14450 Burnhaven Drive
Burnsville, Minnesota 55306

April 8, 2015

Ms. Patricia Van Gerpen
Executive Director
South Dakota Public Utilities Commission
Capitol Building – 1st Floor
500 East Capitol Avenue
Pierre, South Dakota 57501-50570

Re: Lifeline Biennial Audit – Report of Independent Accountants on Applying Agreed-Upon Procedures

Dear Ms. Van Gerpen:

Pursuant to the *General Standard Procedures for Biennial Independent Audits Required Under the Lifeline Reform Order*[1], Frontier Communications Corporation hereby provides you with a copy of the attached Report of Independent Accountants on Applying Agreed-Upon Procedures.

If you have any questions, please contact Christine Burke at 585-777-6719 or by e-mail at Christine.Burke@ftr.com

Respectfully submitted,

Stephen H. Hegdal
Manager – Compliance and Reporting

Attachments

cc: Scott Bohler, Frontier

[1] *See Wireline Competition Bureau Announces Release of Final Lifeline Biennial Audit Plan,* Public Notice, 29 FCC Rcd 3568 (rel. Apr. 2.2014) DA 14-450

April 2, 2015

Charles Tyler
Telecommunications Access Policy Division
Wireline Competition Bureau,
445 12th Street, SW, Room 5-A452
Washington, DC 20554
Charles.Tyler@fcc.gov

Thomas Buckley
Office of the Managing Director
445 12th Street, SW, Room 1-A636,
Washington, DC 20554;
Thomas.Buckley@fcc.gov

Via Electronic Mail

Re: Lifeline Biennial Audit – Report of Independent Accountants on Applying Agreed-Upon Procedures

Pursuant to the General Standard Procedures for Biennial Independent Audits,[1] Frontier Communications submits the attached Report of Independent Accountants on Applying Agreed-Upon Procedures. Please contact the undersigned with any questions.

Respectfully submitted,

Christine Burke
National Manager, Funding Programs
21 West Avenue
Spencerport, NY 14559
585-777-6719
Christine.Burke@ftr.com

Attachment

cc: Karen Majcher, Vice President High Cost & Low Income Division, USAC
Sara Yocum, Moss Adams

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[1] *See Wireline Competition Bureau Announces Release Of Final Lifeline Biennial Audit Plan*, Public Notice, 29 FCC Rcd 3568 (rel. Apr. 2, 2014), Attachment 3 ¶¶ 5, 9.

Report of Independent Accountants on
Applying Agreed-Upon Procedures

Frontier Communications Corporation

December 31, 2013

MOSS-ADAMS LLP

Certified Public Accountants | Business Consultants

MOSS-ADAMS LLP
Certified Public Accountants | Business Consultants

REPORT OF INDEPENDENT ACCOUNTANTS
ON APPLYING AGREED-UPON PROCEDURES

To the Managements of Frontier Communications Corporation, the Universal Service Administrative Company (USAC), and the Federal Communications Commission (FCC or Commission):

We have performed the procedures enumerated in Attachment A, which were agreed to by the FCC's Wireline Competition Bureau (Bureau) and Office of Managing Director (OMD) in the Lifeline Biennial Audit Plan or as otherwise directed by the Bureau, solely to assist you in evaluating Frontier Communications Corporation's compliance with certain regulations and orders governing the Low Income Support Mechanism (also known as the Lifeline Program) of the Universal Service Fund, set forth in 47 C.F.R. Part 54, as well as other program requirements, including any state-mandated Lifeline requirements (collectively, the Rules) detailed in the Lifeline Biennial Audit Plan for the calendar year ended December 31, 2013. Frontier Communications Corporation's management is responsible for compliance with the Rules. This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the Generally Accepted Government Auditing Standards (GAGAS) issued by the Government Accountability Office (2011 Revision). The sufficiency of these procedures is solely the responsibility of the Bureau and OMD. Consequently, we make no representation regarding the sufficiency of the procedures described in Attachment A either for the purpose for which this report has been requested or for any other purpose.

Specific procedures and related results are enumerated in Attachment A to this report. In compliance with the Lifeline Biennial Audit Plan, this report does not contain any personally identifiable information or individually identifiable customer proprietary network information.

We were not engaged to, and did not, conduct an examination, the objective of which would be the expression of an opinion on Frontier Communications Corporation's compliance with the Rules. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the managements of Frontier Communications Corporation, USAC, and the FCC, and is not intended to be and should not be used by anyone other than these specified parties. This report becomes a matter of the public record upon filing of the final report with the FCC. The final report is not confidential.

Moss Adams LLP

Stockton, California
April 1, 2015

Attachment A enumerates the agreed-upon procedures for Frontier Communications Corporation, the associated results, and any management responses obtained in relation to the exceptions identified.

Objective 1: Carrier Obligation to Offer Lifeline

Procedure 1

Moss Adams LLP inquired of management on December 9, 2014 and obtained the carrier's policies and procedures in response to Item 4 of Appendix A (Requested Documents) of the Lifeline Biennial Audit Plan for offering Lifeline service to qualifying low-income consumers.

Moss Adams LLP examined the carrier's policies and procedures, and compared those policies and procedures, as well as management's responses to the inquiries, to the Commission's Lifeline rules set forth in Appendix F of the Lifeline Biennial Audit Plan.

Moss Adams LLP noted no discrepancies between the carrier's policies and procedures, management's responses to the inquiries, and the Commission's Lifeline rules, except for the carrier's new customer script does not identify Lifeline as a government assistance program as required under the Rules per 47 C.F.R. Section 54.405(c).

Beneficiary Response:

The phrase "government assistance" has been added to Frontier's script used for new Lifeline subscribers. Specifically, in the "New Customer" section, Frontier's customer script has been edited from "We want to make you aware of our telephone assistance program called Lifeline that is available to qualified Frontier customers and provides discounted monthly rates to qualified customers based on income qualification" to "We want to make you aware of a government assistance program called Lifeline that is available to qualified Frontier customers and provides discounted monthly rates to qualified customers based on income qualification."

In the "Current/Non-Pay Customer" section, Frontier's customer script has been edited from "We want to make you aware of Lifeline, a telephone assistance program to encourage Frontier customers to maintain their phone service" to "We want to make you aware of Lifeline, a government assistance program to encourage Frontier customers to maintain their phone service."

Procedure 2

Moss Adams LLP inspected 10 examples of carrier marketing materials describing the Lifeline service (i.e. print, audio, video and web materials used to describe or enroll in the Lifeline service offering, including standard scripts used when enrolling new subscribers, application and certification forms), as provided in response to Items 4, 6, and 7 of Appendix A of the Lifeline Biennial Audit Plan.

Moss Adams LLP noted one instance where marketing materials omitted required disclosures per 47 C.F.R. Section 54.405(c), the Lifeline Scripting for new customers does not state that Lifeline is a government assistance program as required by the Rules.

