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	269028
<015>	Study Area Name	Cincinnati Bell Wireless- LLC
<020>	Program Year	2015
<030>	Contact Name: Person USAC should contact with questions about this data	Patricia Rupich
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	pat.rupich@cinbell.com

ANNUAL REPORTING FOR ALL CARRIERS

			54.313 Completion Required	54.422 Completion Required
			(check box when complete)	
<100>	Service Quality Improvement Reporting	(complete attached worksheet)		
<200>	Outage Reporting (voice)	(complete attached worksheet)		✓
<210>	✓ <-- check box if no outages to report			
<300>	Unfulfilled Service Requests (voice)			
<310>	Detail on Attempts (voice)	(attach descriptive document)		
<320>	Unfulfilled Service Requests (broadband)			
<330>	Detail on Attempts (broadband)	(attach descriptive document)		
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed 0.0			✓
<420>	Mobile 0.01			
<430>	Number of Complaints per 1,000 customers (broadband)			
<440>	Fixed			
<450>	Mobile			
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)		✓
<510>	269028KY510.pdf	(attached descriptive document)		✓
<600>	Functionality in Emergency Situations	(check to indicate certification)		✓
<610>	269028KY610.pdf	(attached descriptive document)		✓
<700>	Company Price Offerings (voice)	(complete attached worksheet)		
<710>	Company Price Offerings (broadband)	(complete attached worksheet)		
<800>	Operating Companies and Affiliates	(complete attached worksheet)		✓
<900>	Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)		
<1000>	Voice Services Rate Comparability	(check to indicate certification)		
<1010>		(attach descriptive document)		
<1100>	Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)		
<1110>		(complete attached worksheet)		
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)		✓

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

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

<2000>	(check to indicate certification)	
<2005>	(complete attached worksheet)	

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	
<3005>	(complete attached worksheet)	

(100) Service Quality Improvement Reporting
Data Collection Form

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July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

<110>	Has your company received its ETC certification from the FCC?	(yes / no) ◯ ◯
<111>	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, then you are required to 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 check these boxes below to confirm that the attached documents(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	☐
<114>	Report how much universal service (USF) support was received	☐
<115>	How (USF) was used to improve service quality	☐
<116>	How (USF)was used to improve service coverage	☐
<117>	How (USF) was used to improve service capacity	☐
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	☐

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
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July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

<220>

<a> NORS Reference Number	<b1> Outage Start Date	<b2> Outage Start Time	<b3> Outage End Date	<b4> Outage End Time	<c1> Number of Customers Affected	<c2> Total Number of Customers	<d> 911 Facilities Affected (Yes / No)	<e> Service Outage Description (Check all that apply)	<f> Did This Outage Affect Multiple Study Areas (Yes / No)	<g> Service Outage Resolution	<h> Preventative Procedures

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
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July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
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July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

<711>

<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (*select*)

(800) Operating Companies
Data Collection Form

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July 2013

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<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

<810>	Reporting Carrier	Cincinnati Bell Wireless - LLC
<811>	Holding Company	Cincinnati Bell Inc.
<812>	Operating Company	Cincinnati Bell Wireless, LLC

<813>

<a1>	<a2>	<a3>
Affiliates	**SAC**	**Doing Business As Company or Brand Designation**

-- See attached worksheet --

(900) Tribal Lands Reporting
Data Collection Form

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<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
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<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

<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:

		Select (Yes,No, NA)
<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.	

(1100) No Terrestrial Backhaul Reporting Data Collection Form

FCC Form 481
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July 2013

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<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	5133976671 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box 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

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<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
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<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

269028KY1210.pdf

Name of Attached Document

<1220> Link to Public Website HTTP

"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. ☑

(2000) Price Cap Carrier Additional Documentation
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

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<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
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<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen 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)} ☐

<2011> 3rd Year Certification {47 CFR § 54.313(b)(2)} ☐

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012> 2013 Frozen Support Certification ☐

<2013> 2014 Frozen Support Certification ☐

<2014> 2015 Frozen Support Certification ☐

<2015> 2016 and future Frozen Support Certification ☐

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)}

<2017> 3rd year Broadband Service Certification ☐

<2018> 5th year Broadband Service Certification ☐

<2019> Interim Progress Certification ☐

<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

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

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<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

CHECK the boxes below to note compliance on its 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.

(3010) **Progress Report on 5 Year Plan**
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

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

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 document(s), 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) for 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

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter 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

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

<010>	Study Area Code	269028
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<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

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

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

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: Cincinnati Bell Wireless- LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/30/2014

Printed name of Authorized Officer: Mike Vanderwoude

Title or position of Authorized Officer: Senior Vice President - Wireless

Telephone number of Authorized Officer: 5133977685 ext.

Study Area Code of Reporting Carrier: 269028 Filing Due Date for this form: 07/01/2014

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.

