1020> Broadband comparability certification

<1030> Attach detailed description for broadband comparability compliance

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Name of Attached Document

**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	439013
<015>	Study Area Name	CELLULAR NETWORK PARTNERSHIP
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Nick Kretchmar
<035>	Contact Telephone Number - Number of person identified in data line <030>	4052750180 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	nekretchmar@ptci.com

<1100> Certify whether terrestrial backhaul options exist (Y/N)

Yes

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

**(1200) Terms and Condition for Lifeline Customers  
Lifeline  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code	439013
<015> Study Area Name	CELLULAR NETWORK PARTNERSHIP
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Nick Kretchmar
<035> Contact Telephone Number - Number of person identified in data line <030>	4053750180 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	nekretchmar@ptci.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans



Name of Attached Document

<1220> Link to Public Website

HTTP [www.wirelesspioneer.com](http://www.wirelesspioneer.com)

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,
- <1222> Details on the number of minutes provided as part of the plan,
- <1223> Additional charges for toll calls, and rates for each such plan.

<010>	Study Area Code	439013
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<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Nick Kretchmar
<035>	Contact Telephone Number - Number of person identified in data line <030>	4053750180 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	nekretchmar@ptcl.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

- |         |   |   |   |
|---------|---|---|---|
| <2010>  | 2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the July 1 2016 certification, this applies to Round 2 recipients of Incremental Support  | <input style="width: 100%; height: 20px;" type="text"/> |   |
| <2011>  | 3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1 2016 certification, this applies to Round 1 recipients of Incremental Support   | <input style="width: 100%; height: 20px;" type="text"/> |   |
| <2022>  | Recipient certifies, representing year two after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only. | <input style="width: 100%; height: 20px;" type="text"/> |   |
| <2023>  | The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year two - 54.313(b)(2)(ii). Round 2 recipients only.   | <input style="width: 100%; height: 20px;" type="text"/> |   |
| <2024A> | Round 2 Recipient of Incremental Support?   | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 60px;" type="text"/> |
| <2024B> | Attach list of census blocks indicating where funding was spent in year two - 54.313(b)(2)(ii). Round 2 recipients only.  | <input style="width: 100%; height: 20px;" type="text"/> | Name of Attached Document Listing Required Information  |
| <2025A> | Round 1 or Round 2 Recipient of Incremental Support?  | <input style="width: 100%; height: 20px;" type="text"/> |   |
| <2025B> | Attach geocoded Information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-   | <input style="width: 100%; height: 20px;" type="text"/> | Name of Attached Document Listing Required Information  |
| <2015>  | 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)  | <input style="width: 100%; height: 20px;" type="text"/> |   |

**(2000) Price Cap Carrier Additional Documentation (Continued)**

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

<2016> Certification support used to build broadband

**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

<2017A> Connect America Fund Phase II recipient?

<2017B> Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price

Name of Attached Document Listing Required Information

<2018> cap carrier used for capital expenditures in 2015. Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)

Name of Attached Document Listing Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)

<2020> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)

<2021> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)

<2026> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)

<2027> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)

<010>	Study Area Code	439013
<015>	Study Area Name	CELLULAR NETWORK PARTNERSHIP
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<039>	Contact Email Address - Email Address of person identified in data line <030>	nekretchmar@ptci.com

Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009) Progress Report on 5 Year Plan  
Carrier certifies to 54.313(f)(1)(iii)

(3010A) Milestone Certification {47 CFR § 54.313(f)(1)(i)}

(3010B) Please Provide Attachment  
Name of Attached Document Listing Required Information

(3012A) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

(3012B) Please Provide Attachment  
Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) (Yes/No)

(3014) If yes, does your company file the RUS annual report (Yes/No)

Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation  
Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited? (Yes/No)

If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3020)

(3021) Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information  
Name of Attached Document Listing Required Information

(3005) Rate Of Return Carrier Additional Documentation (Continued)

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	439013
<015> Study Area Name	CELLULAR NETWORK PARTNERSHIP
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Nick Kretchmar
<035> Contact Telephone Number - Number of person identified in data line <030>	4053750180 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	nickkretchmar@ptci.com

**Financial Data Summary**

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

Name of Attached Document Listing Required Information

<010>	Study Area Code	439011
<015>	Study Area Name	CELLULAR NETWORK PARTNERSHIP
<020>	Program Year	2013
<030>	Contact Name - Person USAC should contact regarding this data	Nick Kretzmar
<035>	Contact Telephone Number - Number of person identified in data line <030>	4852750180 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	nikkretzmar@picd.com

**4005 Rural Broadband Experiment**

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

**Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)**

Please address Line 4001 regarding compliance with the Commission’s public interest obligations. All RBE participants must provide a response to Line 4001.