Beneficiary Response:
The one instance identified involved the customer script referenced in Procedure 1 above. As noted above in the Beneficiary Response for Procedure 1, Frontier's script for new Lifeline service subscribers has been revised to reference Lifeline as a "government assistance" program. Frontier has reviewed its other marketing materials promoting Lifeline service to confirm they reference Lifeline service as a government assistance program.

Procedure 3
Moss Adams LLP was unable to inspect 10 randomly selected recorded calls out of the 50 recorded calls servicing the Eligible Telecommunications Carrier's (ETC) Lifeline subscribers, as provided in response to Item 8 of Appendix A, as there were no recorded customer calls available for the engagement period.

Beneficiary Response:
Frontier's policy is to record customer service calls received in its customer care centers and to retain those recorded service calls for a period of approximately 90 days. Frontier's systems do not segregate and separately retain customer call recordings in which Lifeline service is discussed with a customer from other customer service calls (e.g. billing questions). Frontier is not aware of any requirement under the applicable statutes and FCC rules to record customer calls and retain a record of those calls related to Lifeline inquiries and service issues. Frontier further notes that customer service calls in which Lifeline availability is discussed with eligible customers is only a part of Frontier's overall Lifeline outreach and marketing efforts. Documentation related to other Lifeline outreach and marketing efforts are retained.

Procedure 4
Moss Adams LLP inspected applicable policies and procedures regarding de-enrollment from the program when the ETC de-enrolls subscribers based on lack of eligibility, duplicate support, non-usage, and failure to recertify.

Moss Adams LLP inspected policies and procedures for de-enrollment where the ETC had information indicating that a Lifeline subscriber no longer met the criteria to be considered a qualifying low-income consumer under 47 C.F.R. Section 54.409, as provided in response to Item 4 of Appendix A.

Moss Adams LLP noted the policies and procedures included, but were not limited to: (1) notifying subscriber of impending termination of service; (2) allowing subscriber to demonstrate continued eligibility; and (3) terminating of service for failure to demonstrate eligibility, and there were no areas that were not in compliance with 47 C.F.R. Section 54.405(e)(1) of the Commission's rules.

Moss Adams LLP inspected the carrier's policies and procedures for de-enrolling subscribers that are receiving Lifeline service from another ETC or where more than one member of a subscriber's household is receiving Lifeline service (duplicative support).

Moss Adams LLP noted the policies and procedures stated that the ETC will de-enroll subscribers within five business days of receiving notification from USAC program management that a subscriber or a subscriber's household is receiving duplicative Lifeline support, as required by 47 C.F.R. Section 54.405(e)(2) of the Commission's rules.

Moss Adams LLP noted the ETC assesses or collects a monthly fee from its subscribers. As such, Moss Adams LLP did not inspect the carrier's policy and procedures for de-enrolling subscribers for non-usage (i.e., where a Lifeline subscriber fails to use Lifeline service for 60 consecutive days) as 47 C.F.R. Section 54.405(e)(3) and/or 54.407(c)(2) do not apply.

Moss Adams LLP reviewed the carrier's policy and procedures for de-enrolling a Lifeline subscriber that does not respond to the carrier's attempts to obtain recertification, as part of the annual eligibility recertification process.

Moss Adams LLP examined the carrier's policies and procedures and compared those policies and procedures, as well as management's responses to the inquiries, to the Commission's Lifeline rules set forth in Appendix F of the Lifeline Biennial Audit Plan.

Moss Adams LLP noted no discrepancies between the carrier's policies and procedures, management's responses to the inquiries, and the Commission's Lifeline rules per 47 C.F.R. Section 54.405(e)(4).

Moss Adams LLP inspected the sampled notice of impending de-enrollment letters (or templates in lieu of individual requests) and verified that the communications explain that the subscriber has 30 days following the date of the notice of impending de-enrollment letter to demonstrate continued eligibility or the carrier will terminate the subscriber's Lifeline service.

Moss Adams LLP noted no instances where de-enrollment letters did not include an explanation that the subscriber has 30 days following the date of the notice of impending de-enrollment letter to demonstrate continued eligibility or the carrier will terminate the subscriber's Lifeline service. Moss Adams LLP reviewed the de-enrollment letters (or templates in lieu of individual requests), other forms of communications, and the carrier's responses to the background questionnaire and verified that the de-enrollment letters were sent by a method separate from the subscriber's bill.

Moss Adams LLP noted no instances where the de-enrollment letters were not sent by a method separate from the subscriber's bill.

Moss Adams LLP noted one instance where the ETC did not provide the requested de-enrollment letter (or recertification in lieu of de-enrollment letters) in violation of the documentation retention requirements per 47 C.F.R. Section 54.417(a).

Moss Adams LLP attached a copy of five examples of recertification letters of individual requests as an example of recertification provided to the subscriber. See Attachment B attached.

Beneficiary Response:
Frontier has reviewed the one instance where it did not provide the requested de-enrollment letter (or recertification in lieu of a de-enrollment letter) and has determined that Frontier suspended the subscriber's account for non-payment during the recertification period and the subscriber was then disconnected for non-payment.

Objective II: Consumer Qualification for Lifeline

Procedure 1
Moss Adams LLP inquired of management on December 9, 2014 and obtained the carrier's policies and procedures in response to Item 4 of Appendix A (Requested Documents) of the Lifeline Biennial Audit Plan for limiting Lifeline support to a single subscription per household.

Moss Adams LLP examined the carrier's policies and procedures and compared those policies and procedures, as well as management's responses to the inquiries, to the Commission's Lifeline rules set forth in 54.409(c) (Appendix F) of the Lifeline Biennial Audit Plan.

Moss Adams LLP noted no discrepancies between the carrier's policies and procedures, management's responses to the inquiries, and the Commission's Lifeline rules.

No exceptions noted.

Procedure 2
Moss Adams LLP inquired of management on December 9, 2014 and reviewed procedures the carrier had in place to ensure it accurately completed the FCC Form 497. The policy and procedures included the following:

- The position title of the person responsible for obtaining data for the FCC Form 497;
- The process for determining which subscribers should be included monthly in the FCC Form 497. Verify the procedures include cut-off and billing cycle dates, and only those subscribers active as of the start or end of the month;
- That a corporate officer signature is required for the FCC Form 497;
- That a verification process exists to perform an independent review; that is, the person reviewing or validating the form's data is different from the person completing the form; and
- Provides the billing system name used to generate completion of the form.

Moss Adams LLP noted the written policies and procedures, background questionnaire response, internal control questionnaire responses, and ETC management's responses conflict with the Rules per 47 C.F.R. Section 54.407(a)(b)(e) in that the individual responsible for signing the Form 497 for part of 2013 was not an officer of the company.

Beneficiary Response:
Frontier will ensure that an appropriate company representative signs the Form 497.

Procedure 3
Moss Adams LLP obtained the Subscriber List in response to Item 1 of Appendix A and obtained the carrier's FCC Form 497 (s) for each study area for Indiana, New York, and Ohio.

