



SECTION 1: MEMBER APPLICATION (RESIDENTIAL)

Date: _____ Home Number: _____

Name: _____

Social Security Number: _____ Driver's License #: _____ State: _____

Mailing Address: _____ House type/color: _____

Street Address: _____

(Randolph Communications cannot install telephone service without a valid street address)

City: _____ State: _____ Zip _____ County: _____

Employer: _____

Have you or your spouse (Other) had telephone service with us before? Yes ___ No ___

If yes, previous telephone number: _____ Date disconnected: _____

Has there been service at this address before? Yes ___ No ___

Do jacks need to be installed? Yes ___ No ___ If yes, how many: _____

List in Telephone Directory as: _____

Telephone Number: Published Non-Published (\$1.50/month)

Directory Requested: ___ Yes ___ No

The Applicant will grant to Randolph Communications (RC) a right-of-way easement to construct, operate and maintain a telephone line or system on the land described above and in or upon all streets, roads or driveways abutting said land. In this application, the undersigned agrees to the rules and regulations of the Cooperative as set forth in the exchange tariff, and to any general changes in rules or rate for the service furnished under this application. This application becomes a contract when accepted by the Cooperative. The Corporation's By-laws are available upon request. I authorize Randolph Communications to conduct a credit check to determine my credit worthiness and ability to pay for services ordered. If my credit rating is found to be unsatisfactory, a security deposit will be required. Failure to establish credit worthiness will result in the applicant being required to post a security deposit. If applicant does not want to disclose their social security number they can furnish three credit references. **There is an \$90.00 set-up fee, which we will bill on your first telephone bill.** Any additional work requested or required beyond the outside protector will result in additional charges (i.e. installation of a new telephone jack). There is a \$99 installation fee for internet and \$199 for TV service, which may be waived by meeting certain credit qualifications. To avoid the up-front installation fees applicant can choose to sign the 36-month commitment. If a 36-month commitment is not desired then the applicant is required to pay the installation fees up front as well as any deposits that may be required. This covers equipment and installation to one computer. Connections to additional computers, wired or wireless, will incur additional fees. Home Wi-Fi will be an additional \$4.99/mo or \$8.99/mo based on structure of home. If more adapters are needed then additional fee will incur. Please note that RC bills one month in advance for all services except toll and one-time purchases, such as computer services. Your first bill will include that one month in advance and any days between when the service was installed and when billing is run. The applicant also understands that a \$10 membership fee is due at the time the order is placed.

If at any point RC determines there is a health or service hazard that would prohibit service or equipment installation or repair, and/or, is a result of repeat equipment failure that may/may not be as a result of negligence of the customer, RC has the discretion to remove leased equipment, discontinue service, or discontinue upgrading equipment and services at customer home or business, pending Supervisor approval. Should a customer have inside wire maintenance in a bundle, then the inside wire maintenance would become void within the bundle. I acknowledge I have read and am in agreement with the RC policies that can be found at www.rtmccoop.com.

Authority to Perform Credit Check: Yes ___ No ___

Signature: _____ Date: _____

Secondary Signature to provide full account access: _____

RC Witness: _____

For Office Use Only	
Telephone Number:	_____
Member Number:	_____
Security Deposit:	_____ Date Paid: _____
Acct #:	_____ Directory _____
<small>Rev. 11.7.17</small>	

Payment Options

- SmartHub (Online Bill Pay)
- Automatic Draft
- Credit Card – Visa, MasterCard or Discover
- Mail
- Drop Box
- Drive Thru

SECTION 2: SECURITY (REQUIRED)

CPNI Password: _____ (main account password)

Security Questions (answer at least two of the questions below):

- 1. The model/make of your first car? _____
- 2. The 1st elementary school you attended? _____
- 3. The name of best friend in high school? _____
- 4. Your favorite holiday? _____
- 5. Your favorite animal? _____
- 6. Your school's mascot? _____

SECTION 3: Long Distance Authorization (REQUIRED)

(This is for your long distance provider.)

LETTER OF AUTHORIZATION

Billing Name & Address: _____

Yes, I understand that by signing and returning this form, I authorize RTTI to switch me to RTTI Long Distance for my **Intra-LATA** and **Inter-LATA** (calls made to destinations within and outside my Local Access and Transport Area – see current telephone directory for NC LATA map) and International calls. I understand that there may be a fee for making this change, but RTTI will compensate me for that fee. I designate RTTI to act as my agent to make this change. Please switch the telephone number(s), including Fax and Modem lines, listed below to RTTI Long Distance.

I acknowledge that RTTI is my long distance provider and understand that RTTI does not offer connections to third party long distance providers.

(____) ____ - ____ ; (____) ____ - ____ ; (____) ____ - ____ ; (____) ____ - ____

PIC FREEZE REQUEST / AUTHORIZATION

In order to be protected from any unauthorized switching of my **Intra-LATA** and **Inter-LATA** Carrier choice of RTTI, I hereby authorize RTTI to apply a "PIC FREEZE" to my Intra-LATA and Inter-LATA long distance account on these Telephone Numbers:

(____) ____ - ____ ; (____) ____ - ____ ; (____) ____ - ____ ; (____) ____ - ____

I understand that there is no charge for this service, and that I will be unable to change carriers unless my "PIC Freeze" is removed at my request by contacting my local telephone company's business office.

Signature(s) _____ **Date** _____

Randolph Communications **MEMBER RESIDENTIAL AGREEMENT**



SECTION 4:

BUNDLED SERVICES: Select Option 1 or 2 below for a Bundled Service.

Option 1 – DOUBLE PLAY BUNDLE: Phone & Internet (check one):

- \$79.95 (3 Mbps/768 Kbps) /10 cents a minute
- \$89.95 (Unlimited & 6 Mbps/768 Kbps)
- \$99.95 (Unlimited Voice & 8 x 2 Mbps)*
- \$117.95 (Unlimited Voice & 15x3 Mbps)*
- \$137.95 (Unlimited Voice & 25x5 Mbps)*
- \$177.95 (Unlimited Voice & 50x5 Mbps)*
- \$227.95 (Unlimited Voice & 100x10 Mbps)*

VoiceMail Preferences: # of rings before voicemail answers ____ I do not want voicemail with my bundle.

