



Affordable Connectivity Program Customer Disclosures
For customers of the Hemingford Cooperative Telephone Company

The Affordable Connectivity Program is a government program intended to make broadband services and connected internet devices affordable for low-income households. The program provides a monthly discount of up to \$30 for eligible households and \$75 for eligible Tribal households. The program also supports a one-time connected internet device of up to \$100 for service providers that choose to offer a device.

In order to qualify for the program, eligible consumers must be enrolled in a qualifying program that includes: Medicaid, Supplemental Nutrition Assistance Program, WIC Program, Supplemental Security Income, Federal Public Housing Assistance, Veterans and Survivors Pension Benefit, Bureau of Indian Affairs General Assistance, Tribally-Administered Temporary Assistance to Needy Families, Tribal Head Start, Food Distribution Program on Indian Reservations, is approved for the free or reduced price school breakfast/lunch program (including through the USDA Community Eligibility Provision), received a federal Pell Grant, or have income at or below 200% of the Federal Poverty Guidelines.

Hemingford Cooperative Telephone Company
PO Box 246
Hemingford, NE 69348
308-487-3311

I _____ understand the following (please initial each statement):
(Customer first and Last Name)

___ The Affordable Connectivity Program is a U.S. government program that reduces my monthly internet bill;

___ I may choose to participate in the Affordable Connectivity Program from any participating service provider;

___ I may apply the Affordable Connectivity Program benefit to any broadband service offering of the **Hemingford Cooperative Telephone Company** at the same terms available to households that are not eligible for the same Affordable Connectivity Program-supported service;

___ My Affordable Connectivity Program-service may be disconnected after 90 consecutive days of non-payment;

___ I will be subject to the **Hemingford Cooperative Telephone Company** undiscounted rates and general terms and conditions if the Affordable Connectivity Program ends, or if I transfer my Affordable Connectivity Program benefit but continue to receive service from the **Hemingford Cooperative Telephone Company**, or upon de-enrollment from the Affordable Connectivity Program;

___ I may file a complaint against the **Hemingford Cooperative Telephone Company** via the FCC Consumer Complaint Center;

___ I consent to enroll into the Affordable Connectivity Program with the **Hemingford Cooperative Telephone Company**.

Signature: _____

Date: _____