

**MEMBER SERVICES TARIFF**

**LOCAL EXCHANGE SERVICE**

**I. GENERAL** (Continued)

**F. Lifeline Program** (Continued)

**5. Service Connection Charges**

a. Service connection charges do not apply to eligible customers with existing, qualifying service converting to the Lifeline Program.

b. Service connection charges do apply when:

i. Existing eligible customers request additional non-qualifying services at the time Lifeline Program reduced billing is initiated.

ii. New customers (those without existing local exchange access service) eligible for the Lifeline Program establish service.

iii. Customers make subsequent moves or changes after the initial connection to the Lifeline Program.

c. In instances where service connection charges apply, customers who qualify for the Lifeline Program and who also reside on Tribal Lands may be eligible for the Tribal Lands Link Up Program, to receive a reduction in the applicable service connection charges as provided in Section 5 of this tariff.

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**MEMBER SERVICES TARIFF**

**LOCAL EXCHANGE SERVICE**

**I. GENERAL** (Continued)

**F. Lifeline Program** (Continued)

**6. Lifeline Program Rate Reduction**

a. Implementation

The Cooperative shall provide reduced billing for all Lifeline Program eligible customers within its service area in accordance with Commission's Substantive Rules.

In instances where a customer inquires about participation in the Lifeline Program, the Cooperative shall provide contact information for LIDA.

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LOCAL EXCHANGE SERVICE

I. GENERAL (Continued)

F. Lifeline Program (Continued)

6. Lifeline Program Rate Reduction (Continued)

b. Amounts

The Cooperative shall apply Lifeline Program rate reductions, per eligible customer, as described below.

	Monthly Rate <u>Reduction</u>	T
1) Federal Lifeline support amount. The Cooperative shall grant qualifying low-income consumers support of \$10.00 per month or equal to the support amount as directed by the Federal Communications Commission in Chapter 47 of the Code of Federal Regulations § 54.403 regarding Lifeline support.	up to \$10.00	DTR D T
2) Maximum State Reduction to Residential Local Exchange Access Line Rate.	up to \$3.50	T D D T

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**I. GENERAL (Continued)**

**F. Lifeline Program (Continued)**

**7. Tribal Lands Customers**

The Cooperative will apply additional Lifeline Program rate reductions per eligible customer residing on Tribal Lands [referenced in 47, Code of Federal Regulations, Section 54.409(b)].

**a. Eligibility Requirement**

**Qualifying Low-Income Tribal Lands Consumer**

A consumer who lives on Tribal Lands and is at or below 150% of the Federal Poverty Guidelines for a household of that size; or

A consumer, their dependents, or their household who reside on Tribal Lands based upon CFR 47 § 54.400 and who participate in one of the federal or state assistance programs identified in Chapter 47 of the Code of Federal Regulations § 54.409(a) and (b) and in P.U.C. Substantive Rule 26.412 regarding consumer qualification for Lifeline, or

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I. GENERAL (Continued)

F. Lifeline Program (Continued)

7. Tribal Lands Customers (Continued)

b. Obligations of the Tribal Lands Consumer

i. Prior to implementation of the Lifeline Program, the Cooperative shall require the eligible Tribal Lands customer to sign a document certifying that:

ii. The customer resides on a reservation, as defined in 47 CFR §54.400(e);

iii. The customer meets the income eligibility criteria in 47 CFR §54.409 (a)(1) or (a)(3) or participates in one of the programs previously identified in this subsection. Acceptable documentation of a state, federal, or Tribal tax return, employer paycheck stub, and other proof in 47 CFR §54.410(b)(1)(i)(B); and

iv. The Tribal Lands customer agrees to notify the Cooperative if the customer ceases to participate in the identified program(s).

c. Lifeline Program Rate Reduction

In addition to the Lifeline Program rate reductions described in Section 4(F)(6), the Cooperative shall apply an additional federal reduction to the residential local exchange access line rate of up to \$25 per eligible Tribal Lands customer.