Option 2 – TRIPLE PLAY BUNDLES: Phone, Internet & MyTV (check one):

- \$155.90 (10 ¢/min, 3 Mbps/768 Kbps) & MyTV
- \$165.90 (Unlimited, 6 Mbps/768 Kbps & MyTV)
- \$175.90 (Unlimited Voice, 8x2 Mbps & MyTV)*
- \$193.90 (Unlimited Voice, 15x3 Mbps & MyTV)*
- \$213.90 (Unlimited Voice, 25x5 Mbps & MyTV)*
- \$253.90 (Unlimited Voice, 50x5 Mbps & MyTV)*
- \$303.90 (Unlimited Voice, 100x10 Mbps & MyTV)*

VoiceMail Preferences: # of rings before voicemail answers ____ I do not want voicemail with my bundle.

NON-BUNDLED SERVICES: If a Bundle Option was not selected, then select one or more options below.

BASIC PHONE (REQUIRED):

- Basic Phone (\$24.50) local and per minute long distance
- Voice Unlimited - \$58.00

Long Distance Plans: (if no plan selected then Basic rate applies)

- Economy Plus (\$3.95/mon. per line)
- Advanced Plan (\$4.95/mon. per line)
- Responsible Dialing Plan (\$5.95/mon. per line or \$9.95 per 2 lines)
(see page 6 for per minute rates)

INTERNET (check one): (For internet only, phone is required)

- \$49.95 - Premium (3 Mbps/768 Kbps)
- \$59.95 - Fast (6 Mbps/768 Kbps)
- \$69.95 - Ultra (8 Mbps/2 Mbps)*
- \$77.95 - Turbo (15x3 Mbps)*
- \$97.95 - Express (25x5 Mbps)*
- \$137.95 - Ultimate (50x5 Mbps)*
- \$177.95 - Extreme (100x10 Mbps)*

MyTV ONLY (package prices includes first 2 TV's):

- \$24.95 - Essential Pkg.
- \$75.95 - Classic Pkg. with Bundle (Phone & Internet)
- \$80.95 - Classic Pkg. (Also includes Essential & Music Channels)

ADD-ON'S:

- \$9.95 – Variety Pkg.
- \$5.95 – DVR Access
- \$4.95 – HD Access
- \$3.99 – Each add'l TV (3rd, 4th, etc.) x ____
- \$13.00 IP Access (required for non-internet subs.)

PREMIUMS: \$11.95 - STARZ/ENCORE \$10.95 - CINEMAX \$17.95 - Showtime/TMC \$18.95 - HBO \$49.50 - NFL RedZone

MAINTENANCE PLANS (select one if bundle not selected): \$2.95 Phone Only \$2.95 TV Only \$4.95 Phone & Internet \$6.95 Phone/Internet/TV

SECTION 5:

* Requires Fiber

INSTALLATION PLANS (select one):

- 36-Month Commitment – FREE Installation on Internet & MyTV
- \$99 – Internet Installation (no commitment)
- \$199 – MyTV Installation (no commitment)

REQUIRED: To aid with INTERNET installation, complete: (*Add'l charges may apply):

Email Address/Username: _____@rtmc.net
 Password: _____ (at least 8 characters including 1 number)
 Home #: _____
 Best Contact #: _____
 Network multiple computers? Y*/ N Jack near computer? Y/ N*

Print Name

Signature

Date

Need Help Paying Your Phone Bill?

What is Lifeline?

Lifeline is a government benefit program supported by the Universal Service Fund that provides a discount on phone service for qualifying low-income consumers. Lifeline helps ensure that eligible consumers have the opportunities and security that phone service brings, including being able to connect to jobs, family, and emergency services.

Who Qualifies?

The Lifeline program is available to eligible low-income consumers in every state, territory, commonwealth, and on Tribal lands. Consumers with proper proof of eligibility may be qualified to enroll. To participate in the program, consumers must have an income that is at or below 135% of the federal Poverty Guidelines or participate in a qualifying state, federal or Tribal assistance program. These programs are:

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance (FPHA)
- Veterans Pension and Survivors Benefit Programs
- Tribal-specific programs: Bureau of Indian Affairs General Assistance, Food Distribution Program on Indian Reservations (FDPIR)

Federal rules prohibit eligible low-income consumers from receiving more than one Lifeline discount per household. An eligible consumer may receive a discount on either a wireline or wireless service, but not both. A consumer whose household currently is receiving more than one Lifeline service must select a single Lifeline provider and contact the other provider to de-enroll from their program. Consumers violating this rule may also be subject to criminal and/or civil penalties.

How to Apply for Lifeline?

If you do not have service and want to apply for Lifeline:

- Contact the local telephone company to place an application for service and fill out the Lifeline forms.
- Your service will be installed when your telephone company receives the approved form. At that time, the monthly Lifeline discount will begin. Your monthly Lifeline discount will begin only when the approved form has been received.

RTTI CALLING PLANS

Basic Plan – No Monthly Fee

Peak¹

15 cents/min. Interstate
20 cents/min. Instate
IntraLATA & InterLATA

Off Peak²

10 cents/min. Interstate
15 cents/min. Instate InterLATA &
IntraLATA

¹ Peak – 7 am to 6:59 pm, M-F

² Off Peak – 7 pm to 6:59 am, M-F

Weekends and Major Holidays are Off Peak

Economy Plan- 3.95/mo. per Line

10 cents/min. Interstate⁴
12 cents/min. Interstate InterLATA and IntraLATA
24 hours a day – 7 days a week

Advanced Plan - \$4.95/ mo. per Line

7 cents/min. Interstate⁴
11 cents/min. Instate Inter and IntraLATA
24 hours a day – 7 days a week

Responsible Dialing Plan

\$5.95/mo. Per line or \$9.95 per line

6 cents/min. Interstate⁴
10 cents/min. Instate InterLATA and IntraLATA
24 hours a day – 7 days a week

RTTI Statement of Rates, Terms, and Conditions

A complete statement on which RTTI offers service is set forth in RTTI's Statement of Rates, Terms and Conditions (RTC) for Provision of Service, which is available for public inspection at RTTI's offices and via the RTTI link at www.rttmc.net. Acceptance of service from RTTI shall be deemed an agreement by Customer that the customer shall accept service from RTTI on the terms set forth in RTC, as such are currently and hereafter revised, and which are available for public inspection. The purpose of this Notice is to inform Customers of certain provisions of the RTC, which shall in no way limit, waive, or restrict the applicability of all terms and conditions contained in the RTC.