Moss Adams LLP examined the number of subscribers claimed on the Form(s) 497 for each study area in Indiana, New York, and Ohio and compared the number of subscribers reported on the Form 497 to the number of subscribers contained on the Subscriber List for each study area.

Moss Adams noted the number of subscribers reported on the Form 497 agreed to the number of subscribers contained in the Subscriber List.

No exceptions noted.

Procedure 4
Moss Adams LLP used computer-assisted audit techniques to examine the Subscriber List, provided in response to Item 1 of Appendix A, for duplicate addresses with different subscribers.

Moss Adams LLP noted duplicate addresses with different subscribers existed.

Procedure 5
Moss Adams LLP randomly selected 30 subscribers from the list of duplicates and requested copies of the one-per-household certification form for each of the selected subscribers to verify the selected subscriber certified to only receiving one Lifeline-supported service in his/her household.

Moss Adams LLP noted there were 16 missing and 0 incomplete certifications.

Moss Adams LLP noted 11 instances where the ETC did not provide the requested one-per-household worksheets, and 5 instances where the ETC did not provide the certification/recertification forms if the ETC uses these forms in lieu of one-per-household worksheets, in violation of the documentation retention requirements per 47 C.F.R. Section 54.417(a).

Beneficiary Response:
Frontier personnel responsible for administering Lifeline are trained to request additional information from subscribers, including the one-per-household worksheets in instances where there appears to be duplicate addresses. Of the eleven instances referenced in the findings where a missing household worksheet was not located, Frontier has identified the following information related to five of the subscribers:

- Three subscribers were disconnected in 2013 for failing to recertify or for submitting an invalid recertification
- One subscriber provided a household worksheet after the audit
- One subscriber address apartment number was changed after the audit rendering the household no longer duplicate

Of the five instances referenced in the findings where Frontier was unable to initially provide certification/recertification forms in lieu of household worksheet, Frontier removed Lifeline service for three subscribers between March and August 2013 because recertification documentation was not received by the company.

Further, Frontier has enhanced its processes for eliminating duplicate subscribers and collecting and retaining the Lifeline Household Worksheet to remove duplicate subscribers. In 2014, the National Lifeline Accountability Database (NLAD) was utilized by Frontier to remove duplicate subscribers at the same address. Mailings, which included a household worksheet, where appropriate, were sent to subscribers with duplicate addresses. Those Lifeline subscribers who did not respond with a valid household worksheet were removed from the Lifeline program by Frontier.

Objective III: Subscriber Eligibility Determination and Certification

Procedure 1

Moss Adams LLP inquired of management on December 9, 2014 and obtained the carrier's policies and procedures in response to Item 4 of Appendix A (Requested Documents) of the Lifeline Biennial Audit Plan for ensuring that its Lifeline subscribers are eligible to receive Lifeline services.

Moss Adams LLP examined the carrier's policies and procedures and compared those policies and procedures, as well as management's responses to the inquiries, to the Commission's Lifeline rules set forth in 54.410 of the Lifeline Biennial Audit Plan.

Moss Adams LLP inspected the ETC's policies and noted evidence of a verbal policy indicating the ETC does not retain copies of subscribers' proof of income- or program-based eligibility.

Moss Adams LLP inspected the ETC's policies and noted evidence of policies and procedures that the ETC must fully verify the eligibility of each low-income consumer prior to providing Lifeline service to the consumer, and that the ETC or its agents may not provide the consumer with an activated device intended to enable access to Lifeline service until that consumer's eligibility is fully verified and all other necessary enrollment steps have been completed.

Moss Adams LLP noted no discrepancies between the carrier's policies and procedures, management's responses to the inquiries, and the Commission's Lifeline rules.

No exceptions noted.

Procedure 2

Moss Adams LLP examined the ETC's policies and procedures for training employees and agents for ensuring that the ETC's Lifeline subscribers are eligible to receive Lifeline services, including any policies regarding how the company ensures employees and agents have completed the training.

Moss Adams reviewed documentation and conducted a verbal interview with the ETC to ensure employees and agents are trained for subscriber eligibility for Lifeline services including completion of necessary forms. The ETC indicated during a verbal interview on December 9, 2014 that new customer-facing employees are given one week of training, during an eight week training course, regarding Lifeline rules and completion of necessary forms. The ETC identified a dedicated lead trainer is responsible for ensuring new and current employees are properly trained. The ETC provided evidence of training through its own internal logs that identified personnel and dates of training. In addition the ETC further provided subsequent Lifeline follow up training as identified in Appendix C supporting its compliance with Lifeline training and conducted 28 internal conference calls to discuss process, issues, and rules of Lifeline. The ETC provided supporting documentation including a sample training examination that included Lifeline eligibility questions. The ETC indicated that during test year 2013 it had not utilized NLAD for verification, as the NLAD process was not implemented until 2014. However, the ETC did participate in USAC/NLAD webinars on 6 occasions during 2013. The ETC has indicated that beginning 2014 it has subsequently trained employees on use and interaction and has policies in place to limit access to NLAD. There are no findings and ETC has demonstrated its compliance with FCC Commission Rules as set forth in set forth in 47 C.F.R. § § 54.409 and 54.410.

Procedure 3

Moss Adams LLP randomly selected 100 subscribers from the subscriber list provided in response to Item 1 of Appendix A, and tested the subscriber's certification and recertification forms for information listed in Objective III Procedure 3.

Moss Adams LLP examined the subscriber certification and recertification forms noting the following:

The ETC did not provide the subscriber certification forms, subscriber recertification forms, and/or the data source the ETC reviewed to confirm the subscriber's eligibility in violation of the documentation retention requirements per 47 C.F.R. Section 54.417(a) for 20 of the 100 subscribers sampled.

The ETC did not require the subscriber to certify, under penalty of perjury, that the subscriber is seeking to qualify for Lifeline as an eligible resident of Tribal lands, when he or she lives on Tribal lands, as defined in 47 C.F.R. Section 54.400(e).

No subscribers received Tribal Lifeline Program support, and therefore subscribers did not certify to residing on Tribal lands.

The ETC did not require that the subscriber acknowledges that the subscriber may be required to re-certify his or her continued eligibility for Lifeline at any time, and the subscriber's failure to re-certify as to his or her continued eligibility will result in de-enrollment and the termination of the subscriber's Lifeline benefits pursuant to 47 C.F.R. Section 54.405(e)(4) in 12 instances.

The subscriber certification and/or recertification forms did contain all the elements required per 47 C.F.R. Section 54.410.

The federal eligibility criteria listed on the forms are consistent with the federal eligibility criteria per 47 C.F.R. Section 54.409.

The subscriber did not complete all required elements on the form for 10 of 100 subscribers sampled.

The subscriber's initial certification form was not provided in 42 of 100 subscribers sampled in violation of document retention rules under 47 C.F.R. Section 54.417(a); therefore Moss Adams LLP could not verify that the form was dated before the subscriber's Lifeline start date.