**4001.** Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

**Community Anchor Institutions – FCC 14-98 (paragraph 79)**

**4003a.** RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

**4003b.** Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year. Name of Attached Document Listing Required Information \_\_\_\_\_

**Broadband Deployment Locations – FCC 14-98 (paragraph 80)**

**4004a.** Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481. Name of Attached Document Listing Required Information \_\_\_\_\_

**4004b.** Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area. Name of Attached Document Listing Required Information \_\_\_\_\_

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	439013
<015> Study Area Name	CELLULAR NETWORK PARTNERSHIP
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Nick Kretchmar
<035> Contact Telephone Number - Number of person identified in data line <030>	4053750180 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	nekretchmar@ptci.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	CELLULAR NETWORK PARTNERSHIP
Signature of Authorized Officer:	CERTIFIED ONLINE <span style="float: right;">Date 06/07/2016</span>
Printed name of Authorized Officer:	Nick Kretchmar
Title or position of Authorized Officer:	Division Manager-Regulatory
Telephone number of Authorized Officer:	4053750180 ext.
Study Area Code of Reporting Carrier:	439013 <span style="float: right;">Filing Due Date for this form: 07/01/2016</span>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<b>Certification - Agent / Carrier Data Collection Form</b>		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	439013	
<015> Study Area Name	CELLULAR NETWORK PARTNERSHIP	
<020> Program Year	2017	
<030> Contact Name - Person USAC should contact regarding this data	Rick Kretchmar	
<035> Contact Telephone Number - Number of person identified in data line <030>	4053750180 ext.	
<039> Contact Email Address - Email Address of person identified in data line <030>	nekretchmar@ptcl.com	

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments





**Line 510 – Compliance with Service Quality Standards and  
Consumer Protection**

Company hereby certifies that it has reviewed its service quality and consumer protection practices, which it follows in connection with its provision of voice and broadband services, and that these practices ensure that Company:

- (1) Discloses rates and terms of its voice and broadband services to customers.
- (2) Makes available maps showing where voice and broadband services are generally available.
- (3) Provides contract terms to customers and confirms changes in voice or broadband service.
- (4) Allows a trial period for new voice or broadband service.
- (5) Provides specific disclosures in advertising.
- (6) Separately identifies carrier charges from taxes on billing statements.
- (7) Provides customers the right to terminate voice or broadband service for changes to contract terms.
- (8) Provides ready access to customer service.
- (9) Promptly responds to consumer inquiries and complaints received from government agencies.
- (10) Abides by policies for protection of consumer privacy.
- (11) Provides consumers with free notifications for voice, data and messaging usage, and international roaming.

- (12) Abides by standards regarding the ability of customers, former customers, and individual owners of eligible devices to unlock phones and tablets that are locked by or at the direction of Company.

These service quality and consumer protection practice categories are the same as those included in the CTIA–The Wireless Association® (“CTIA”) Consumer Code for Wireless Service (“CTIA Code” or “Code”) as currently in effect.

## **Line 610 – Functionality in Emergency Situations**

Section 54.202(a)(2) of the Commission’s Rules requires that each eligible telecommunications carrier (“ETC”) must “demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.”<sup>1</sup> Section 54.313(a)(6) requires ETCs to certify that they are “able to function in emergency situations as set forth in §54.202(a)(2)”<sup>2</sup> in connection with their provision of voice and broadband services.

Company (Cellular Network Partnership) hereby certifies that it is able to function in emergency situations as set forth in Section 54.202(a) in connection with its provision of voice and broadband services.

Company uses a Generac generator to back up its entire core network. In addition, Company has battery back-up at all cell sites, and mobile generators that it can move to cell sites as needed. Company leases virtually all of its backhaul circuits, and most of these circuits are backed up by the underlying carrier. In the event of an outage of a backhaul facility without back-up power, Company typically has other cell sites that can provide coverage.

Company has multiple trunk groups to different carriers, enabling it to re-route traffic around damaged facilities. In addition, Company has extra capacity in its core network, and actively monitors traffic reports to determine if re-routing is required. Company is also able to prioritize 911 and other emergency calls.

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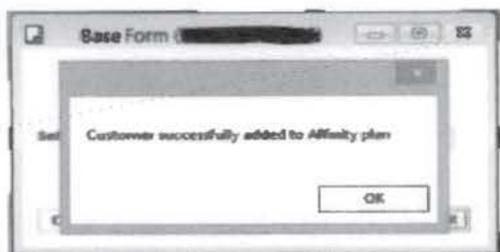
<sup>1</sup> 47 C.F.R. § 54.202(a).

<sup>2</sup> 47 C.F.R. § 54.313(a)(6).

These facilities and capabilities ensure that (1) a reasonable amount of back-up power will be available to ensure functionality without an external power source; (2) Company will be able to reroute traffic around damaged facilities; and (3) Company will be capable of managing spikes in traffic resulting from emergency situations.