Monthly Support

i. Qualified Tribal Lands Lifeline Customer Residential Local Exchange Access Line Maximum Support up to \$25.00

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**MEMBER SERVICES TARIFF**

**LOCAL EXCHANGE SERVICE**

**I. GENERAL (Continued)**

**F. Lifeline Program (Continued)**

**7. Tribal Lands Customers (Continued)**

**c. Service Connection Charges**

The Lifeline Program rate reductions do not apply to service connection charges.<sup>1</sup> A Tribal Lands customer eligible for the Tribal Link-Up Program will receive a 100% reduction on service connection charges, up to \$100 in federal Link-Up support per eligible Tribal Lands customer's principal place of residence.

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<sup>1</sup> Applicable service connection charges are provided in Section 5 of this tariff.

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LOCAL EXCHANGE SERVICE

I. GENERAL (Continued)

F. Lifeline Program (Continued)

7. Tribal Lands Customers (Continued)

d. Tribal Lifeline Eligibility Form

Eastex Telephone Cooperative, Inc.  
Tribal Lands Lifeline/Link Up Service  
Authorization and Self-Certification Form

Applicant's Name \_\_\_\_\_

Applicant's Address \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_ Work Phone Number ( ) \_\_\_\_\_  
(Your contact number during weekdays between 8 a.m. and 5 p.m.)

Applicant's Date of Birth \_\_\_\_\_

Applicant's Social Security Number \_\_\_\_\_ or  
Official Tribal Government ID Number \_\_\_\_\_

1. I also certify that:

- My telephone service is listed in my name
- My telephone service is listed in another's name, and I want to be contacted for a billing name change at no charge
- I do not currently have telephone service and want to be contacted for Link Up and Lifeline
- The address listed above is my primary service residence
- To the best of my knowledge, I reside on a tribal land/reservation (as defined in Title 25 Code of Federal Regulation, Section 20.1, paragraph (v))  
Name of Reservation \_\_\_\_\_

2. I hereby certify that I participate in at least one of the following programs (check all that apply):

- Food Stamps
- Low Income Home Energy Assistance Program (LIHEAP)
- Medicaid
- Supplemental Security Income (SSI)
- Federal Public Housing Association (FPHA)
- State Child Health Plan
- Bureau of Indian Affairs general assistance program
- Tribally Administered Temporary Assistance for Needy Families (TANF)
- Head Start (Income qualified customers only)
- National School Lunch Program (free lunch program only)
- Food Distribution Program on Indian Reservations

Or

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LOCAL EXCHANGE SERVICE

I. GENERAL (Continued)

F. Lifeline Program (Continued)

7. Tribal Lands Customers (Continued)

d. Tribal Lifeline Eligibility Form (Continued)

3. I certify that:

\_\_\_\_\_ My household income is not above 150% of the federal poverty guidelines

4. If in the future, I no longer participate in at least one of the programs listed in item 2 above, or meet the conditions in items 2 or 3 above, I will promptly notify Eastex Telephone Cooperative, Inc.

5. I authorize Eastex Telephone Cooperative, Inc. or its duly appointed representative to access any records required to verify these statements in order to confirm my continued participation in the above program(s). I authorize representatives of the above program(s) to discuss with and/or provide copies to Eastex Telephone Cooperative, Inc., if requested by the Cooperative, to verify my participation in the above program(s) and my eligibility for Lifeline/Link Up America.

6. I affirm that the foregoing representations are true.

This signed authorization is required in order to enroll you in Eastex Telephone Cooperative, Inc.'s Lifeline/Link Up America Program. This authorization is only for the purpose of certifying your eligibility for participation in these programs and will not be used for any other purpose.

\_\_\_\_\_  
Signature of benefit recipient

\_\_\_\_\_  
Date

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REDACTED - FOR PUBLIC INSPECTION

**REDACTED – FOR PUBLIC INSPECTION**

**EASTEX TELEPHONE COOPERATIVE, INC. (SAC 442068)**

**ATTACHMENT - LINE 3026**

**ATTACHMENT REDACTED IN ENTIRETY**