Moss Adams LLP reviewed the list of the data source or documentation reviewed by the ETC to confirm the subscriber's eligibility and verified the recorded data sources were eligible data sources per 47 C.F.R. Section 54.410, such as (1) income or program eligibility databases, (2) income or program eligibility documentation, or (3) confirmation from a state administrator.

Moss Adams LLP noted the data source reviewed to confirm the subscriber's eligibility was an eligible data source per 47 C.F.R. Section 54.410 for 83 of 100 subscribers sampled.

Moss Adams LLP noted 17 instances where the ETC did not provide the data source or documentation the ETC reviewed to confirm the subscriber's eligibility in violation of document retention rules under 47 C.F.R. Section 54.417(a).

Beneficiary Response:
With respect to the findings related to Frontier's inability to provide copies of the underlying documentation requests, Frontier will enhance its recordkeeping processes, including augmenting its training to emphasize the importance of obtaining and accurately scanning and classifying and retaining subscriber Lifeline forms it receives and enhancing its system capabilities to facilitate review, retrieval and retention of the underlying Lifeline documentation. Frontier will also enhance its quality control process to improve oversight of and compliance, including augmenting its training and increasing the percentage of forms audited to ensure accuracy and completeness of the application forms and the retrieval and retention of Lifeline application forms, recertification forms and other documentation.

With respect to the finding that Frontier did not require that the subscriber acknowledges that the subscriber may be required to re-certify his or her continued eligibility for Lifeline at any time, Frontier notes that all twelve instances referenced in the finding where the words "or as requested" were omitted from the form resulted from a single document - the 2013 version of Frontier's New York Lifeline application. The omitted wording was corrected in February 2014, prior to the initiation of this audit, as part of the Frontier annual review of Lifeline application documents. Frontier updated the application forms at that time to add the verbiage "or as requested" to the sentence "Frontier has explained to me that I am required each year (or as requested) to recertify my continued eligibility for Lifeline."

Of the ten instances referenced in the finding in which the subscriber failed to fill in one element of the form, in five instances the subscriber completed the entirety of the form except to check one of the following types of address boxes:

Is this address ☐ Permanent ☐ Temporary ☐ Multi-Household.

With respect to the finding involving seventeen instances where Frontier did not provide the data source or documentation reviewed to confirm the subscriber's eligibility Frontier notes that its processes and procedures require those administering the Lifeline program to obtain proof of eligibility and to note it in the account. The fact that an account is not noted in accordance with this process does not necessarily mean that satisfactory proof of eligibility was not received and reviewed but indicates that the Company may have not notated the account in accordance with its procedures. With the implementation of the National Lifeline Accountability Database in 2014, eligibility codes have been implemented which identify the source of eligibility on the subscriber account. The seventeen instances noted were disconnected from Lifeline before the new codes were implemented.

Further, Frontier has enhanced its processes to include a weekly internal review of subscriber accounts. The review checks for subscriber accounts receiving a Lifeline discount through the service and equipment code and validates that the eligibility code is also included. Additionally, the review checks other markers including service type and credit class. Subscriber accounts that do not contain all required Lifeline markers are referred to Frontier's Offline Customer Service department for review. Personnel in this department validate documentation, customer eligibility and make appropriate updates to subscriber accounts.

Objective IV: Annual Certifications and Recordkeeping by Eligible Telecommunications Carriers

Procedure 1
Moss Adams LLP inquired of management on December 9, 2014 and obtained the carrier's policies and procedures in response to Item 12 of Appendix A (Requested Documents) of the Lifeline Biennial Audit Plan for ensuring that the carrier has made and submitted the annual certifications required.

Moss Adams LLP examined the carrier's policies and procedures, and compared those policies and procedures, as well as management's responses to the inquiries, to the Commission's Lifeline rules set forth in 54.416 and 54.522 of the Lifeline Biennial Audit Plan.

Moss Adams LLP noted no discrepancies between the carrier's policies and procedures, management's responses to the inquiries, and the Commission's Lifeline rules.

No exceptions noted.

Procedure 2
Moss Adams LLP examined the ETC's FCC Form 555 that was filed in January 2014 and verified an officer of the ETC certified that they understood the Commission's Lifeline rules and requirements and that the carrier: had policies and procedures in place to ensure that its Lifeline subscribers were eligible to receive Lifeline services; is in compliance with all federal Lifeline certification procedures; and in instances where the ETC confirmed consumer eligibility by relying on income or eligibility databases, as defined in 47 C.F.R. Section 54.410(b)(1)(i)(A) or (c)(1)(i)(A), the representative must attest annually as to what specific data sources the ETC used to confirm eligibility.

Moss Adams LLP noted no instances where certifications were not made.

No exceptions noted.

Procedure 3
Moss Adams LLP examined the ETC's organizational chart provided in response to Item 5 of Appendix A and verified the certifying officer on the FCC Form 555 was an officer per the organizational chart or other publicly available document.

Moss Adams LLP noted the individual who certified the FCC form 555 was designated as an officer per the organizational chart to sign the FCC Form 555.

No exceptions noted.

Procedure 4
Moss Adams LLP verified that the subscriber count per the FCC Form 555 agreed with the total subscriber count per the February Form 497 after all study areas were totaled.

Moss Adams LLP noted no discrepancies between the subscriber count per the FCC Form 555, column A and the subscriber count per the February FCC Form(s) 497 for 2013.

No exceptions noted.

Procedure 5
Moss Adams LLP randomly selected one of the three states or territories where the ETC received the largest amount of Lifeline support and two additional states or territories where the ETC is responsible for the annual recertification process.

Moss Adams LLP reviewed the ETC's recertification results of the individual subscribers reported on the FCC Form 555 filed in January 2014 for those three randomly selected states, as provided in Item 9 of Appendix A, and verified that the data reported on the FCC Form 555 for those states agreed with the detailed recertification results.

Moss Adams LLP noted no discrepancies between the FCC Form 555 for those states and the detailed recertification results.

No exceptions noted.

Procedure 6
Moss Adams LLP noted the non-usage rule does not apply to the ETC, and therefore, did not randomly select three months during the audit period, one of the three states or territories where the ETC received the largest amount of Lifeline support, and two additional states or territories where the ETC receives Lifeline support, and did not review the ETC's detailed non-usage results of the individual subscribers reported on the FCC Form 555 for those three randomly selected months with the three selected states, as provided in Item 10 of Appendix A (Non-Usage Sample).

Procedure 7
Moss Adams LLP reviewed the carrier's annual ETC certification, as provided in Item 13 of Appendix A, and verified that the ETC reported all the information and made all the certifications required by 47 C.F.R. Section 54.422(a)(b).

Moss Adams LLP noted no discrepancies between the information reported, certifications made, and those required by the Commission's Lifeline rules.

No exceptions noted.

Procedure 8
Moss Adams LLP reviewed the supporting schedules related to the carrier's annual ETC certification, as provided in Item 13 of Appendix A, and verified that the data reported on the annual ETC certifications agreed with supporting schedules.

Moss Adams LLP noted no discrepancies between the annual ETC certification and the supporting schedules.

No exceptions noted.