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- You will receive a notification informing you whether or not the customer was successfully added to the plan. Press 'OK'.



- Make sure you make remarks in the Customer's Account

Send an email to flexihelp if you encounter problems

### VII. Lifeline Plan Revised August 13, 2015

Lifeline accounts will continue with the same procedures as before with the same lifeline plans available and subsidy of phones. Nothing will change for lifeline accounts as a result of the new Your Choice plan implementation unless a customer chooses to move to a regular consumer plan. In that case, the lifeline customer may opt for a different device, similar to today. At that point, a lifeline customer may enter into an installment agreement as long as they choose a Your Choice consumer plan. Be sure to check the lifeline credit amounts if the customer subscribes to a consumer plan. The total lifeline credits applied should not create an overall credit for the account. The lifeline customer should pay at a minimum of \$1 for the service.

#### A. Definition

There are two Lifeline programs - Tribal (sometimes referred to as "Enhanced") and Non-Tribal (sometimes referred to as "regular"). These two programs are telecommunications assistance programs designed to make telephone service available, at reduced rates, to **eligible** residential customers. The cellular service must be in the name of the person who qualifies for the assistance. The amount of discount is based on whether or not they live on Tribal Lands. Lifeline customers are not billed the Federal Universal Service Charge.

#### B. Tribal Lands

- There are certain counties in Oklahoma that are not classified as tribal lands. Those counties are: Beaver, part of Beckham (see Form 556), Cimarron, Greer, Harmon, Jackson, and Texas.
- All other counties in the state are classified as tribal lands.

#### C. Who Qualifies

- The discounted service will be provided for one cellular device line at the customer's principal place of residence (If the customer, or someone at

### RATE PLANS

their residence, has Lifeline on their cellular phone they cannot have landline Lifeline service). A separate line installed in the residence by another person **CANNOT** also be Lifeline. Remember, these discounts should not affect any additional features the customer has, other than Toll Denial.

2. Individuals in the Gould and Hollis exchanges, and the Greer County portion of the Carter exchange, who meet the certification criteria, are eligible for the Lifeline Program for non-Tribal Land. (See form 556 to make sure customer resides in non-tribal area.) See below for the certification procedures. Use Form 553 CNP Non-Tribal.
3. Individuals who live on tribal lands who meet the certification criteria, are eligible for the Lifeline Program for tribal land (this is also known as the Enhanced Lifeline Program). See below for the certification procedures. Use Form 552 CNP Tribal.

#### D. Restrictions

1. Lifeline customers cannot be accepted as a guarantor for someone else's account.
2. **Customers cannot receive Lifeline on both a landline and a cellular device.** They must choose which one they want the credit on.
3. The applicant cannot be a dependent as defined by the Federal Income Tax Code, under the age of 60. When filing jointly, a spouse is not a dependent.

#### E. Certification Criteria (See Pioneer Form 555 PTC/CNP for additional information.)

1. Supplemental Nutrition Assistance Program (SNAP), formerly known as Food Stamps; or,
2. Temporary Assistance for Needy Families (TANF); or,
3. Supplemental Security Income (SSI) – different than Social Security; or,
4. Medical Assistance (Medicaid or SoonerCare) – different than Medicare; or,
5. Vocational Rehabilitation (including aid to the hearing impaired; or,
6. Oklahoma Sales Tax Relief (they must have filed Form 538-S with the Oklahoma Tax Commission, which allows them to receive a sales tax credit based on income criteria.); or,
7. Federal Public Housing; or,
8. Low Income Energy Assistance Program; or,
9. Food Distribution Program on Indian Reservations (FDPIR); or,
10. Bureau of Indian Affairs General Assistance; or,
11. Tribally administered Temporary Assistance for Needy Families (TTANF); or,
12. Head Start Programs (only applicant or customer who satisfies the income qualifying eligibility provision); or,

### RATE PLANS

13. National School Lunch Program (only applicant or customer who satisfies the income standard of the program for free meals); or,
14. Income at or less than 135% of Federal poverty level – Oklahoma
15. Income at or less than 150% of Federal poverty level – Kansas