1. Customer is responsible for the payment of all charges for any and all services or facilities provided by RTTI to the customer and for compliance with all applicable terms of the RTC. If objection in writing is not received by RTTI within 30 days after the bill is rendered, Customer's account shall be deemed correct and binding upon the Customer.
2. RTTI retains the right to deny service to any customer who fails to comply with the rules and regulations of the RTC, or other applicable rules, regulations or laws.
3. Customer shall indemnify and hold RTTI harmless from and against: (1) all claims, liability, damage and expense, including attorneys' fees, due to claims for libel, slander, or infringement of copyright or trademark in connection with any material transmitted by the Customer using RTTI's Services; (2) any other claim resulting from any act or omission of the Customer relating to use of RTTI's facilities; and (3) the payment of all charges for service ordered by the Customer from a Local Exchange Carrier or other entities for telecommunications services and/or facilities connecting the Customer to RTTI.]
4. Customer shall reimburse RTTI for damages to the RTTI's facilities caused by negligence or willful act of Customer.
5. Customer understands that the services are furnished subject to the conditions that there will be no abuse fraudulent and/or illegal use thereof.
6. In addition to all recurring, non-recurring, minimum, usage, surcharge or special charges, Customer shall also be responsible for and shall pay all applicable federal, state and local taxes or surcharges, including sales, use, excise, gross earnings, and gross income taxes. All such taxes shall be separately shown and charged on bills rendered by RTTI or its billing agent. Such taxes and/or surcharges may be included as allowed by an applicable federal or state law or regulation.
7. A credit check will be mandatory and a security deposit may be required.
8. Payment will be due as specified on RTTI's bill to Customer. Commencing after that due date, a late charge will be applied to all amounts past due. Service may be denied or discontinued at RTTI's discretion for nonpayment of amounts due to RTTI past the due date. Restoration of Service will be subject to all applicable charges.
9. In the case where Customer submits a check to RTTI for payment, the check is returned for insufficient funds, or is otherwise not processed for payment, there will be a charge as set forth in the RTC. Such charge will be applicable on each occasion when a check is returned or not processed.

Fiber Connections and Power Supply's

In the event of power failure, a battery backup provides temporary power. Fiber connections do not prohibit loss of power. To maintain full backup charge, keep your backup equipment plugged in at all times. You may also be able to make 911 calls from your mobile device. It is recommended to limit the use of your backup power to voice emergency calling only. Typically battery back-ups provide up to 8 hours of additional use but the more you utilize your devices or phone the quicker your back up unit will end. Additional power supplies may be purchased.

Randolph Communications Terms and Conditions

I agree to subscribe to the RC High-Speed Internet Plan checked above, beginning on the date of installation of service. The monthly recurring rate as indicated. Standard installation charges will apply, unless other installation promotions are in place at the time of installation. I understand that if I do not fulfill the term commitment for this agreement, I am required to pay a \$499 early termination fee based on the selected commitment term that will be pro-rated. Other charges and conditions may also apply. A credit check will be completed to determine if other up-front fees are required. Standard installation includes connection of the internet service to one (1) computer. Additional computers may be networked to the internet service for an additional fee(s). Any internet or TV customer who does not sign a 36-month commitment must pay a non-refundable \$499.00 installation fee up front.

I understand and agree that I have requested RC to analyze and configure my computer system for Internet services. I understand that I will be charged for home Wi-Fi which will be an additional \$4.99/mo or \$8.99/mo based on structure of home. If more adapters are needed then additional fee will incur. I understand it is my responsibility to make sure that my computer system has been completely backed-up prior to any installation of hardware and/or software necessary to access high-speed data services. The actual connection speeds experienced by the customer will vary. I understand that RC shall not be responsible or liable for (1) Any file loss or corruption; (2) Hardware/software failure or corruption; (3) Any hardware or software configurations which may make the system unusable; and/or (4) Electrical surges that may cause damage to connected devices. RC is not responsible for any problems with my computer following the installation or repair of data services. I understand that if there is a modem failure within the commitment window, RC will replace the modem with a comparable unit. If the modem becomes inoperable after the commitment window, then I agree to replace the modem at my expense. RC is not responsible for problems with my computer following the installation of high-speed data service pursuant to this agreement. I hereby waive any claims I may have to bring any action against RC for any of the aforementioned failures, losses or defects. I acknowledge and understand these Terms and Conditions. No other agreement, verbal or otherwise, shall be binding upon the parties hereto.

Unlimited Long Distance Terms & Conditions - Customers may subscribe to local service provided by Randolph Communications and Randolph Telephone Telecommunications Inc. (RTTI) long distance. Calls not included in the Unlimited packages will be billed at tariff rates. The unlimited plan is for residential voice calls terminating within the continental U.S. (excludes Hawaii & Alaska) only. This plan may not be used to place calls to on-line data services, or Internet access services. The plan may not be used for commercial use or for any services that do not involve a person-to-person conversation or voice message. Calling card services, calls to International exchanges, calls to 900 numbers, Directory Assistance, operator services, data calls, calls to Hawaii & Alaska and any other use of the line not included. RC reserves the right to discontinue or change service to customers on the Unlimited Long Distance Plan if the Company determines that the long distance calling patterns are atypical of normal residential usage. If the Company determines that usage is not consistent with typical residential customer usage, the customer may be subject to discontinuation of this service and additional fee or offered an alternative plan at the Company's sole discretion. Additional regulatory charges apply with package. This package may not be used to qualify for any other tariff packages; all other tariff discounts do not apply. Billing month-to-month and rates are subject to change. RC reserves the right to discontinue the plan at its sole discretion with due notice to the customer. All elements of bundle must be retained to qualify for package pricing.

Bandwidth, Data Storage and Other Limitations - RC offers multiple packages of Service with varying speeds and features and bandwidth usage limitations (not all packages are available in all areas). You must comply with the current bandwidth, data storage, electronic mail and other Limitations of Service that correspond with the package of Service you selected. In addition to complying with the limitations for specific features, you must ensure that your activities do not improperly restrict, inhibit, or degrade any other user's use of the Service, nor represent (in RC's sole judgment) an unusually great burden on the network itself. In addition, you must ensure that your use does not improperly restrict, inhibit, disrupt, degrade or impede RC's ability to deliver the Service and monitor the Service, backbone, network nodes, and/or other network services. If you use excessive bandwidth (as determined by RC), RC may terminate, suspend, or require you to upgrade the Service and/or pay additional fees.