Procedure 9

Moss Adams LLP inquired of management on December 9, 2014 and obtained the carrier's policies and procedures for maintaining records that document compliance with the Lifeline program rules, as provided by the carrier in response to Item 4 of Appendix A.

Moss Adams LLP examined the carrier's policies and procedures, and compared those policies and procedures, as well as management's responses to the inquiries, to the record keeping rules set forth in 47 C.F.R. Section 54.417(a).

Moss Adams LLP noted no discrepancies between the carrier's policies and procedures, management's responses to the inquiries, and the Commission's Lifeline rules.

No exceptions noted.

Frontier Lifeline
1398 S. Woodland Blvd. Suite A
Deland, FL 32720

February 15, 2013

MAR 0 5 2013

Ohio Lifeline Recertification

Our records indicate that you are currently a Frontier Lifeline customer. Lifeline is a discounted telephone service for qualified customers who receive benefits from at least one of the government programs listed below or meet the income guidelines. Frontier is required to annually verify your continued eligibility for Lifeline service. **Please complete and return this form to the address below no later than March 16, 2013.** If Frontier does not receive this completed form by **March 16, 2013**, the Lifeline discount will no longer be applied to your monthly phone bill and regular rates will apply. All sections must be complete otherwise your form will be discarded and you must reapply for Lifeline service.

OFFICE USE ONLY:
Rep LAND:
Date:
Docs Verified:
ARCHIVE ONLY ☐

Applicant Information - Print and Complete All Sections

Full Name:

Address:

Phone # rec
Lifeline disc
(Must be in your n

Billing addre
different than address above: Same

Billing Address City State Zip

Is this address: ☒ Permanent ☐ Temporary ☐ Multi-Household Number of people living in your household 2

Eligibility - Complete Part A or B

Part A

I am currently participating in the following program(s): Check all that apply.

☒	Medicaid	☐	Temporary Assistance for Needy Families (TANF)	☒	Supplemental Security Income (SSI) *(Not same as Social Security)*
☒	Federal Public Housing Assistance (Section 8)	☒	Low Income Home Energy Assistance Program (LIHEAP)	☐	Supplemental Nutrition Assistance Program (SNAP) formerly Food Stamps
☐	National School Free Lunch Program				

Part B

☐ I do not participate in any programs listed in #1 above but my household income is at or below the Federal Poverty Guidelines as listed in the chart below.

# of Members in Household	Total household annual income must be at or below:
1 member	$15,080.00
2 members	$20,426.00
3 members	$25,772.00

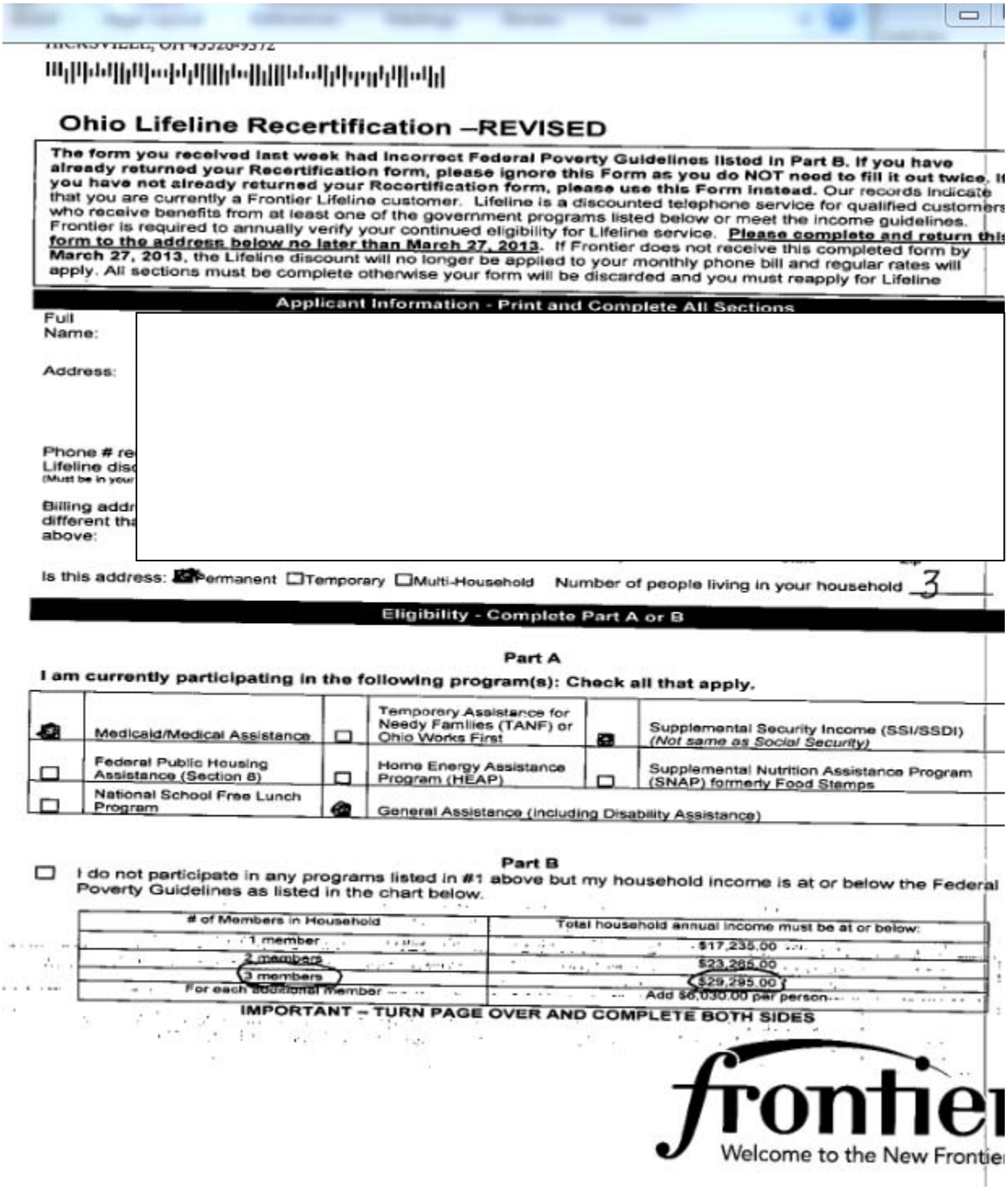
IMPORTANT – TURN PAGE OVER AND COMPLETE BOTH SIDES

Certifications

I certify under penalty of perjury: ***Check each box below to indicate that you have read and understand each statement. Failure to check any box will result in discontinuation of your Lifeline discount.***