#### F. Certification Form and Verification

1. There are two certification forms. Form 552 CNP for Tribal and Form 553 CNP for Non-Tribal. Use only one form for each applicant based upon whether they are on Tribal or Non-Tribal Land. This form certifies eligibility for Lifeline. Be sure to write on the form which document you have viewed to verify eligibility. All forms should be scanned to your Bill Clerk. Be sure you are using the most recent version of the form. **Do not scan documents that were viewed to prove eligibility – These cannot be saved on Alchemy.**
2. A CSR must be certain that all information is correct. It is important that the telephone number and last 4 digits of the social security number are shown and the document used to verify eligibility is noted on the form. Check the Master Screen and if the social security number is not there, please add it. If it does not match. Then make any corrections needed.
3. Be sure the form is dated. Remember the telephone number must be in the name of the person who qualifies for the assistance. The member must be the one who signs the form, unless they have a Power of Attorney, then the POA can fill out and sign the Lifeline Form (i.e. Jane Doe, by John Doe, POA). Be sure to keep a copy of the POA, for entry on Alchemy. A POA ceases and is no longer in effect after the death of the person for whom the POA was named.
4. We are never to make a copies of documents like driver's license, SS Card, etc., please look at the document note on the form which document you have viewed to verify that the subscriber is eligible for Lifeline. Be very specific in your notes, i.e.... Viewed valid unexpired Driver's license to verify subscriber address.
5. A CSR must also verify the subscriber information with the National Lifeline Accountability Database (NLAD) by using the NLAD Subscriber Verify Program. The FCC created the National Lifeline Accountability Database (NLAD) to ensure that the Lifeline Program rules are followed, and Lifeline benefits are appropriately administered. The Lifeline Program rules state that a qualifying participant is only allowed to have one Lifeline telephone or cellular service, and only one Lifeline service is allowed per household.
6. How to use Subscriber Verify
  - a) When to do a Subscriber Verify? The subscriber will not be enrolled at this time into NLAD, even if the record passes all validations and business rules. This is used to verify information only.
    - All New Lifeline Subscribers.

### RATE PLANS

- When a subscriber moves to a new address.
  - If a subscriber has been deEnrolled and is wanting to enroll again.
- b) Where is the Subscriber Verify located?
- a. FlexiBill, Reports, Cashier Reports, NLAD Verify Subscriber.
- c) How to use Subscriber Verify.
- These fields are mandatory: First name, Last name, and Physical address, DOB, Last4SSN, SAC, Transaction Type, Transaction Effective Date, Qualifying Program and any Flags that are applicable. (Phone number and Service Initialization Date are optional). If the phone number is included it also will be checked by NLAD.
  - This program queries the NLAD database for the Subscriber Information entered.
- d) Mandatory Fields
- All fields in red are mandatory.
  - This program queries the NLAD database for the Subscribers information entered.
  - There is a drop down with the list of different documents that can be viewed to confirm identity.
  - Possible Messages: Eligible – Then continue with a Lifeline paperwork and service order.
  - Duplicate Subscriber – Do not enroll at this time.
  - Duplicate Address – IEH Form may need filled out. FORM 554.
  - Malformed Document – email Flexihelp on this error.
  - Tcodes – More documents that may need to be manually viewed and reviewed before the customer is Verified through NLAD.

The screenshot shows a web browser window titled "NLAD SUBSCRIBER VERIFY". The form contains several sections:

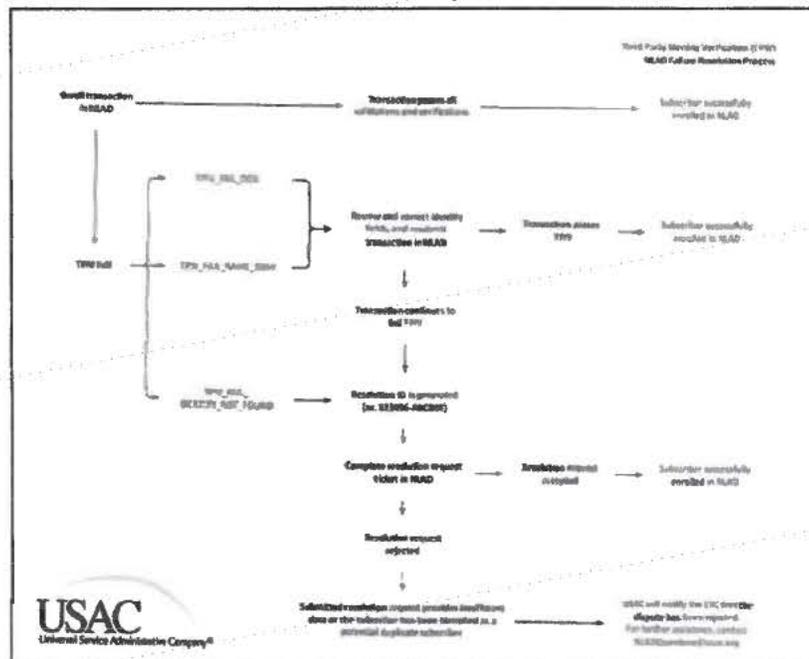
- Subscriber Information:** Includes fields for Last4 of SSN or ID#, DOB, and Transaction Type. There are also fields for Telephone, Cell, and Cell.
- Physical Address:** Includes fields for Address1, Address2, City, State, and Zip.
- TPN Resolution Documents and TCodes:** Includes a dropdown menu for TCodes.