RC reserves the right to manage its network for the greatest benefit of the greatest number of subscribers including, without limitation, the following: rate limiting, rejection or removal of "spam" or otherwise unsolicited bulk email, anti-virus mechanisms, traffic prioritization, and protocol filtering. You expressly accept that such action on the part of RC may affect the performance of the Service. RC reserves the right to enforce limits on specific features of the Service including, without limitation, email storage (including deletion of dormant or unchecked email) and web hosting maximums. Visit Limitation of Services to learn the limits on specific features of the Service

Limitation of Liability - It is understood that RC is not an insurer, and that customer is responsible for obtaining any insurance coverage. Customer agrees to look exclusively to customer's insurer to recover for injury or damage in the event of any loss or injury, and releases and waives all right of recovery against RC arising by way of subrogation. The amount payable to RC hereunder is based upon the value of the services and the scope of liability as herein set forth and is unrelated to the value of the customer's property or property of others located in the customer's premises. The customer's exclusive remedy with respect to any and all losses or damages resulting from any cause whatsoever, including RC's negligence, shall be a refund of any service charges and fees paid to RC by the customer up to the time the damage is discovered. RC shall in no event be liable for any consequential or incidental damages of any nature, including without limitation, damages for personal injury, damages to property, or loss of business. Unless a longer period is required by applicable law, any action against RC in connection with this system must be commenced within one year after the cause of the action has accrued. The provisions of this paragraph shall apply if loss, damage or injury irrespective of cause or origin, results directly or indirectly to person or property from performance or nonperformance of obligations imposed by this contract or from negligence, active or otherwise, strict liability, violation of any applicable consumer protection law or any other alleged fault on the part of RC, its agents or employees. It is further agreed that the limitation on liability, expressed herein, shall inure to the benefit of and apply to all parent, subsidiary and affiliated RC companies. In the event any person not a party to this agreement shall make any claim or file any lawsuit against RC in any way relating to the equipment or services that are subjects of this agreement, including for failure of its equipment or services that are the subjects of this agreement, including for failure of its equipment or service in any respect, customer agrees to indemnify and hold harmless RC from any and all such claims and lawsuits including the payment of all damages, expenses, costs and attorney's fees.

Limited Warranty - If any equipment supplied by RC pursuant to this Service Agreement is found to be defective in material or workmanship within twelve (12) months of the date of completion or installation, then any such equipment will be repaired or replaced at RC's option with new or functionally operative equipment. Labor and material required to repair or replace such defective equipment will be free of charge for a period of twelve (12) months following the completion of the original installation. This limited warranty does not apply to: a) damage resulting from accidents, acts of God, alteration, misuse, tampering or abuse; b) failure of the customer to properly follow operation instructions provided at the time of installation or at a later date; and c) trouble due to interruption of commercial power or to the phone service. The foregoing limited warranty is in lieu of all other warranties, express or implied, including but not limited to, any implied warranties of merchantability or fitness for a particular purpose. No agent, employee or representative of RC, nor any other person, is authorized to modify this warranty in any respect. This warranty gives you specific legal rights and you may also have other rights, which vary from state to state.

Acknowledgment & Consent - Customer hereby acknowledges that RC has the capability to identify the URLs of the sites on the web that the customer accesses through his/her RC High Speed Data Service. Customer hereby consents to RC's access to and use of that information to improve its High Speed Data Service offerings. If the customer does not consent to such access to and use of this information, customer can request to be designated as "anonymous." RC will continue to track such usage information on an aggregated basis, and will not associate such usage with customer's name or account number.

General - RC assumes no liability for delays in installation of equipment and line, or for interruption of service due to strikes, riots, floods, fires, acts of God or any causes beyond the control of RC. RC is not required to supply service to customers during an interruption of service should the problem persist. Customer grants permission to RC to enter his/her premises if necessary to perform service to equipment as agreed herein. This agreement constitutes the entire agreement between the customer and RC. In executing this agreement customer is not relying on any advice or advertisement of RC. Customer agrees that any representation, promise, condition, inducement or warranty, express or implied, not included in writing in the agreement shall not be binding upon any party, and that the terms and conditions hereof applied as printed without alteration or qualification, except as specifically modified in writing. The terms and conditions of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions or any purchase order, service or other document submitted by the customer. Customer understands that should the power fail while being serviced on fiber optics then phone service will be lost once battery back-up loses power.

Inside Wire/Internet/MyTV Maintenance: Phone plan includes all wiring inside the home that was installed to code, and also covers the maintenance and/or replacement of the battery back-up for fiber-optic subscribers. **MyTV:** All coax and cat5 wiring and remote controls. A limit of two remote control replacements available within a 12-mon. period if deemed that equipment was faulty. \$47.50 service fee applies. **Internet:** All wiring to modem, DSL filters. If no plan is chosen then customer is acknowledging responsibility for payment of all charges for service calls to the customer's premise if it is determined that the trouble is caused by the inside wiring, jacks or customer-owned equipment and not the company's equipment. Customers who do not select maintenance plan will be charged \$90 per hour for labor and material costs on service calls for interior wiring and equipment issues. At any time RC staff deems equipment is not safe and could cause harm to employee(s) then RC reserves the right to revoke inside wire maintenance. RC reserves the right to revoke inside wire maintenance should a customer abuse the replacement of wiring due to uncleanliness and biohazards that result in multiple equipment replacements.

Term & Termination: This agreement will have either 36-month term or no term because upfront installation fees were paid as selected by you when order is placed. At the end of Agreement's initial Term, Agreement will automatically renew for successive one mon. period ("Renewal Terms") unless either party provides the other party of its intent not to renew. If I choose to discontinue bundling services, current rates apply for all components unless customer is discontinuing internet or TV. Any 36-mon. commitment not fulfilled must pay the penalties: Cancellation of internet, \$99; TV, \$199 All fees apply as stated unless special promotion is active at the time order is placed.

Randolph Communications
YOUR RIGHTS ON CUSTOMER PROPRIETY NETWORK INFORMATION (CPNI)

Federal regulations permit Randolph Communications to use information about your telecommunications services to recommend other categories of products and services to you, unless you notify us otherwise. This applies to information about telecommunications services you buy from Randolph Communications, including the types of services you receive, how much you use them, how we provide them to you, and calling/billing records. Randolph Communications will use this information to offer you valuable new and additional services, including packages or bundles containing both Randolph Communications and Randolph Communications subsidiary products and services.

This information will be used by only those companies now or in the future that design, market or sell, or assist in the design, marketing or sale of (1) Randolph Communications communications-related services or (2) Randolph Communications subsidiaries communications-related services sold as part of a package or bundle with Randolph Communications communications-related services, including our agents, authorized sales representatives, joint venture partners/participants and independent contractors. Those companies include Randolph Communications, Randolph Telephone Telecommunications, Inc. and any other current or future direct or indirect subsidiaries of Randolph Communications that provide, design, market or sell or assist in the design, marketing or sale of any of the services described at the beginning of this paragraph.

