

Affordable Connectivity Program

REQUIRED: Subscriber must have an approved eligibility decision from the National Verifier in order to enroll in the Affordable Connectivity Program (ACP).

SUBSCRIBER INFORMATION:

ACP Application ID: _____

Please ensure the information provided below matches the information used to get an eligibility determination from the National Verifier.

Subscriber's Full Name: _____
Last First Middle (Optional)

Last 4 of Social Security Number: (Optional) _____ Date of Birth: _____ ACP General: _____
Subscriber's JEA Account Number

If Subscriber is qualifying through their child or dependent, please include Benefit Qualifying Person below:

Benefit Qualifying Person: (Optional) _____
Last First Middle (Optional)

Last 4 of Social Security Number: (Optional) _____ Date of Birth: _____

Primary Address: (Address at which Subscriber will receive service)

Street City State Zip Code

Mailing Address: (If different from Primary Address)

Street City State Zip Code

Telephone Number:(_____) _____ - _____ Email Address: _____

If Subscriber will be transferring the ACP benefit to JEA/EPlus Broadband from another provider, please complete this section:

Initial By initialing here, you acknowledge and understand that the subscriber will be transferring its Affordable Connectivity Program benefit to JEA.

Initial I understand that the effect of the transfer is that the subscriber's Affordable Connectivity Program benefit will be applied to JEA's service and will no longer be applied to service retained from the transfer-out provider.

Initial I understand that the subscriber may be subject to the transfer-out provider's undiscounted rates as a result of the transfer if the subscriber elects to maintain service from the transfer-out provider.

Initial I understand that the subscriber is limited to one affordable connectivity program benefit transfer transaction per service month, with limited exceptions for situations where the subscriber seeks to reverse an unwanted transfer or is unable to receive service from a specific provider.

Initial By initialing here, you acknowledge and understand that the Affordable Connectivity Program is a government program that reduces a qualifying customer's broadband Internet access service bill. This program is temporary in nature. At the conclusion of the program, you will be subject to EPlus Broadband's undiscounted rates and general terms and conditions if you elect to continue receiving service from EPlus Broadband.

Initial I understand that only one Affordable Connectivity Program supported service offering is permitted per household, and certify that no other member of my household is receiving an Affordable Connectivity Program supported service offering.

Initial In order to participate in the Affordable Connectivity Program, EPlus Broadband must transmit to the National Lifeline Accountability Database your following information: full name, full residential address, date of birth and telephone number. This information needs to be transmitted to the Affordable Connectivity Program Administrator to ensure the proper administration of the fund. If you do not consent to the disclosure of this information to the National Lifeline Accountability Database, you will be denied the Affordable Connectivity Benefit. By initializing here, you provide your express consent to EPlus Broadband to submit this information to the National Lifeline Accountability Database.

Initial By initialing here, you acknowledge and understand that you may receive broadband service supported by the Affordable Connectivity Program from any participating provider of your choosing, and that you may transfer your Affordable Connectivity Program benefit to another provider at any time during the program's duration.

Initial I understand that my household may apply the affordable connectivity benefit to any broadband service offering of the participating provider at the same terms available to households that are not eligible for Affordable Connectivity Program-supported service.

Continue to Page 2.

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Last First Middle (Optional)

Initial I acknowledge and understand that Jackson Energy Authority may disconnect my Affordable Connectivity Program-supported service after 90 consecutive days of non-payment, and that any disconnection does not affect the billing and payment terms with any utility services at this premise as provided in the Jackson Energy Authority Rules and Regulations currently in effect or as may be adopted. I further acknowledge and understand that interruptions of utility services could affect cable TV, Internet, telephone, and other broadband services or equipment at this premise.

Initial I understand that my household may file a complaint against my provider via the FCC's Consumer Complaint Center.

In full understanding of the above Affordable Connectivity Program disclosures, I consent to apply my Affordable Connectivity Program discount to the service I receive or will receive from EPlus Broadband.

 Subscriber Signature

OPTIONAL

Do you wish to continue receiving broadband service from EPlus Broadband after the conclusion of the Affordable Connectivity Program?

YES, I would like to continue receiving broadband service from EPlus Broadband at the conclusion of the Affordable Connectivity Program. I understand and acknowledge that my participation in the program is not conditioned upon my decision to continue receiving service at the conclusion of the program. I understand, acknowledge, and agree that I will be subject to EPlus Broadband's generally applicable rates, terms and conditions at the conclusion of the program.

NO, I would not like to continue receiving broadband service from EPlus Broadband at the conclusion of the Affordable Connectivity Program. I understand and acknowledge that my participation in the program is not conditioned upon my decision to continue receiving service at the conclusion of the program. I understand and acknowledge that my service will be automatically disconnected at the conclusion of the program.

Complete and submit Pages 1-2 of this form to Jackson Energy Authority using one of the methods below:

Submit online: Go to www.eplusbroadband.com and visit the CONTACT US page, fill out the required information, select your question topic as "Other" and upload your completed form.

Submit via email: Send completed form to JEAcontactuswebsite@jaxenergy.com

Submit in person: Visit one of our Customer Center locations;
 Midtown - 351 Dr. Martin Luther King Jr. Dr.
 North - 2030 Pleasant Plains Extended.

Once your form has been received, one of our customer service representatives will call you to continue the process.