At the bottom right of the form, there are buttons for "Verify" and "Close".

### RATE PLANS

e) TPIV

- Third Party Identify Verification (TPIV)
- NLAD Failure Resolution Process
- No matter what the TPIV failure message is we have to view multiple documents with the DOB, Full name and SSN and document all of this to override the resolution dispute.
- Make clear remarks of what you viewed. Put in Connections Remarks.
- Email your Bill Clerk after you do your Service Order.
- We need to get the TPIV error resolved ASAP.
- Do not let the customer leave with equipment until you hear back from your bill clerk that the error has been resolved. Get a contact number or have the customer check back with your office.



Error Code	Description	What needs to be confirmed in order to submit a dispute resolution request?
TPIV_FAIL_IDENTITY_NO_T_FOUND	The subscriber's identity could not be found.	Confirm all subscriber identity information: the first and last name, date of birth, and last four digits of SSN or T-ID
TPIV_FAIL_NAME_SSN4	The subscriber's full name and/or SSN4 could not be validated.	Confirm all subscriber identity information: the first and last name, date of birth, and last four digits of SSN or T-ID
TPIV_FAIL_DOB	The subscriber's date of birth could not be validated.	Confirm all subscriber identity information: the first and last name, date of birth, and last four digits of SSN or T-ID

### RATE PLANS

Code	Comment	DOB	SSN4	Verification
T1	TPIV_FAIL_DOB, TPIV_FAIL	x		Reviewed unexpired driver's license to confirm identity
T2	TPIV_FAIL_DOB, TPIV_FAIL	x		Reviewed birth certificate to confirm identity
T3	TPIV_FAIL, TPIV_FAIL_NAM E_SSN4		x	Reviewed W-2 to confirm identity
T4	TPIV_FAIL, TPIV_FAIL_NAM E_SSN4		x	Reviewed prior year's state, federal or Tribal tax return to confirm identity
T5	TPIV_FAIL, TPIV_FAIL_NAM E_SSN4		x	Reviewed Social Security card or SSA-1099 (Social Security Benefit Statement) to confirm identity
T6	TPIV_FAIL_DOB, TPIV_FAIL	x		Reviewed Certificate of Naturalization or Certificate of U.S. Citizenship to confirm identity
T7	TPIV_FAIL_DOB, TPIV_FAIL	x		Reviewed unexpired Permanent Resident Card or unexpired Permanent Resident Alien Card to confirm identity
T8	TPIV_FAIL_DOB, TPIV_FAIL, TPIV_FAIL,TPIV_FAIL_NAME_SSN 4	x	x	Reviewed unexpired United States government, military, state, or Tribal issued ID, which includes date of birth and/or Social Security Number and/or Tribal ID, to confirm identity
T10	TPIV_FAIL_DOB, TPIV_FAIL	x		Reviewed unexpired passport to confirm identity
T12	TPIV_FAIL_DOB, TPIV_FAIL, TPIV_FAIL,TPIV_FAIL_NAME_SSN 4	x	x	Reviewed military discharge documentation which includes date of birth and/or Social Security Number and/or Tribal ID to confirm identity
T13	TPIV_FAIL_DOB, TPIV_FAIL, TPIV_FAIL,TPIV_FAIL_NAME_SSN 4	x	x	Reviewed unexpired weapons permit which includes date of birth and/or Social Security Number to confirm identity
T14	TPIV_FAIL_DOB, TPIV_FAIL, TPIV_FAIL,TPIV_FAIL_NAME_SSN 4	x	x	Reviewed government assistance program document which includes date of birth and/or Social Security Number and/or Tribal ID to confirm identity
T15	TPIV_FAIL_DOB, TPIV_FAIL, TPIV_FAIL,TPIV_FAIL_NAME_SSN 4	x	x	Reviewed statement of benefits from a qualifying program which includes date of birth and/or Social Security Number and/or Tribal ID to confirm identity
T16	TPIV_FAIL_DOB, TPIV_FAIL, TPIV_FAIL,TPIV_FAIL_NAME_SSN 4	x	x	Reviewed an unemployment/workers' compensation statement of benefits which includes date of birth and/or Social Security Number and/or Tribal ID to confirm identity

- On the service order the NLAD form no longer has to be verified, since you have already done the Subscriber Verify.
- There is a drop down list with the resolution TCodes. This is so that we can capture the TCode and the document viewed to verify TPIV.
- Make good remarks of what you have verified.

