



## EBB Acknowledgement Form

By signing this form I acknowledge and certify to the following:

1. I agree that the Emergency Broadband Benefit (EBB) Program is a government program that reduces the customer’s broadband internet access service bill, is temporary in nature, and that my household will be subject to Jefferson Telecom’s undiscounted rates and general terms and conditions at the end of the program if I continue to receive such service.
2. I authorize Jefferson Telecom to transmit the information I provided in my request for the EBB Program to the Universal Service Administrative Company (USAC) and the National Lifeline Accountability Database (NLAD) to verify my eligibility to enroll my household to receive benefits under the EBB Program.
3. I understand that my household may obtain broadband service supported by the EBB Program from any participating provider of my choosing.
4. I understand that my household may transfer its EBB Program to another provider at any time.
5. I understand I must provide a request to remove my household from the EBB Program under Jefferson Telecom. I can e-mail my request to [info@jeffersontelecom.com](mailto:info@jeffersontelecom.com), I can mail my request to Jefferson Telecom, PO Box 269, Jefferson, IA 50129, or I can call 515-386-4141 Monday-Friday 8 am-5 pm.
6. I understand that only one EBB-supported service is permitted per household and certify that no other member of my household is receiving an EBB-supported service.
7. I will be eligible for up to a \$50/month EBB discount that will be applied to my broadband service offered by Jefferson Telecom.
8. At the end of the program, I will be responsible for any prorated monthly charges.
9. I understand that my household will need to opt-in or request to continue broadband services with Jefferson Telecom. If I don’t opt-in or select a new service plan with Jefferson Telecom, my broadband service will end once the program ends. Even if I had service with the Jefferson Telecom before enrolling in the Emergency Broadband Benefit, I will need to opt-in to continue broadband services (and prevent disconnection) after the program ends and I will be responsible for the monthly charges henceforth.
10. I certify that the information I provided in my application for EBB-supported service from Jefferson Telecom is true to the best of my knowledge.

**CUSTOMER NAME & ADDRESS, MUST MATCH EXACTLY WHAT WAS ENTERED ON THE EBB WEBSITE.**

Customer’s Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_

Date \_\_\_\_\_

Jefferson Telecom must give you notice about the last date or billing cycle that the full benefit will apply to your bill and the date or billing cycle that a partial benefit will apply to your bill, in addition to information about the cost of your broadband service after the program ends.

As a convenience to Jefferson Telecom and to our customers, please provide the following information (if available) so we can notify you in as many ways as possible when the EBB program will be ending and avoid the inconvenience of an unwanted disconnection of your broadband. Thank you!

Cellular Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_