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

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<015>	Study Area Name	Cincinnati Bell Wireless- LLC
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<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.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 or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: Date:

Printed name of Authorized Agent or Employee of Agent:

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

(800) Operating Companies
Data Collection Form

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<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

<810>	Reporting Carrier	Cincinnati Bell Wireless - LLC
<811>	Holding Company	Cincinnati Bell Inc.
<812>	Operating Company	Cincinnati Bell Wireless, LLC

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation
Cincinnati Bell Telephone Company LLC	305062	Cincinnati Bell; CBT
Cincinnati Bell Any Distance Inc.		Cincinnati Bell; CBAD
Cincinnati Bell Telephone Company LLC	265061	Cincinnati Bell; CBT
Cincinnati Bell Wireless, LLC	309004	Cincinnati Bell; CBW; i-wireless
Cincinnati Bell Extended Territories LLC		Cincinnati Bell; CBET
Cincinnati Bell Technology Solutions Inc.		CBTS
eVolve Business Solutions LLC		eVolve
Cincinnati Bell Telecommunications Services LLC		Cincinnati Bell; Cincinnati Bell Telephone; CBT

Cincinnati Bell Wireless, LLC
Service Quality Standards & Consumer Protection Rules Compliance
Kentucky – SAC 269028

CBW has established procedures to ensure compliance with applicable service quality standards and consumer protection rules, including, but not limited to: protection of CPNI as documented in its annual CPNI certification filed in EB Docket No. 06-36; Truth-in-Billing rules (47 C.F.R. § 64.2400 *et al*); Telemarketing rules (47 C.F.R.§64.1200 *et al*); and Open Internet rules (47 C.F.R. §8.1 *et al*). CBW complies with the FCC's Hearing Aid Compatibility (47 C.F.R. § 20.19) and CVAA requirements (47 C.F.R. Part 14), provides Wireless Emergency Alerts in accordance with 47 C.F.R. Part 10, and provides a variety of mechanisms by which subscribers can monitor and manage their usage to avoid bill shock. CBW also has processes and procedures in place to address consumer complaints. In addition, CBW provides 911 service throughout its service area.

Cincinnati Bell Wireless, LLC
Emergency Response Capabilities
June, 2014
Kentucky – SAC 269028

Cincinnati Bell Wireless, LLC ("CBW") owns 17 portable generators and five Cell on Wheels (COW's). These assets are stored and managed locally. The generator fleet is stored in two secured facilities, and they are routinely maintained. The generators are started "weekly" to ensure proper operation of each unit in the event of an emergency. The generator fleets is equipped with constant battery charging, and block heaters, in order to provide a high standard of reliability. The CBW COW's are stored at the same facility, and are routinely maintained in the same manner as the generators. Additionally, Cincinnati Bell Telephone owns and manages an additional 11 portable generators that can be brought to bear if circumstances warrant.

CBW has performance standards for the deployment of the generator fleet in the event of a power outage. CBW dictates a 4-hour deployment "standard" on a 24/7 basis in the event of a power outage. This means that that a generator will be on site to back-up our battery reserve plant within 4-hours of an outage. Normally, generators are not needed since the first-line of defense for a power outage is the on-site battery plant. The battery plant is tested and upgraded annually to ensure proper operation of the battery plant when a power outage occurs.

The five COW's are set-up to support the network as follows: Three of the units are positioned to support the GSM network, and have significant capacity capabilities. The remaining two units have dual technology functionality which enables them to support both the GSM and UMTS networks. This set-up provides a wide range of options to support any network outage or additional capacity needs that may be encountered. They are deployed yearly to support city recreational or sports events where high numbers of attendees require the need for additional capacity.

CBW purchases a vast majority of its transport facilities from the incumbent LEC. All of CBW' voice and data switches along with intermediate control switches (BSC's and RNC's) are collocated in the ILEC central offices which provide fully redundant transport and are powered by redundant power feeds, backed up by batteries along with permanently placed backup generators. Transport to cell sites is redundant up to multiple nodes scattered throughout the region.

Cincinnati Bell Wireless LLC
Lifeline Terms and Conditions
Kentucky – SAC 269028

Cincinnati Bell Wireless LLC (CBW) is discontinuing Lifeline service effective July 1, 2014. CBW will convert any Lifeline customers remaining on June 30, 2014 to a comparable non-Lifeline plan on July 1, 2014. Additionally, CBW stopped offering Lifeline service to new subscribers effective April 15, 2014. With these changes, CBW replaced the Lifeline plan information on its web site with information regarding the transition of existing Lifeline customers to non-Lifeline services. The attached brochure provides details regarding the Lifeline plans that CBW most recently offered in Kentucky. Specifically, CBW offered a free Lifeline plan, the Connect Plan, which provided 250 free minutes per month. Roaming and usage beyond 250 minutes were ten cents per minute with the Connect Plan. CBW also offered several plans with monthly service fees that provided unlimited (non-roaming) minutes. CBW's plans/minutes did not differentiate between local and long distance calling, and separate long distance charges were not applicable.