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The screenshot shows a 'Data Form' window with the following fields and values:

- Subscriber:** Last Name: [redacted], Phone No: 805-326-43, Billing Address: 412 N 20th St, First Name: CLAYTON, Last Name: 2881, Billing Address: [redacted], Address: 805 3261225 12th, Billing City: CLAYTON, Billing State: OK, Billing Zip: 73901-3202
- Billing Info:** SAC: 428001, Transaction Type: Enroll, Transaction Date: 05/26/2015 02:04:28 PM, Tribal ID: [redacted], ERI Flag: , ERI Certification Date: 05/26/2014 12:00:00 A, ERI Recertification Date: NULL, ACP Flag: , LL Tribal Benefit Flag: , Linkup Service Info: NULL, Qualifying Program: 12, NLAD Phone No: 805-326-4320, Service Recertification Info: NULL, Service Initiation Info: 05/26/2015 12:00:00 PM
- Physical Address:** Address: 412 N 20th St, City: CLAYTON, State: OK, Zip: 73901-3202, Tribal Verification: 71, 73, 1PW Flag: , Tribal Flag: , Rural Flag: , Temporary Address Flag:
- Deceased Qualifying Person (pup) Should never be the same as Subscriber:** pupLast Name: [redacted], pupFirst Name: [redacted], pupMiddle Name: [redacted], pupLast Name: NULL, pupFirst Name: [redacted], pupMiddle Name: [redacted], pupLast Name: NULL

- f) There are 7 different Transaction Types for NLAD
- Enroll – New subscribers, re-enrolling after disconnect for non-pay or not recertifying
  - Transfers – from different provider
  - Update- Any information changed on their account. Tell the customer to let us know if they lose their Qualifying program or if it changes. Some customers will be honest.
  - deEnrollDeceased
  - deenrollLeaving – no longer eligible
  - deEnrollFailedRecertification – once a year they have to recertify
  - deEnrollNonUsage

- g) Forms  
Always choose the qualifying program, **FORM 555** – CNP/PTC Documents Needed to qualify for Lifeline, will show you what information you will need to gather from customers for the program they are enrolling in lifeline with.

They will need to bring in documentation from the qualifying program and also fill out:

- Form 552, CNP/PTC – OK Tribal Lifeline/Linkup Certification Form – Tribal **or**
- Form 553, CNP/PTC – OK NON- Tribal Lifeline/Linkup Certification Form – Non-Tribal
- For Kansas customers, they will then need to fill out Form 552, CNP/PTC – KS Lifeline Certification Form.

Those customer **recertifying with Multiple Households** will need to fill out the Household Worksheet Form 554 – CNP/PTC. These are customer that live in nursing homes, assisted living facilities, Center of Family Love, we have also

## RATE PLANS

noticed that if customers live in apartment complexes or trailer parks, you will need to have the customer fill out this form.

If a customer lives in some type of temporary housing, i.e. homeless shelter, women shelter, family shelter, etc., they must recertify every 3 months. Permanent address Flag needs to be set as T. (True)

Customers that have been verified through NLAD and it shows they have another service must fill out a Lifeline Benefit Transfer Form No. 586. This authorizes the benefit of lifeline credits to be transferred from their previous provider to Pioneer. Their previous provider must be either porting in or disconnected before applying with us.

If subscriber is already in NLAD and is in the 60 day window for transfers they will not be able to be transferred until the 60 days is up. We have 5 days to deEnroll the subscriber and will have to wait until the 60 days is up to Enroll subscriber.

Once all the appropriate forms are filled out, completed and verified you are ready to do your service order in Flexi.

Note: NLAD has notified us that any customers can use their current State ID, Driver's License, US Passport, or Tribal ID for verification purposes. We do need to have a form of ID when they apply for Lifeline. Also, if the subscriber would like a plan that requires us to run credit, then regular policies are to be used with that subscriber. We will need 2 forms of ID.

For TPIV Failure – Always get 2 forms of ID with SS# and DOB.

- h) Transferring from a different Lifeline or Linkup Provider.
- This is when a subscriber has been identified as a duplicate subscriber and they want to keep their service with Pioneer and not the other carrier. (Remember that benefit transfers can take up to 60 days)
  - A subscriber's Lifeline benefits can only be transferred if the subscriber is already enrolled in NLAD. When transferring a subscriber you must enter all of the subscriber's information.
  - You must have the subscriber fill out FORM 586 Benefit Transfer Form.

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The screenshot shows a 'Basic Form' for a subscriber. The form is divided into several sections:

- Subscriber:** Last Name: DOE, Phone No: 4023752711, Mailing Address1: 123 BAK DR, First Name: JOHN, Last Name: DOE, Mailing Address2: , Middle Name: , Mailing State: KS, Mailing Zip: 67102.
- Lifeline Info:** SAC: 432018, Transaction Type: Transfer, Transaction Date: 03/09/2015 09:00:22 AM, Title ID: , E911 Flag: F, E911 Certification Date: NULL, E911 Recertification Date: NULL, ACP Flag: F, US Tribal Benefit Flag: T, Linkup Service Date: NULL, Qualifying Program: 02, NLAD Phone No: 4023752711, Service Recertification Date: NULL, Service Initiation Date: 03/09/2015 09:00:22 AM.
- Physical Address:** Address1: 123 BAK DR, Address2: , City: KANSAS, State: KS, Zip: 67102, TPW Verification: TPW Flag: F, Title Flag: F, Home Flag: F, Temporary Address Flag: F.
- General Qualifying Person(s):** Should never be the same as Subscriber. Includes fields for legal\_name, legal\_firstname, legal\_lastname, legal\_middlename, legal\_title, and legalDOB.