Randolph Communications will protect the confidentiality of this information regardless of whether you approve or disapprove the uses described in this Notice. Under Federal law, you have the right to have your account treated confidentially and to restrict our use of this information, and Randolph Communications has a duty to protect the confidentiality of that information.

Due to rule changes made by the Federal Communications Commission (FCC), you will need to establish a password and a series of authentication questions in order to discuss call detail information with Randolph Communications on customer-initiated telephone calls. If you do not wish to establish a password, Randolph Communications will only be able to discuss call-detail records with you by calling you at your telephone number of record or by mailing the information to your address of record in order to comply with these federal regulations.

If you wish to prohibit our use of this information as described in this notice, call us at 336-879-5684 or e-mail us at csrep@rtmc.coop with your request within 30 days of your receipt of this notice. Your denial of approval for Randolph Communications to use this information will not affect the provision of any services to which you subscribe. Your approval or denial of approval for the use of CPNI outside of the service to which you already subscribe will remain valid until you revoke or limit the approval or denial.

We look forward to being able to serve your communications needs more efficiently with new and existing products and services based on the information we know about your account.

How Do I Pay My Bill?

Randolph Communications has made it easier than ever to make a payment. Choose any of the five options below.

- 1. Mail your payment to:** Randolph Communications, 317 East Dixie Drive, Asheboro, NC 27203
- 2. Visit any location:**
 - a. **Headquarters** - 317 East Dixie Drive, Asheboro, NC 27203
 - b. **Liberty** - 211 West Swannanoa Avenue, Liberty, NC 27298
- 3. Call 24/7 using RTMC ExpressPay (Available 24/7):** *(Please have Randolph Communications account information ready)*
Toll Free – 855-382-9920 (Visa, MC, Discover, Debit or Credit Card)
- 4. Pay On-Line at www.rtmc.net, “Pay My Bill”**
- 5. Automatic Draft**



Connecting Our Community



Randolph Communications
317 East Dixie Drive
Asheboro, NC 27203

336.879.5684 or 336.622.7900
www.rtmc.net



Auto Draft Authorization Agreement for Pre-arranged Payments Debits

Choose Draft by Checking or Credit Card

This is my authorization for Randolph Communications to automatically debit my:

Company Name

credit card debit card Visa MasterCard Discover

_____ Card Number

_____ (Expiration Date)

Card Holder's: _____ Last three digits listed on signature line on back of card for Visa and MC or 4 digits on back for Discover card

Zip Code: _____ Address: _____
(House address not PO Box address)

checking savings account _____ (_____)
(Please attach a voided check) Account Number Bank Transit/ABA No.

at _____ in _____
Financial Institution City State Zip

I understand that this authorization will be in effect until I notify Randolph Communications in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment within 3 business days of a debit entry by notifying Randolph Communications before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my institution, if, within 60 days following the date on which I as sent a statement of account, I give Randolph Communications a written notice identifying the entry, stating that it is in error and requesting credit back to my account.

THIS AUTHORIZATION IS NONNEGOTIABLE AND NONTRANSFERABLE.

Member/Account # _____

_____ CUSTOMER BILLING NAME

_____ CUSTOMER PHONE NUMBER

_____ DATE

_____ CUSTOMER SIGNATURE

Complete the above form with your credit card or checking account information.
Date, sign and return the form to:

Randolph Communications
317 East Dixie Drive
Asheboro, NC 27203

Credit/Debit card drafts will be made on the 17th of the month for bill Cycle 1, on the 1st of the month for bill Cycle 2, on the 8th of the month for bill Cycle 3 and on the 16th of the month for bill Cycle 4. Deductions will begin the month we receive your authorization. **Visa, MasterCard and Discover Only.** If the draft date falls on a weekend or bank holiday, the draft will be processed the next business day.

Checking/Savings account drafts the bill Cycle 1 drafts will be made on the 13th of the month. For bill Cycle 2 on the 28th of the month, for bill Cycle 3 on the 5th of the month and for bill Cycle 4 on the 12th of the month and will begin the second month following the month we receive your authorization. The month your telephone bill is drafted, your telephone bill will state "Pay By Bank" in the "Enter Amount Paid" section of your telephone bill. If the draft date falls on a weekend or bank holiday, the draft will be processed the next business day.

Bill Cycle 1 includes 464, 581, and 879 exchanges.
Bill Cycle 2 includes 361, 381, 461, and 857 exchanges.
Bill Cycle 3 non-members
Bill Cycle 4 includes 622 exchange

	Credit Card	Bank Drafts
Cycle 1	17 th	13 th
Cycle 2	1 st	28 th
Cycle 3	8 th	5 th
Cycle 4	16 th	12 th

Be sure to **enclose a voided check**. Please include your bank's mailing address or phone number if at all possible. Should you have any questions, please call our office at (336) 879-5684 or email csrep@rtmc.net.

Randolph Communications Lifeline Form

Please complete Sections 1, 2 and 3 below. *You must provide proof of your eligibility along with this application.*

Initial Lifeline Application (must include proof of eligibility) Annual Lifeline Recertification

SECTION 1 - Applicant Information (*Applicant is the person who has telephone and/or broadband service with the company*).

Choose **ONE** service to apply the Lifeline discount: (check with provider for availability)

Telephone Broadband Internet Service Bundle (Phone and Internet)

If you have Lifeline (free/reduced phone service; broadband internet service or a bundled package with phone and broadband internet service) with another company, do you give Randolph Communications permission to transfer the Lifeline service? If you answer yes, *you will lose the discount with the other company. If you answer no, you may not receive Lifeline on this account.**

Yes, transfer my Lifeline service No, do not transfer my Lifeline Service I do not currently have Lifeline

First Name* Middle Name/Initial Last Name*

Date of Birth* Last 4-Digits of SSN* Phone Number Email Address

Residential Street Address (*No PO Boxes*)* Unit # City* State* Zip Code*

Is your residential address permanent?* Yes No Is this address occupied by multiple households? Yes No
(if yes, complete Lifeline Household Worksheet on Page 3)

Billing Address (*if different*) Unit # City State Zip Code

Eligible Person's Information. Only complete this part if the person who qualifies for Lifeline is not the Applicant.