The Connect Plan – FREE

- 250 minutes per month
- 250 text messages/Free incoming
- Roaming and additional minutes just 10¢ per minute
- No data capabilities
- Minutes reset on the first of each month

Weekly Connect Plan Bolt-ons
Unlimited Talk & Text – $10 per week

- Unlimited minutes
- Unlimited text messaging
- Pay-Per-Use data 5¢ per Kb

Unlimited Talk, Text & Web – $15 per week

- Unlimited minutes
- Unlimited text messaging
- Unlimited data access

Lifeline Unlimited Talk & Text – $22.25 per month

- Unlimited minutes
- Unlimited text messaging
- 100 Nationwide roaming minutes
- Pay-Per-Use data 5¢ per Kb

Lifeline Mega Plan – $32.25 per month

- Unlimited minutes
- Unlimited text messaging
- 1,000 Nationwide roaming minutes
- 100 MB of data, 5¢ per Kb of data over

Lifeline Unlimited 4G Smartphone Plan – $37.25 per month

- Unlimited minutes
- Unlimited text messaging
- 1,000 Nationwide roaming minutes
- Unlimited smartphone data

Lifeline Unlimited Nationwide Smartphone Plan – $47.25 per month

- Unlimited minutes
- Unlimited text messaging
- Unlimited Nationwide roaming minutes
- Unlimited data access

Store Locations

KENTUCKY

Cincinnati Bell - Crestview Hills
2895 Dixie Hwy.
(859) 331-1000

Cincinnati Bell - Florence
7688 Mall Road
(859) 372-5300

Warsaw Wireless - Latonia
3933 Winston Ave.
(859) 291-6680

Warsaw Wireless - Newport
17 Carothers Rd.
(859) 261-1218

wireless

wireless

Lifeline Program

Wireless service you can trust
at a price **you can afford**

A Cincinnati Bell Wireless Service

Rules Regarding the Lifeline Program:

- Lifeline is a federal benefit.
- Willfully making false statements to obtain Lifeline 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 FCC rules and will result in the subscriber's de-enrollment from the Lifeline program.
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

Lifeline customers must provide the following information:

- Your full name.
- Your full residential address.
- Whether your residential address is permanent or temporary.
- Your billing address, if different from the your residential address.
- Your date of birth.
- The last four digits of your social security number.
- The name of the qualifying assistance program from which you, or your dependents, or your household receives benefits, if the subscriber is seeking to qualify for Lifeline under the program-based criteria.
- The number of individuals in the subscriber's household if the subscriber is seeking to qualify for Lifeline under the income-based criterion.

Lifeline customers are required to certify the following, under penalty of perjury:

- My household meets the income-based or program-based eligibility criteria for Lifeline.
- I will notify Cincinnati Bell Wireless within 30 days if my household no longer qualifies for Lifeline, e.g., no longer meets income or program eligibility, or any household member receives another Lifeline benefit.
- I will notify Cincinnati Bell Wireless of a new address within 30 days of moving.
- If the address I provided is a temporary address, I will verify my temporary address every 90 days.
- Lifeline benefits are limited to one per household, including landline and cell phones. To the best of my knowledge, my household is not already receiving a Lifeline service.
- A household is not permitted to receive Lifeline benefits from multiple providers
- I certify that all information on this application is true and correct to the best of my knowledge and I acknowledge that providing false or fraudulent information to receive Lifeline is punishable by law.
- I acknowledge that I may be required to recertify eligibility for Lifeline at any time, and failure to recertify will result in de-enrollment and termination of my Lifeline benefits.
- I will not transfer my Lifeline service to any other person.
- I understand that if my mobile service is inactive for 60 or more days, I may be de-enrolled from the Lifeline program.
- I consent to transmission of any information on this application to the federal Lifeline program administrator to ensure proper administration of the Lifeline program including use in a Lifeline customer database to verify lifeline eligibility and that my household does not receive duplicate Lifeline benefits.

Qualifying Benefit Programs:

- **Proof of one of the following programs is required to establish service (i.e. statement of benefits, benefit program card, W2, Tax Return, pay stubs for the past 3 months)**
- Section 8 Housing/Federal Public Housing
- Medicaid
- Supplemental Nutrition Assistance Program (Food Stamps)
- Supplemental Security Income (SSI)
- Low Income Home Energy Assistance Program (LIHEAP)
- National Free School Lunch Program
- Temporary Assistance to Needy Families (TANF)
- Income Eligibility (Income at or below 135% of the federal poverty level)

Kentucky: 135% of the 2014 federal poverty guidelines

Family Size	Yearly Income Limit	Gross Monthly Income
1	up to $15,755.00	$1,312.92
2	$21,236.00	$1,769.67
3	$26,717.00	$2,226.42
4	$32,198.00	$2,683.17
5	$37,679.00	$3,139.92
6	$43,160.00	$3,596.67
For households with more than six members, add $5,481.00 per year or $456.75 per month.		

Completion of a Lifeline application does not guarantee enrollment in the Lifeline program. Enrollment in Lifeline is contingent upon verification of eligibility.