☑	The information contained in my application remains true and correct to the best of my knowledge and I acknowledge that Lifeline is a federal benefit and that willfully providing false or fraudulent information to receive Lifeline benefits is punishable by law, may lead to fines, imprisonment, de- enrollment and may result in me being barred from the program.
☑	I am a current recipient of the program(s) checked in Part A, or have an annual household income at or below the Federal Poverty Guidelines listed on the chart in Part B.
☑	I understand that my household can only have one Lifeline-supported telephone service. Frontier has explained the one-per household requirement. I understand that violation of the one per household requirement constitutes a violation of the FCC's rules and will result in my de-enrollment in the Lifeline program and could result in criminal prosecution by the United States government.
☑	I attest to the best of my knowledge that neither I nor anyone else in my household receives a Lifeline-supported service from any other landline or wireless company. Household is defined as any individual or group of individuals who live together at the same address and share income and expenses.
☑	I understand that my Frontier lifeline service is non-transferable and I may not transfer my service to any individual including any other eligible low- income customer.
☑	I will notify Frontier within 30 days if I no longer qualify for lifeline. I understand this requirement and that I may be subject to penalties if I fail to notify Frontier. Specifically, I will notify Frontier if: 1) I cease to participate in the above federal or state program, or if my annual household income exceeds the income guidelines; 2) I am receiving more than one Lifeline service; or 3) I no longer satisfy the criteria for receiving Lifeline support.
☐	I will notify Frontier within 30 days of moving. Additionally, if my address listed above is a temporary address, I understand that I must verify my address with Frontier every 90 days. If I fail to respond to Frontier address verification attempts within 30 days, my Lifeline service may be terminated.
☑	Frontier has explained to me that I am required each year (or as requested) to recertify my continued eligibility for Lifeline. If I fail to do so within thirty (30) days, my Frontier Lifeline service will be terminated.
☑	I authorize and understand that Frontier may provide to state and federal agencies, as required by law for the purpose of complying with the Lifeline program all of the information related to my account, including but not limited to my name, date of birth, last four digits of social security number, address and phone number.
☑	I understand that my telephone number, date of birth, last four digits of my social security number, and address will be divulged to the Universal Service Administrative Company (USAC) and/or its agents for the purpose of verifying that I do not receive more than one Lifeline subsidy.
☑	I understand that if USAC identifies that I am receiving more than one Lifeline subsidy, all carriers involved may be notified so that I may select one service and be de-enrolled from the other.

Signature



BRUNSWICK, OH 44212-9372

Ohio Lifeline Recertification –REVISED

The form you received last week had incorrect Federal Poverty Guidelines listed in Part B. If you have already returned your Recertification form, please ignore this Form as you do NOT need to fill it out twice. If you have not already returned your Recertification form, please use this Form instead. Our records indicate that you are currently a Frontier Lifeline customer. Lifeline is a discounted telephone service for qualified customers who receive benefits from at least one of the government programs listed below or meet the income guidelines. Frontier is required to annually verify your continued eligibility for Lifeline service. **Please complete and return this form to the address below no later than March 27, 2013.** If Frontier does not receive this completed form by **March 27, 2013**, the Lifeline discount will no longer be applied to your monthly phone bill and regular rates will apply. All sections must be complete otherwise your form will be discarded and you must reapply for Lifeline

Applicant Information - Print and Complete All Sections

Full Name:

Address:

Phone # re
Lifeline disc
(Must be in your

Billing addr
different tha
above:

Is this address: ☑ Permanent ☐ Temporary ☐ Multi-Household Number of people living in your household 3

Eligibility - Complete Part A or B

Part A

I am currently participating in the following program(s): Check all that apply.

☑	Medicaid/Medical Assistance	☐	Temporary Assistance for Needy Families (TANF) or Ohio Works First	☑	Supplemental Security Income (SSI/SSDI) *(Not same as Social Security)*
☐	Federal Public Housing Assistance (Section 8)	☐	Home Energy Assistance Program (HEAP)	☐	Supplemental Nutrition Assistance Program (SNAP) formerly Food Stamps
☐	National School Free Lunch Program	☑	General Assistance (including Disability Assistance)		

Part B

☐ I do not participate in any programs listed in #1 above but my household income is at or below the Federal Poverty Guidelines as listed in the chart below.

# of Members in Household	Total household annual income must be at or below:
1 member	$17,235.00
2 members	$23,265.00
3 members	$29,295.00
For each additional member	Add $6,030.00 per person

IMPORTANT – TURN PAGE OVER AND COMPLETE BOTH SIDES

frontier
Welcome to the New Frontier

Certifications

I certify under penalty of perjury: ***Check each box below to indicate that you have read and understand each statement. Failure to check any box will result in discontinuation of your Lifeline discount.***

☐	The information contained in my application remains true and correct to the best of my knowledge and I acknowledge that Lifeline is a federal benefit and that willfully providing false or fraudulent information to receive Lifeline benefits is punishable by law, may lead to fines, imprisonment, de- enrollment and may result in me being barred from the program.
☐	I am a current recipient of the program(s) checked in Part A, or have an annual household income at or below the Federal Poverty Guidelines listed on the chart in Part B.
☐	I understand that my household can only have one Lifeline-supported telephone service. Frontier has explained the one-per household requirement. I understand that violation of the one per household requirement constitutes a violation of the FCC's rules and will result in my de-enrollment in the Lifeline program and could result in criminal prosecution by the United States government.
☐	I attest to the best of my knowledge that neither I nor anyone else in my household receives a Lifeline-supported service from any other landline or wireless company. Household is defined as any individual or group of individuals who live together at the same address and share income and expenses.
☐	I understand that my Frontier lifeline service is non-transferable and I may not transfer my service to any individual including any other eligible low- income customer.
☐	I will notify Frontier within 30 days if I no longer qualify for lifeline. I understand this requirement and that I may be subject to penalties if I fail to notify Frontier. Specifically, I will notify Frontier if: 1) I cease to participate in the above federal or state program, or if my annual household income exceeds the income guidelines; 2) I am receiving more than one Lifeline service; or 3) I no longer satisfy the criteria for receiving Lifeline support.
☐	I will notify Frontier within 30 days of moving. Additionally, if my address listed above is a temporary address, I understand that I must verify my address with Frontier every 90 days. If I fail to respond to Frontier address verification attempts within 30 days, my Lifeline service may be terminated.
☐	Frontier has explained to me that I am required each year (or as requested) to recertify my continued eligibility for Lifeline. If I fail to do so within thirty (30) days, my Frontier Lifeline service will be terminated.
☐	I authorize and understand that Frontier may provide to state and federal agencies, as required by law for the purpose of complying with the Lifeline program all of the information related to my account, including but not limited to my name, date of birth, last four digits of social security number, address and phone number.
☐	I understand that my telephone number, date of birth, last four digits of my social security number, and address will be divulged to the Universal Service Administrative Company (USAC) and/or its agents for the purpose of verifying that I do not receive more than one Lifeline subsidy.
☐	I understand that if USAC identifies that I am receiving more than one Lifeline subsidy, all carriers involved may be notified so that I may select one service and be de-enrolled from the other.

