



Affordable Connectivity Program Form

The Affordable Connectivity Program (ACP) provides eligible households a monthly discount of up to \$30.00 (non-Tribal) or \$75.00 (for households on qualified Tribal lands) on their broadband service plans.

Requesting enrollment pursuant to the ACP, provision of the National Verifier application and approval page to Union Telephone Company (Union), and completion of this form, is your representation and warranty that you are eligible to participate in the ACP and receive the benefits contained therein. Additionally, your application is your acknowledgment, representation, and warranty that you agree to the terms and conditions of the Program.

Please fill in all information as completely and accurately as possible. The information on this application is strictly confidential and shall be used only to establish your ACP discount through Union

Name; First, Last (Account Holder)

Account Number

Physical Address

Contact Number

City, State, Zip Code

Date of Birth

Qualifying Individual Name

Qualifying Individual SSN - Last 4 Digits

Billing Address (if different from physical address)

- Only one ACP benefit is available per household.
- Making a false statement(s) to obtain the benefit will result in any or all of the following: 1) de-enrollment from the ACP; 2) fines; and 3) imprisonment
- Upon de-enrollment from the ACP, in addition to no longer being a program recipient, the enrolled household is subject to Union's general rates, terms, and conditions which will be calculated, applied, and charged from the previously enrolled participant's date of enrollment.

Applicant's Signature

Date

By signing below, you acknowledge that you have read the conditions applicable to the Affordable Connectivity Program and that the information on this form is true and correct.

Please submit this completed form alongside all necessary National Verifier documents.