First Name Last Name Date of Birth Last 4-Digits of SSN Relationship to Applicant

SECTION 2 - Eligibility Information

I certify that I, my dependent, or my household receives assistance from at least one of the programs listed below, or that my total household income is at or below 135% of the Federal Poverty Guidelines, and that I have provided proof of eligibility.*

2018 135% of the Federal Poverty Guidelines (annual household income before tax)

1 person up to \$16,389; 2 people up to \$22,221; 3 people up to \$28,053; 4 people up to \$33,885; 5 people up to \$39,717; 6 people up to \$45,549; 7 people up to \$51,381; 8 people up to \$57,213. More than 8 people - add \$5,832 for each extra person.

Select only one

Federal Public Housing Assistance (FPHA) Supplemental Security Income (SSI)
Medicaid Veterans Pension or Survivors Pension
Supplemental Nutrition Assistance Program (SNAP) Total Household Income at or below 135% of the Federal Poverty Guidelines

If you checked **Total Household Income** above, provide the number of people in your household.

SECTION 3 - Certification

By initialing each line and signing below, I certify, under penalty of perjury, that the information contained within this certification form is true and correct to the best of my knowledge AND that:

- _____ I **certify** that I meet the income-based or program-based eligibility criteria for receiving Lifeline.
- _____ I **certify** that I will notify the carrier within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline (for example, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, or if I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit).
- _____ I **certify** that if I am seeking to qualify for Lifeline as an eligible resident of Tribal lands, that I live on Tribal lands, as defined by federal law.
- _____ I **certify** that if I move to a new address, I will provide that new address to the eligible telecommunications carrier within 30 days.
- _____ I understand that my household will receive only one Lifeline service and, to the best of my knowledge, I **certify** that my household is not already receiving a Lifeline service.
- _____ I **certify** that the information contained in this certification form is true and correct to the best of my knowledge,
- _____ I **acknowledge** that providing false or fraudulent information to receive Lifeline benefits is punishable by law;
- _____ I **acknowledge** that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits.

Signature*

Date*

Send the completed form and proof of eligibility to:

MAIL: Randolph Communications 317 E. Dixie Dr., Asheboro, NC 27203 EMAIL: csrep@rtmc.net FAX: 336.879.2100

Lifeline is a federal benefit that makes monthly telephone or broadband internet service more affordable for eligible households. Eligible households may apply the monthly Lifeline discount to either broadband internet service (home or wireless) or phone service (home or wireless) but not both. Your household may not receive the Lifeline benefit from more than one company. For the purpose of Lifeline, a household is an individual or any group of individuals who live together at the same address and share income and expenses. You may not transfer your Lifeline discount to another person, even if he or she is eligible. You may lose your Lifeline benefit and may be prosecuted by the United States government if you violate the one-per-household rule or otherwise make false statements to receive Lifeline.

For Office Use Only: Type of Documentation _____ Date Reviewed _____ Reviewed by _____ Lifeline Household Worksheet? Yes No Date NLAD Queried _____

RANDOLPH COMMUNICATIONS

Lifeline Household Worksheet

Lifeline Program support is a federal benefit that provides a monthly discount on phone service (home or wireless) or broadband internet service (home or wireless) but not both. **Only one Lifeline Program-supported service per household** is allowed under Federal law. Answer the questions on the following page to determine if there is more than one household living at your address, and if your household already receives a Lifeline Program benefit.

Providing false information on this form may result in losing your Lifeline Program-supported service and possible criminal penalties.

Your household is everyone who lives together at your address and contributes to, or shares in, the income and expenses of the household. Household expenses include food, health care expenses, and the cost of renting or paying a mortgage on your place of residence and utilities. Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Members of a household are not permitted to receive more than one Lifeline Program-supported service. You are receiving a copy of this form because records indicate that more than one person at this address is receiving a Lifeline Program benefit. Each person at this address who receives a Lifeline Program benefit and has not yet completed and returned a household worksheet will receive a copy of this form, pre-populated with his/her name, address and telephone number.

If you DO NOT share income and expenses with the other adult(s) living at this address who receive Lifeline Program benefits, or there are no other adult(s) living at this address receiving Lifeline Program benefits, you **MUST STILL** sign this form to continue to receive your Lifeline Program benefit. If you fail to do so, you will be de-enrolled from your Lifeline Program benefit.

If you live with another adult(s) who shares income and expenses with you and who has a Lifeline Program benefit on his or her phone service, your household is receiving more than one Lifeline Program benefit. If so, you **MUST** take the following steps: (1) consult with the other adult(s) in your household currently receiving a Lifeline Program benefit and decide who will keep the Lifeline Program benefit for the household; and (2) the person who will keep the Lifeline Program benefit, AND ONLY THAT PERSON will fill out the form IN FULL and return it to his or her telephone service provider within 30 of days of the date of this communication. The telephone number listed on this form will be the number which will retain the Lifeline Program benefit.

If the PERSON IN YOUR HOUSEHOLD WHO WISHES TO KEEP THE LIFELINE PROGRAM BENEFIT FOR THE ENTIRE HOUSEHOLD HAS ALREADY PROVIDED a household worksheet to their service provider, then NO FURTHER ACTION IS NECESSARY. (The person named below does not need to sign and send this form to their Lifeline provider).

After 30 days of the date of this letter, all other subscribers at this address below who have not completed a household worksheet will NO LONGER have a Lifeline Program benefit.

Name _____ Telephone Number _____

Address _____

Street Apt. City State Zip

1. Does your husband, wife, or domestic partner living at your address have a Lifeline Program-discounted phone service?

No. Please answer question 2 below.

Yes. If **YOU** are the person who will keep the Lifeline benefit, **check OPTION B at the bottom and sign this Form. If you are not keeping your Lifeline benefit, DO NOT submit this form.**



2. Does another adult (age 18 or older, or emancipated minor) live with you AND have a Lifeline Program-discounted phone service?

No. Please check **OPTION A** below and **SIGN THIS FORM.**

YES. Please answer question 3 below.



3. Do you share expenses for bills, food, or other living expenses AND share income with the person in question #2?

No. Please check **OPTION C** below and **SIGN THIS FORM.**

Yes. If **YOU** are the person who will keep the Lifeline Program benefit, **check OPTION B at the bottom and sign this form. If you are not keeping your Lifeline benefit, DO NOT submit this form.**

Please check the box below for the one that applies to you:

OPTION A. [] No one in my household, other than myself, is currently receiving a Lifeline Program benefit and therefore I may continue to receive a Lifeline Program benefit.

OPTION B. [] There are others in my household that are currently receiving a Lifeline Program benefit; by signing this form, I will be the only member of this household to continue to receive a Lifeline Program benefit.

OPTION C. [] There are other adults who reside at the above listed address who receive a Lifeline Program benefit but do not share income and expenses with me, therefore since I am the only member in my household receiving a Lifeline Program benefit, I may continue to receive that benefit.