Signature

[redacted] Woodland Blvd. Suite A
Deland, FL 32720

[redacted]

February 15, 2013

FEB 2 8 2013

[redacted]

Ohio Lifeline Recertification

Our records indicate that you are currently a Frontier Lifeline customer. Lifeline is a discounted telephone service for qualified customers who receive benefits from at least one of the government programs listed below or meet the income guidelines. Frontier is required to annually verify your continued eligibility for Lifeline service. **Please complete and return this form to the address below no later than March 16, 2013.** If Frontier does not receive this completed form by **March 16, 2013**, the Lifeline discount will no longer be applied to your monthly phone bill and regular rates will apply. All sections must be complete otherwise your form will be discarded and you must reapply for Lifeline service.

OFFICE USE ONLY:
Rep LAMD: _____
Date: _____
Docs Verified: _____
ARCHIVE ONLY ☐

Applicant Information - Print and Complete All Sections

Full Name: [redacted]

Address: [redacted]

Phone # rec
Lifeline disc
(Must be in your

Billing addre
different tha
above:

Billing Address *City* *State* *Zip*

Is this address: ☒ Permanent ☐ Temporary ☐ Multi-Household Number of people living in your household 1

Eligibility - Complete Part A or B

Part A

I am currently participating in the following program(s): Check all that apply.

☐	Medicaid	☐	Temporary Assistance for Needy Families (TANF)	☐	Supplemental Security Income (SSI) *(Not same as Social Security)*
☒	Federal Public Housing Assistance (Section 8) HUD	☐	Low Income Home Energy Assistance Program (LIHEAP)	☐	Supplemental Nutrition Assistance Program (SNAP) formerly Food Stamps
☐	National School Free Lunch Program				

Part B

☐ I do not participate in any programs listed in #1 above but my household income is at or below the Federal Poverty Guidelines as listed in the chart below.

# of Members in Household	Total household annual income must be at or below:
1 member	$15,080.00
2 members	$20,426.00
3 members	$25,772.00
For each additional member	Add $5,346.00 per person

IMPORTANT – TURN PAGE OVER AND COMPLETE BOTH SIDES

IMPORTANT – TURN PAGE OVER AND COMPLETE BOTH SIDES

Certifications

I certify under penalty of perjury: ***Check each box below to indicate that you have read and understand each statement. Failure to check any box will result in discontinuation of your Lifeline discount.***

☒	The information contained in my application remains true and correct to the best of my knowledge and I acknowledge that Lifeline is a federal benefit and that willfully providing false or fraudulent information to receive Lifeline benefits is punishable by law, may lead to fines, imprisonment, de- enrollment and may result in me being barred from the program.
☒	I am a current recipient of the program(s) checked in Part A, or have an annual household income at or below the Federal Poverty Guidelines listed on the chart in Part B.
☒	I understand that my household can only have one Lifeline-supported telephone service. Frontier has explained the one-per housel requirement. I understand that violation of the one per household requirement constitutes a violation of the FCC's rules and will r in my de-enrollment in the Lifeline program and could result in criminal prosecution by the United States government.
☒	I attest to the best of my knowledge that neither I nor anyone else in my household receives a Lifeline-supported service from any landline or wireless company. Household is defined as any individual or group of individuals who live together at the same addres share income and expenses.
☒	I understand that my Frontier lifeline service is non-transferable and I may not transfer my service to any individual including any eligible low- income customer.
☒	I will notify Frontier within 30 days if I no longer qualify for lifeline. I understand this requirement and that I may be subject to penalties if I fail to notify Frontier. Specifically, I will notify Frontier if: 1) I cease to participate in the above federal or state program, or if my annual household income exceeds the income guidelines; 2) I am receiving more than one Lifeline service; or 3 I no longer satisfy the criteria for receiving Lifeline support.
☒	I will notify Frontier within 30 days of moving. Additionally, if my address listed above is a temporary address, I understand that I verify my address with Frontier every 90 days. If I fail to respond to Frontier address verification attempts within 30 days, my Life service may be terminated.
☒	Frontier has explained to me that I am required each year (or as requested) to recertify my continued eligibility for Lifeline. If I fail to do so within thirty (30) days, my Frontier Lifeline service will be terminated.
☒	I authorize and understand that Frontier may provide to state and federal agencies, as required by law for the purpose of complyin with the Lifeline program all of the information related to my account, including but not limited to my name, date of birth, last fou digits of social security number, address and phone number.
☒	I understand that my telephone number, date of birth, last four digits of my social security number, and address will be divulged to Universal Service Administrative Company (USAC) and/or its agents for the purpose of verifying that I do not receive more than Lifeline subsidy.
☒	I understand that if USAC identifies that I am receiving more than one Lifeline subsidy, all carriers involved may be notified so that I may select one service and be de-enrolled from the other.

Signature

**if you are a tribal member and do not have a Social Security #, please provide your Tribal ID*_____

FTR-LIRHD 06/10

Frontier Lifeline
1398 S. Woodland Blvd. Suite A
Deland, FL 32720

February 15, 2013

MAR 0 4 2013

Ohio Lifeline Recertification

Our records indicate that you are receiving Frontier Lifeline customer. Lifeline is a discounted telephone service for qualified customers who receive benefits from at least one of the government programs listed below or meet the income guidelines. Frontier is required to annually verify your continued eligibility for Lifeline service. **Please complete and return this form to the address below no later than March 16, 2013.** If Frontier does not receive this completed form by **March 16, 2013**, the Lifeline discount will no longer be applied to your monthly phone bill and regular rates will apply. All sections must be complete otherwise your form will be discarded and you must reapply for Lifeline service.

OFFICE USE ONLY:
Rep LANID: _____
Date: _____
Docs Verified: _____
ARCHIVE ONLY ☐

Applicant Information - Print and Complete All Sections

Full Name:

Address:

Phone # rece
Lifeline disco
(Must be in your na

Billing addres
different than
above:

Billing Address *City* *State* *Zip*

Is this address: ☐Permanent ☐Temporary ☐Multi-Household Number of people living in your household _____

Eligibility - Complete Part A or B

Part A

I am currently participating in the following program(s): Check all that apply.

☐	Medicaid	☐	Temporary Assistance for Needy Families (TANF)	☐	Supplemental Security Income (SSI) *(Not same as Social Security)*
☐	Federal Public Housing Assistance (Section 8)	☐	Low Income Home Energy Assistance Program (LIHEAP)	☐	Supplemental Nutrition Assistance Program (SNAP) formerly Food Stamps
☐	National School Free Lunch Program				

Part B

☑ I do not participate in any programs listed in #1 above but my household income is at or below the Federal Poverty Guidelines as listed in the chart below.

