



Affordable Connectivity Program Enrollment Disclosures and Consent Form

Cascade Communications Company has been authorized to participate in and provide our customers benefits under the Affordable Connectivity Program (ACP). The ACP Program is a government program that reduces your broadband internet access service bill. A household may obtain ACP-supported broadband service from any participating provider of its choosing. A household may apply the ACP benefit to any broadband service offering of a participating provider at the same terms available to households that are not eligible for the ACP-supported service. Enrollment in the ACP and Lifeline programs are separate processes and consumers can choose to apply both benefits to the same service or different services, or use each benefit with different service providers. A provider may disconnect a household's ACP-supported service after 90 consecutive days of non-payment. A household will be subject to the provider's undiscounted rates and general terms and conditions if the ACP ends, if the consumer transfers their benefit to another provider but continues to receive service from the current provider, or upon de-enrollment from the ACP. A household may file a complaint against its provider via the Commission's Consumer Complaint Center.

After having reviewed the preceding required disclosures about the Affordable Connectivity Program, I hereby consent to enrolling my household in the Affordable Connectivity program with Cascade Communications Company. To assure ACP Program integrity, I authorize Cascade Communications to transmit my information as provided below to the National Lifeline Accountability Database (the Administrator) and understand that failure to provide such consent will result in a denial of participation in the ACP.

Primary Street Address: _____

Mailing Address if different from Street Address: _____

Last 4 of SSN: _____ or National Verifier Application ID: _____ Date of Birth: _____

Telephone Number: _____ Email Address: _____

Benefit Qualifying Person (BPQ) if Applicable: _____

BPQ Street Address: _____

BPQ Last 4 of SSN: _____ BPQ Date of Birth: _____

Printed Name: _____

Signature _____ Date _____

Please return by US Mail or via e-mail to:

CASCADE COMMUNICATIONS COMPANY
P.O. Box 250
Cascade, IA 52033
info@cascadecomm.com