I certify that the information provided above is true. I understand that violating the one-per-household requirement is against the Federal Communications Commission's rules and I may lose my Lifeline Program benefits, and may be prosecuted by the United States government for violating the rules.

Signature _____ Date _____

Please return the signed form to Randolph Communications at 317 E. Dixie Dr., Asheboro, NC 27203;
Email: csrep@rtmc.net; Fax: 336.879.2100

Randolph Communications Forma Lifeline

Por favor, complete las secciones 1, 2 y 3 a continuación. *Usted debe proporcionar prueba de su elegibilidad, junto con esta solicitud.*

Solicitud de Lifeline inicial (debe incluir prueba de elegibilidad)

Lifeline Recertificación Anual

SECCIÓN 1 - Información del Solicitante (El Solicitante es la persona que tiene teléfono o servicio de banda ancha con la empresa).

Elegir **UN** servicio para aplicar el descuento de Lifeline: (Verifique con el proveedor de la disponibilidad)

Teléfono

Internet Banda Ancha

Paquete de Servicio (Teléfono e Internet)

Si usted tiene Lifeline (servicio telefónico gratis o precio reducido; servicio de internet banda ancha; o paquete incluido con servicio teléfono e banda ancha) con otra empresa, ¿no le dará Randolph Communications permiso para transferir el servicio de Lifeline? Si responde sí, perderá el descuento con la otra empresa. Si su respuesta es no, usted no puede recibir Lifeline en este cuenta.*

Sí, transferir mi servicio Lifeline

No, no transferir mi servicio Lifeline

Yo actualmente no tengo Lifeline con otra empresa

Nombre del Solicitante*

Segundo Nombre o Inicial

Apellido*

Fecha de Nacimiento*

Últimos 4 Dígitos del Número de Seguro Social*

Número de Teléfono

Dirección de Correo Electrónico

Dirección Residencial - Calle (No PO Box)*

Apartamento #

Ciudad*

Estado*

Código Postal*

¿Es tu dirección de residencia permanente?*

Sí
No

¿Se ocupa esta dirección por los hogares múltiples? (**en caso afirmativo, complete la hoja de trabajo de hogar Lifeline en la página 3**)

Sí
No

Dirección de Facturación (si es diferente)

Apartamento #

Ciudad

Estado

Código Postal*

Información de la Persona Elegible. Sólo completar esta parte si la persona que califica para Lifeline no es el Solicitante.

Nombre de Pila

Apellido

Fecha de Nacimiento

Últimos 4 dígitos del SSN

Relación con Solicitan

SECCIÓN 2 - Información de Elegibilidad

Certifico que, a mi cargo, o mi familia recibe asistencia de al menos uno de los programas enumerados a continuación, o que mi ingreso total del hogar es igual o inferior a 135% del nivel federal de pobreza y que he proporcionado una prueba de elegibilidad.*

2018 135% de las Pautas Federales de Pobreza (ingreso anual de los hogares antes de impuestos)

1 persona hasta \$ 16,389; 2 personas hasta \$ 22,221; 3 personas hasta \$ 28,053; 4 personas hasta \$ 33,885; 5 personas hasta \$ 39,717; 6 personas hasta \$ 45,549; 7 personas hasta \$ 51,381; 8 personas hasta \$ 57,213. Más de 8 personas: agregue \$ 5,832 por cada persona extra.

Seleccione sólo una

Asistencia de Vivienda Pública Federal (FPHA)

Medicaid

Programa de Asistencia de Nutrición Suplementaria (SNAP)

Complementaria Seguridad Ingresos (SSI)

Vivienda de los Veteranos Pensiones o de Supervivencia Pensión

Ingreso Total del Hogar en o Por Debajo del 135% de las Pautas Federales de Pobreza

Si marcó Ingreso Total del Hogar, proporcione el número de personas en su hogar.

SECCIÓN 3 - Certificado

Al colocar mis iniciales cada línea y firmar abajo, yo certifico, bajo pena de perjurio, que la información contenida en este formulario de certificación es verdadera y correcta al mejor de mis conocimientos Y que:

_____ **Certifico** que me encuentro con los criterios de elegibilidad basada en ingresos o en el programa para recibir Lifeline.

_____ **Certifico** que le notificaré al transportista dentro de 30 días, si por alguna razón ya no satisfacen los criterios para recibir Lifeline (por ejemplo, si ya no encuentro los criterios en base a ingresos o basado en el programa para recibir asistencia de Lifeline, o si estoy recibiendo más de un beneficio de Lifeline, u otro miembro de mi familia está recibiendo un beneficio Lifeline).

_____ **Certifico** si estoy tratando de calificar para Lifeline como un residente elegible de tierras tribales, que vivir en tierras tribales, según lo definido por ley federal.

_____ **Certifico** que si me mudo a una nueva dirección, proporcionaré esa nueva dirección a la compañía de telecomunicaciones elegible dentro de 30 días.

_____ Entiendo que mi hogar recibe solamente una línea de servicio y, a lo mejor de mi **conocimiento**, doy fe que mi hogar no está recibiendo ya un servicio de Lifeline.

_____ **Certifico** que la información contenida en esta forma de certificación es verdadera y correcta al mejor de mi conocimiento,

_____ **Reconozco** que el suministro de información falsa o fraudulenta para recibir beneficios de Lifeline es penado por la ley;

_____ **Reconozco** que yo tengo que volver a certificar mi elegibilidad continua para Lifeline en cualquier momento, y mi falta de volver a certificar en cuanto a mi elegibilidad continua resultará en la inscripción y la cancelación de mis beneficios de Lifeline.

Firma*

Fecha*

Envíe el completado el aplicación y la prueba de elegibilidad a:

MAIL: Randolph Communications 317 E. Dixie Dr., Asheboro, NC 27203 EMAIL: csrep@rtmc.net FAX: 336.879.2100

Lifeline es un beneficio federal que hace más asequible mensual teléfono o servicio de internet banda ancha para hogares elegibles. Hogares elegibles pueden aplicar el descuento de Lifeline mensual a cualquier servicio de internet banda ancha (hogar o inalámbrica) o servicio de teléfono (casa o inalámbrica), pero no ambos. Su hogar no puede recibir el beneficio de la vida de más de una empresa. Con el fin de línea de vida, un hogar es una persona o cualquier grupo de individuos que viven juntos en la misma dirección y compartir ingresos y gastos. No podrá transferir su descuento de Lifeline a otra persona, incluso si él o ella es elegible. Usted puede perder su beneficio de Lifeline y puede ser enjuiciados por el gobierno de Estados Unidos si viola la regla de uno por familia o de lo contrario hacer declaraciones falsas para recibir Lifeline.

