



# Emergency Broadband Benefit Program

REQUIRED: Subscriber must have an approved eligibility decision from the National Verifier in order to enroll in the Emergency Broadband Benefit Program.

## SUBSCRIBER INFORMATION:

EBB 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: \_\_\_\_\_ ETC 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: \_\_\_\_\_

By initialing here, you acknowledge and understand that the Emergency Broadband Benefit 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 Emergency Broadband Benefit supported service offering is permitted per household, and certify that no other member of my household is receiving an Emergency Broadband Benefit Program supported service offering.

\_\_\_\_\_  
Initial

In order to participate in the Emergency Broadband Benefit 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 Emergency Broadband Benefit 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 Emergency Broadband 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 Emergency Broadband Benefit Program from any participating provider of your choosing, and that you may transfer your Emergency Broadband Benefit program benefit to another provider at any time during the program's duration.

\_\_\_\_\_  
Initial

In full understanding of the above Emergency Broadband Benefit Program disclosures, I consent to apply my Emergency Broadband Benefit 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 Emergency Broadband Benefit Program?**

YES, I would like to continue receiving broadband service from EPlus Broadband at the conclusion of the Emergency Broadband Benefit 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 Emergency Broadband Benefit 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.