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December 31, 2012

Thomas J. Navin
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Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

Re: *Puerto Rico Telephone Company's Emergency Petition for Temporary Waiver of the Lifeline Recertification Deadline; Lifeline and Link Up Reform and Modernization, WC Docket 11-42; Lifeline and Link-Up, WC Docket No. 03-109; Federal-State Joint Board on Universal Service, CC Docket No. 96-45*

Dear Ms. Dortch:

On December 31, 2012, the Puerto Rico Telephone Company ("PRT") filed an Emergency Petition for Temporary Waiver of the Lifeline Recertification Deadline ("Petition") in the above-referenced proceedings seeking additional time to implement some of the Commission's recent Lifeline reforms. In response to questions from FCC Wireline Bureau Staff on Friday, December 28, 2012, PRT provides the following additional information. First, PRT attaches a copy of its new 2012 Lifeline certification form. *See Attached Form.* Second, PRT agrees that it will exclude reimbursement for the month of January 2013 for any customer not re-certified during the additional twenty (20)-day period. Specifically, PRT would exclude customers that fail to re-certify by January 20, 2012 from its January Form 497 Report to USAC and de-enroll those customers from the Lifeline program.

Thank you for your attention to this request, and please let me know if there are any additional questions.

Sincerely yours,

/s/ Tom Navin
Thomas J. Navin

cc: Kim Scardino
Jonathan Lechter

UNIVERSAL SERVICE PROGRAM

The Universal Service Programs ("Lifeline") provides discounts on monthly telephone bill for the rent of a single service, whether landline or mobile, to subscribers who meet the eligibility criteria for this benefit. Funds "Lifeline" come from the Federal Universal Service Fund (administered by USAC and the FCC) and Universal Service Fund of Puerto Rico (administered by Solix, Inc. and the Telecommunications Regulatory Board of Puerto Rico). User Eligibility for the subsidy is based on your participation on qualified assistance programs or based on income criteria established by the above mentioned agencies.

The Federal Program provides a subsidy of \$ 9.25 and the Local Program provides a subsidy of \$ 3.50, both applicable to the monthly basic rent. These combined programs offer a maximum credit of \$ 12.75, which can only be applied to the phone service for a single household.

The customer subscribed to this benefit may select the restriction to generate long distance calls at no extra cost. This selection will refund a credit of \$20 of the initial deposit of new orders.

The applicant will begin to enjoy the subsidy, once all required documents are submitted to and processed by CLARO. The customer will be notified in writing if the application is deemed ineligible. This determination may be reconsidered in accordance with the laws and / or regulations.

Any applicant, who provides false or misleading information in the application, may be penalized according to existing laws, and the grant will be suspended immediately.

ELIGIBILITY REQUIREMENTS FOR GRANT:

- a. The applicant must demonstrate that he has been qualified to receive help from any of the following assistance programs: Nutrition Assistance Program (NAP), Medical Assistance Program ("Medic Aid") Program Federal Housing Assistance (Section 8); Energy Assistance Program for Low Income, National School Full Lunch Program Temporary Assistance for Needy Families Program, or Supplemental Security Income. All applicants, except PAN beneficiaries who are automatic enrolled, must submit an official certification of the government agency that administers these programs.
- b. An applicant who does not participate in any of these assistance programs and who qualifies by income criteria, must certify annual income of all household members using the following methods: state or federal tax return, pay stubs of three consecutive months of the same year; statement of social security benefits; statement of Veterans Administration benefits; statement of pension or retirement benefits, statement of unemployment benefits or the State Insurance Fund, divorce decree or resolution of alimony. The applicant must certify in writing, under penalty of perjury, that the document reflects the accuracy of your household income.