For Office Use Only: Type of Documentation _____ Date Reviewed _____ Reviewed by _____ Lifeline Household Worksheet? Yes No Date NLAD Queried _____

RANDOLPH COMMUNICATIONS

Hogar Hoja de cálculo de Lifeline

Asistencia del programa de Lifeline es un beneficio federal que ofrece un descuento mensual en servicio de teléfono (casa o inalámbrica) o servicio de internet banda ancha (casa o inalámbrica), pero no ambos. **Sólo un servicio apoyado por el programa Lifeline por hogar** se permite bajo ley Federal. Responder a las preguntas de la página siguiente para determinar si hay más de un hogar, viviendo en su domicilio, y si su hogar ya recibe un beneficio del programa Lifeline.

Proporcionar información falsa en este formulario puede resultar en perder su servicio apoyado por el programa Lifeline y posibles sanciones penales.

Su hogar es todo el que vive junto a su dirección y contribuye a o acciones en los ingresos y gastos de la casa. Los gastos del hogar incluyen alimentos, gastos médicos y el costo de alquilar o pagar una hipoteca en su lugar de residencia y utilidades. Renta incluye salario, beneficios de asistencia pública, pagos de seguro social, pensiones, compensación por desempleo, de los veteranos beneficios, herencias, pensión alimenticia, los pagos de manutención del niño, del trabajador beneficios de compensación, regalos y premios de la lotería.

Los miembros de un hogar es prohibido para recibir más de un servicio apoyado por el programa Lifeline. Usted está recibiendo una copia de este formulario porque los registros indican que más de una persona en esta dirección es recibir un beneficio del programa Lifeline. Cada persona en la dirección que recibe un beneficio del programa Lifeline y aún no completado y devuelto a una hoja de cálculo doméstico recibirá una copia de este formulario, previamente rellena con su nombre, dirección y número de teléfono.

Si NO compartes ingresos y gastos con el otro adulto viviendo en esta dirección que reciben beneficios del programa Lifeline o ningún otro adulto viviendo en esta dirección recibiendo beneficios del programa de Lifeline, usted **TODAVÍA DEBE** firma este formulario para continuar recibiendo el beneficio del programa Lifeline. Si usted no lo hace, se de-enrolled de su prestación del programa Lifeline.

Si vive con otro adulto beneficiados acciones ingresos y gastos con usted y que tiene un programa de Lifeline en su servicio de teléfono, su hogar está recibiendo más de un beneficio del programa Lifeline. Si por lo tanto, **DEBE** seguir los siguientes pasos: (1) consultar con el otro adulto en su casa recibiendo un programa de Lifeline beneficio y decidir que mantenga el beneficio del programa Lifeline para la unidad familiar; y (2) la persona que se mantenga el beneficio del programa Lifeline, y **SÓLO QUE LA PERSONA** se llene el formulario en **COMPLETO** y devuélvala a su proveedor de servicios de teléfono dentro de los 30 días de la fecha de esta comunicación. El número de teléfono indicado en este formulario será el número que se mantendrá el beneficio del programa Lifeline.

Si la PERSONA EN SU HOGAR QUE DESEE PARA MANTENER EL BENEFICIO del PROGRAMA de LIFELINE PARA LA CASA ENTERA TIENE YA PREVISTO una hoja de cálculo doméstico a su proveedor de servicios, entonces NO de MÁS de ACCIÓN ES NECESARIO. (La persona nombrada abajo no necesita firmar y enviar este formulario a su proveedor de línea de vida).

Después de 30 días de la fecha de esta carta, todos los otros suscriptores en esta dirección que no han completado una hoja de cálculo doméstico YA NO tendrán un beneficio del programa Lifeline.

Nombre _____ Numero de Teléfono _____
Dirección _____
Calle Apartamento # Ciudad Estado Código Postal

1. ¿Su vida de esposo, esposa o pareja de hecho en su domicilio tiene un servicio de telefonía con descuentos el programa?

_____ **No.** Por favor conteste la pregunta 2 a continuación.

_____ **Sí.** Si **USTED** es la persona que se mantenga el beneficio Lifeline, **compruebe la OPCIÓN B en la parte inferior y firmar este formulario. Si no desea mantener su beneficio de Lifeline, NO presentar este formulario.**



2. ¿Otro adulto (mayores de 18 años o menor emancipado) viven con usted y con un servicio de teléfono con descuento el programa Lifeline?

_____ **No.** Por favor compruebe la **OPCIÓN A** continuación y **FORMA de ESTE SIGNO.**

_____ **Sí.** Por favor pregunta 3 a continuación.



3. ¿Comparto gastos de facturas, alimentos y otros vida gastos y cuota de ingreso con la persona en la pregunta #2?

_____ **No.** Por favor compruebe la **OPCIÓN C** continuación y **FORMA de ESTE SIGNO.**

_____ **Sí.** Si **USTED** mantenga el beneficio del programa Lifeline, **compruebe la opción B en la parte inferior y firmar este formulario. Si no desea mantener su beneficio de Lifeline, NO presentar este formulario.**

Por favor marque la casilla a continuación para el que se aplica a usted:

OPCIÓN A. [] nadie en mi familia, que no sea yo, está recibiendo actualmente un beneficio del programa Lifeline y por lo tanto puedo seguir recibe un beneficio del programa Lifeline.

OPCIÓN B. [] allí están otros en mi hogar que actualmente reciben un beneficio del programa Lifeline; firmando esta forma, voy a ser el único miembro de este hogar para continuar a recibir un beneficio del programa Lifeline.

OPCIÓN C. [] hay otros adultos que residen en la dirección de la lista anterior que reciben un programa de Lifeline se benefician pero no comparten ingresos y gastos, por lo tanto, ya que soy el único miembro en mi casa recibiendo un beneficio de programa Lifeline, puedo seguir recibir ese beneficio.

Certifico que la información proporcionada arriba es cierto. Entiendo que violando el requisito uno por hogar es contra las reglas de la Comisión Federal de comunicaciones y perder mis beneficios de programa Lifeline y pueden ser enjuiciado por el gobierno de Estados Unidos por violar las reglas.

Firma _____ Fecha _____

Por favor devuelva el formulario firmado a Randolph Communications at 317 E. Dixie Dr., Asheboro, NC 27203; Correo Electrónico: csrep@rtmc.net; Fax: 336.879.2100