Buttons for 'OK' and 'Cancel' are at the bottom right.

- i) Recertify
  - Once a year, every Lifeline customer must recertify. They will be notified by letter. It is mailed out the 1<sup>st</sup> day of the month before their recertification date. There are 3 types of letters. CNP/PTC Tribal, CNP/PTC Non-Tribal and CNP/PTC Kansas. It specifically states in bold letters on the top of the letter **Important Notice Concerning Your Lifeline Credits**. They have 30 days. They will need to bring in documentation from the qualifying program and also fill out Form 552, CNP/PTC – OK Tribal Lifeline/Linkup Certification Form – Tribal or Form 553, CNP/PTC – OK NON- Tribal Lifeline/Linkup Certification Form – Non-Tribal.
  - For Kansas customers, they will then need to fill out Form 552, CNP/PTC – KS Lifeline Certification Form.
- j) Recertifying with Multiple Households
  - Those customer recertifying with Multiple Households will need to fill out the Household Worksheet, Form 554 – CNP/PTC. These are customer that live in nursing homes, assisted living facilities, Center of Family Love, we have also noticed that if customers live in apartment complexes or trailer parks, you will need to have the customer fill out this form.
  - Also, customer that have come back with the possible message - Duplicate Address, will need to fill out this form.
- k) Lifeline customer when number changes
  - All number change policies are followed with either CNP or PTC. Continue with a Number Change Service Order and Flexi will prompt you and ask if the customer is a Lifeline customer. You will click Yes, and it will direct you to the NLAD screen. In the first box, change the phone number to the new number.

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- Change the transaction type to "Update".
  - In the second box, the old number will still be there, do NOT change it. It needs to stay for NLAD.
- l) Lifeline customer that is moving
- Lifeline customer's that need to do an address change will also need to update NLAD. First do a Subscriber Verify, then do a service order for address change, it will ask if this customer is a Lifeline customer, you will click yes and it will prompt you to the NLAD screen beside. Change the transaction type to "Update". If the mailing address and physical address are the same, the Rural Flag will be an "F". If it's a PO Box it will be a "T".
  - If they move to a different county, they will need to bring in a new benefit statement from that county, depending on the Qualifying Program, i.e. SNAP.
  - Note: When an existing customer changes their address, you must click verify, you may need the customer to fill out a Household Worksheet if an error pops up.
- m) We will notify our Cellular Lifeline Customers who need to recertify by sending both a voice message and text messages to continue uninterrupted service. We have two voice messages and text messages based upon the Cellular Plan the customer is on.
- Voice Message - Lifeline Plan – Safe and Secure with Lifeline Credit  
"Please be aware your lifeline cellular phone service will be disconnected in less than 2 weeks. Visit your local office to reapply for lifeline services prior to disconnection."
  - Voice Message - Lifeline Credits on any plan Except Safe & Secure  
"Please be aware your discounts for lifeline service will be removed in less than 2 weeks. Visit your local office to reapply for lifeline services."
  - Text Message - Lifeline Plan – Safe and Secure with Lifeline Credit  
"Your lifeline cellular phone service will be disconnected on MM/DD/YYYY. Visit your local office to reapply."
  - Text Message - Lifeline Credit on any plan Except Safe and Secure  
"Your lifeline discounts will be removed on MM/DD/YYYY. Visit your local office to reapply."
- G. Lifeline Plan - PSOC 101-105
- No Credit checks on basic lifeline plan
- Customers must purchase a feature phone (see list of phones) they will discount up to \$199.99 off the retail price
  - Incoming text is free. No Outgoing.
  - Basic Voicemail is free.
  - Unlimited Incoming Calls from any number regardless of the NPA;

**RATE PLANS**

- Unlimited Outgoing Calls: Unlimited within their area code. As well as 800, 888, 877, 866, 855,611, 911, 411, 211, & 000.
- No Commitment with the Lifeline Plan.
- No Promotions with the Lifeline Plan.
- Lifeline customers are not billed the Federal Universal Service Charge.
- Can add CUC at full price and all rules apply.
- Cannot add additional features with Basic Lifeline Plan accounts, such as, partners, Text - Outgoing, and Data.
- Outside Agents cannot sign customers up for the Lifeline Plan.
- Lifeline Service shall not be available on a retroactive basis.
- If the customer is qualifying for Lifeline due to their dependent receiving benefits under qualifying programs, they need to bring their dependent's full name, social security number, and date of birth.
- It is also required by the FCC that the customer's full name, residential address (Not a PO Box), date of birth, last four digits of their Social Security Number, and the cellular phone number associated with the Lifeline Program benefits will be entered in a Lifeline Accountability Database with the Government (NLAD).