# of Members in Household	Total household annual income must be at or below:
1 member	$15,060.00
2 members	$20,426.00
3 members	$25,772.00
For each additional member	Add $5,346.00 per person

IMPORTANT – TURN PAGE OVER AND COMPLETE BOTH SIDES

IMPORTANT – TURN PAGE OVER AND COMPLETE BOTH SIDES

Certifications

certify under penalty of perjury: ***Check each box below to indicate that you have read and understand each statement. ailure to check any box will result in discontinuation of your Lifeline discount.***

☑	The information contained in my application remains true and correct to the best of my knowledge and I acknowledge that Lifeline is a federal benefit and that willfully providing false or fraudulent information to receive Lifeline benefits is punishable by law, may lead to fines, imprisonment, de- enrollment and may result in me being barred from the program.
☑	I am a current recipient of the program(s) checked in Part A, or have an annual household income at or below the Federal Poverty Guidelines listed on the chart in Part B.
☑	I understand that my household can only have one Lifeline-supported telephone service. Frontier has explained the one-per household requirement. I understand that violation of the one per household requirement constitutes a violation of the FCC's rules and will result in my de-enrollment in the Lifeline program and could result in criminal prosecution by the United States government.
☑	I attest to the best of my knowledge that neither I nor anyone else in my household receives a Lifeline-supported service from any other landline or wireless company. Household is defined as any individual or group of individuals who live together at the same address and share income and expenses.
☑	I understand that my Frontier lifeline service is non-transferable and I may not transfer my service to any individual including any other eligible low- income customer.
☑	I will notify Frontier within 30 days if I no longer qualify for lifeline. I understand this requirement and that I may be subject to penalties if I fail to notify Frontier. Specifically, I will notify Frontier if: 1) I cease to participate in the above federal or state program, or if my annual household income exceeds the income guidelines; 2) I am receiving more than one Lifeline service; or 3) I no longer satisfy the criteria for receiving Lifeline support.
☑	I will notify Frontier within 30 days of moving. Additionally, if my address listed above is a temporary address, I understand that I must verify my address with Frontier every 90 days. If I fail to respond to Frontier address verification attempts within 30 days, my Lifeline service may be terminated.
☑	Frontier has explained to me that I am required each year (or as requested) to recertify my continued eligibility for Lifeline. If I fail to do so within thirty (30) days, my Frontier Lifeline service will be terminated.
☑	I authorize and understand that Frontier may provide to state and federal agencies, as required by law for the purpose of complying with the Lifeline program all of the information related to my account, including but not limited to my name, date of birth, last four digits of social security number, address and phone number.
☑	I understand that my telephone number, date of birth, last four digits of my social security number, and address will be divulged to the Universal Service Administrative Company (USAC) and/or its agents for the purpose of verifying that I do not receive more than one Lifeline subsidy.
☑	I understand that if USAC identifies that I am receiving more than one Lifeline subsidy, all carriers involved may be notified so that I may select one service and be de-enrolled from the other.

Signature

**if you are a tribal member and do not have a Social Security #, please provide your Tribal ID_____*

Print - Authorized Representative Name	*Signature (Authorized Representative)*	*Date*	*Daytime Phone Number*

Frontier Lifeline
1398 S. Woodland Blvd. Suite A
Deland, FL 32720

[redacted]

[redacted]

New York Lifeline Recertification

Our records indicate that you are currently a Frontier Lifeline customer. Lifeline is a discounted telephone service for qualified customers who receive benefits from at least one of the government programs listed below or meet the income guidelines. Frontier is required to annually verify your continued eligibility for Lifeline service. **Please complete and return this form to the address below no later than 8/20/2013.** If Frontier does not receive this completed form by 8/20/2013 the Lifeline discount will no longer be applied to your monthly phone bill and regular rates will apply. All sections must be complete otherwise your form will be discarded and you must reapply for Lifeline service.

Applicant Information - Print and Complete All Sections

Full Name: [redacted]

Address: [redacted]

Phone # rec
Lifeline disc
(Must be in your n

Billing addre
different tha

Billing Address City State Zip

Is this address: ☒ Permanent ☐ Temporary ☐ Multi-Household Number of people living in your household 1

Eligibility - Complete Part A or B

Part A

I am currently participating in the following program(s): Check all that apply.

☐	Medicaid/Medical Assistance	☐	Veteran's Disability or Veteran's Surviving Spouse Pension	☐	Supplemental Security Income (SSI) *(Not same as Social Security)*
☐	Federal Public Housing Assistance (Section 8)	☐	Low Income Home Energy Assistance Program (LIHEAP)	☒	Supplemental Nutrition Assistance Program (SNAP) formerly Food Stamps
☐	National School Free Lunch Program	☐	Safety Net/Family Assistance (TANF)		

Part B

☐ **I do not participate in any programs listed in #1 above but my household income is at or below the Federal Poverty Guidelines as listed in the chart below.**

# of Members in Household	Total household annual income must be at or below:
1 member	$15,511.50
2 members	$20,938.50
3 members	$26,365.50
For each additional member	Add $5,427.00 per person

IMPORTANT - TURN PAGE OVER AND COMPLETE BOTH SIDES

IMPORTANT – TURN PAGE OVER AND COMPLETE BOTH SIDES

Certifications - to be completed by ALL customers regardless of their selection(s) in Part A or B	
I certify under penalty of perjury: *Check each box below to indicate that you have read and understand each statement. Failure to check any box will result in discontinuation of your Lifeline discount.*	
☒	The information contained in my application remains true and correct to the best of my knowledge and I acknowledge that Lifeline is a federal benefit and that willfully providing false or fraudulent information to receive Lifeline benefits is punishable by law, may lead to fines, imprisonment, de- enrollment and may result in me being barred from the program.
☒	I am a current recipient of the program(s) checked in Part A, or have an annual household income at or below the Federal Poverty Guidelines listed on the chart in Part B.
☒	I understand that my household can only have one Lifeline-supported telephone service. Frontier has explained the one-per household requirement. I understand that violation of the one per household requirement constitutes a violation of the FCC's rules and will result in my de-enrollment in the Lifeline program and could result in criminal prosecution by the United States government.
☒	I attest to the best of my knowledge that neither I nor anyone else in my household receives a Lifeline-supported service from any other landline or wireless company. Household is defined as any individual or group of individuals who live together at the same address and share income and expenses.
☒	I understand that my Frontier lifeline service is non-transferable and I may not transfer my service to any individual including any other eligible low- income customer.
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☒	I will notify Frontier within 30 days of moving. Additionally, if my address listed above is a temporary address, I understand that I must verify my address with Frontier every 90 days. If I fail to respond to Frontier address verification attempts within 30 days, my Lifeline service may be terminated.
☒	Frontier has explained to me that I am required each year (or as requested) to recertify my continued eligibility for Lifeline. If I fail to do so within thirty (30) days, my Frontier Lifeline service will be terminated.
☒	I authorize and understand that Frontier may provide to state and federal agencies, as required by law for the purpose of complying with the Lifeline program all of the information related to my account, including but not limited to my name, date of birth, last 4 digits of my social security number, address and phone number.
☒	I understand that my telephone number, date of birth, last four digits of my social security number, and address will be divulged to the Universal Service Administrative Company (USAC) and/or its agents for the purpose of verifying that I do not receive more than one Lifeline subsidy.
☒	I understand that if USAC identifies that I am receiving more than one Lifeline subsidy, all carriers involved may be notified so that I may select one service and be de-enrolled from the other.

Signature