ADDITIONAL REQUIREMENTS:

- Submit the Universal Service Application completed correctly and signed.
- The telephone number should be registered under the name of the participant of the assistance program.
- Provide a recent reliable and accurate statement of Utility bills (water, electric power, cable, satellite television, telephone) or any other which validates his residential physical address, in addition to his postal address.
- Provide birth certificate, passport or driver's license.
- The applicant must complete the form; "Form on Household Lifeline" only in those cases in which the same address within another household resides separately from the applicant and in which one member receives the subsidy "Lifeline". **For purposes of the grant, family unit is defined as an individual or group of individuals living together in the same address as a single economic unit and sharing income and expenses.**

RESPONSABILITIES OF THE BENEFICIARY OF LIFELINE:

- Notify CLARO, within 30 days if beneficiary no longer meets the criteria for "Lifeline."
- If the beneficiary is moving, he shall notify CLARO of his new physical address within 30 days of moving.
- If a temporary residential address has been provided, the applicant should notify CLARO of his new residential address within every 90 days.
- The grant is not transferable; the beneficiary cannot transfer their benefit to another customer.
- In the case of beneficiaries subscribed to a prepaid service from CLARO, it is required to use the service for a consecutive period of 60 days to maintain the subsidy.

GUIDELINES FOR COMPLETING THE APPLICATION OF UNIVERSAL SERVICE:

1. Mark only one service line where you want the benefit of the subsidy.
2. If existing customer, enter the telephone number or if you are a new customer indicate the number of the service order.
3. Enter the surname (last name).
4. Enter the second surname (last name). If you do not have a second surname (last name) you must present one of the following documents: (birth certificate, passport or driver's license).
5. Enter your first name.
6. Enter your second name (if applicable).
7. Enter your date of birth in the following order (month, day and year).
8. Enter your full social security number.
9. State two (2) reference telephone numbers where you can be reached.
10. Enter your postal address where you receive your invoice and correspondence.
11. Enter your home address (physical). Must demonstrate evidence presenting any of the following documents: water bill, electric power, cable or satellite television, telephone or any other statement containing the applicant's name and residential address evidencing permanent physical address.
12. Mark if your address of residence is permanent or temporary.
13. Mark if your address resides in more than one household. If there is an additional household in the same address; you must complete the "Form on Household Lifeline".
14. Indicate the number of people who live with you. This number does not include the applicant.
15. Mark if you are applying for benefits based on your income. Must submit evidence of the documents described in section (b) of the "ELIGIBILITY REQUIREMENTS FOR GRANT".
16. Mark if you are applying for the benefit as a participant of one (1) of the assistance programs listed in this box.
17. Indicate the social security number of each of the membership your household.
18. Indicate whether to restrict long distance service at no additional cost. However, the restriction does not apply to long-distance service packages ("bundles") that include long distance plans.
19. If you are a member of PAN, include your initials next to your selection for automatic enrollment in the Universal Service Program. If you choose option (b) to exclude from the automatic enrollment you must complete box 20.
20. If you are applying for one of the assistance programs grants, write your initials in option (a). If you are applying based on your income, write your initials next to option (b).
21. Read carefully the information regarding Warning, which indicates the commitment that you contract with the information, provided in each of the boxes and sign the application for the benefit.
22. Sign the application. Without the signature the application is invalid.
23. Indicate the date you are signing the application.

FOR ADDITIONAL INFORMATION ON THESE PROGRAMS YOU MAY CONTACT:

(787)- 774-3000

UNIVERSAL SERVICE - P.O. BOX 70234 / SAN JUAN, PR 00939-7234

(787)-782-0828 fax

E-mail: serviciouniversalprt@claropr.com



UNIVERSAL SERVICE APPLICATION

(1) Indicate which service you want the Subsidy: <input type="checkbox"/> Claro Fijo <input type="checkbox"/> Claro Móvil <input type="checkbox"/> Claro Pre Pago		(2) Existing Service: <input type="checkbox"/> New Service <input type="checkbox"/> Indicate telephone Number Indicate Order Number : () _____																	
(3) Last Name		(4) Mother's Maiden Name																	
(7) Date of Birth (MM-DD-YYYY)		(8) Social Security Number _____ - _____ - _____																	
(10) Postal Address: Urb. /Cond. Number Street		(5) Name (6) Middle Name																	
Town State Zip Code		(9) Include two reference numbers () ()																	
(11) Residential Address: Urb. /Cond./Bo. Number Street /Road		(13) In this address lives another family unit that receives subsidy? YES <input type="checkbox"/> No <input type="checkbox"/> If you mark "Yes" you should complete the "Form on Household Lifeline"																	
Town State Zip Code		(14) ¿ How many people compose your household? (Do not include applicant)																	
(12) Mark if your residential address is permanent or temporary: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		(15) Mark if your eligibility for the subsidy is based on income. YES <input type="checkbox"/> No <input type="checkbox"/> If "No", complete box 16.																	
(16) Mark the assistance program based on the one that qualifies you for the subsidy: <input type="checkbox"/> Nutrition Assistance Program (PAN) of the Family Department <input type="checkbox"/> Federal Housing Program (Section 8) of the Department of Housing. <input type="checkbox"/> Medical Assistance Program ("Medicaid") of the Department of Health. <input type="checkbox"/> Temporary Assistance Program for Needy Families ("TANF") of the Department of the Family.		<input type="checkbox"/> National School Lunch Program free of cost from the Education Department. <input type="checkbox"/> Energy Assistance Program Low Income Family Department. The Energy Assistance grant is <u>not</u> related to the programs of the Power Authority. <input type="checkbox"/> Supplemental Security Income.																	
(17) Indicate the Social Security number of each household member. (Except the applicant)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Name</td> <td style="width:35%;">Social Security Number</td> <td style="width:30%;">Name</td> <td style="width:35%;">Social Security Number</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		Name	Social Security Number	Name	Social Security Number												
Name	Social Security Number	Name	Social Security Number																
(18) Do you want to restrict long distance calls at no additional cost? Yes <input type="checkbox"/> No <input type="checkbox"/>																			
(19) AUTOMATIC SUBSCRIPTION PAN PARTICIPANTS (Mark only the one that applies) a. _____ I request subscription of the Universal Service Program through the automatic enrollment process. Under penalty of perjury and permanent ineligibility neither I nor any of my household residents receives the subsidy in another wireline, wireless telephone or any other technology. I agree to notify CLARO in the event to discontinue with my participation in PAN. b. _____ Request to be excluded from automatic enrollment of the Universal Service Program. (Complete Box 20).		(20) CERTIFICATION OF PROOF OF OTHER BENEFICIARY PROGRAMS OR INCOME (Mark only the one that applies) a. _____ I certify under penalty of perjury or permanent ineligibility, neither I nor any other member of my household receives a subsidy in another wireline, wireless telephone or any other technology. In addition, I agree to submit annual evidence of my participation in an assistance program and notify CLARO if I discontinue being a beneficiary of this program. b. _____ I certify under penalty of perjury or permanent ineligibility, neither I nor any other member of my household receives a subsidy in another wireline, wireless telephone or any other technology and the documentation presents here states the truth of my unit household income.																	
(21) WARNING: By signing this application you acknowledge and agree that "Lifeline" is a federal benefit and state that providing false information to obtain this benefit can result in fines, imprisonment or the cancellation of the subsidy "Lifeline". This application and all documents submitted for the qualification of the applicant may be requires by the Telecommunications Regulatory Board of Puerto Rico, the Federal Communications Commission and / or administrators of universal service funds. In addition, accept that the only subsidy available is "Lifeline" per household. A household may not receive subsidy "Lifeline" of more than one service provider. This benefit is not transferable to another person. Maybe required to re-certify eligibility at any time and failure to do so subsidizing "Lifeline" will be cancelled. CLARO will only process applications completed correctly and signed.																			
(22) Applicant's Signature		(23) Date																	
FOR INTERNAL USE OF CLARO																			
Control Code JRT	Exception Code, if applicable	Date of Subscripción	Termination Date																