Oklahoma/Kansas Lifeline is available in Pioneer Cellular's licensed service territory. The Basic Lifeline Plan is designed to provide eligible residential customers with a discounted basic local calling service. The customer can only have one Lifeline service. (telephone or cellular) If they choose cellular for their Lifeline service then they can only have one cellular phone on the Lifeline Plan per residence. The cellular representative should check the customer master to determine if they already have lifeline on a landline telephone.

Lifeline Plan - Toll is restricted, if they want toll the toll PSOC is 101-107 Toll allowed \$0.35 per minute, (credit check required, deposit, and subject to disconnection for non-pay).

Lifeline customers must re-qualify each year, you must enter an outdate of one year on all the PSOCs. (There is no tribal in Erick, Hollis, or Gould)

OK Lifeline		
101-103	Ok Federal Lifeline Credit	-\$9.25
101-104	Tribal Oklahoma Lifeline Credit (Add'l Federal)	-\$24.70
101-105	Basic Lifeline-No Outdate	\$34.95 <b>do not outdate this PSOC</b>
101-107	Lifeline Plan-with Toll	\$34.95
101-109	Linkup America – Tribal	-\$35.00

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Kansas Lifeline		
500-520	KS State Credit	-\$7.77
500-517	KS Fed Credit	-\$9.25
101-105	Basic Lifeline- NO TOLL No Outdate	\$34.95 <b>do not outdate this PSOC</b>
101-107	Lifeline Plan – with toll	\$34.95

- Kansas Lifeline Customer pays **\$17.93**, before taxes
- All of the State of Kansas is classified as Non-tribal land  
Make or receive calls on any Pioneer Cellular's licensed service territory within the state of Kansas, as long as the call is made to, or received from, the same area code (Kansas either 620 or 316. Not both)

#### **Oklahoma and Kansas Lifeline Customers Subscribing to Other Calling Plans**

Lifeline customers may subscribe to any cellular calling plan, other than Basic Lifeline, subject to the appropriate credit check and deposit; and they would be subject to disconnection for non-pay. As an example: Customers may subscribe to the Your Choice Plans and the Lifeline credits they are eligible to receive will be applied. They can add whatever features, or packages they want for example: Partners. Current quarterly promotion with Device Installment Plan (they do not receive the \$199.99 discount on device). Add PSIC **101-103**-\$9.25 Ok Federal Lifeline Credit **101-104** -\$24.70 Tribal Okla Lifeline Credit and also add one of the Your Choice plans.

***\*If customer is signing up on Your Basic Choice 500 Minutes or Your Choice Data Plans 2GB \$30.00 need to change the rate on 101-104 to - \$19.75.***

**They will be notified by letter, it is mailed out the 1<sup>st</sup> day of the month before their recertification date. The customer will have up to 30 days to recertify.**

#### H. Toll Restriction

1. Customers meeting the criteria for the Lifeline Plan should be advised they will be placed on Toll Restriction, unless they choose another plan. Add PSOC 101-107. Toll allowed \$0.35 per minute, (credit check required, deposit, and subject to disconnection for non-pay).
2. You will not do a credit check, and a deposit may be required.
3. We do not promote toll allowance; however, if the customer insists, they must be able to make toll calls, do not add PSOC 101-106. Instead enter PSOC 101-107 Lifeline Toll Allowed. If they later decide to add Toll Restriction, they will be required to pay the \$15.00 Service Order charge.

## RATE PLANS

4. When running your monthly cut-off /late notice report, see section 7, Reports. If lifeline customer is over 60 days, hotline customer and let Office Manager know.

### VIII. Link-Up America - (Oklahoma) - Tribal

#### A. Applicability

1. The Link-Up America Service Connection Program is a federally sponsored lifeline assistance program designed to make telephone service accessible to low-income residential households on tribal lands only.
2. Through the program, the service charge for activation of the Lifeline service, will be discounted \$35.00, one time.

#### B. Eligibility

Upon receipt of the applicant's Oklahoma Tribal Authorization and Certification form, and showing documentation establishing eligibility for the Lifeline Plan, the customer will automatically be provided the activation charge credit.

#### C. Tribal Link-Up Activation Charge

Leave the charge of activation fee on service order and add PSOC 101-109 Tribal Link Up Credit (Activation Charge) (1 time) \$35.00.