Affordable Connectivity Program - Customer Enrollment Form

By signing this form, I give my affirmative consent that I want to participate in the Affordable Connectivity Program through North State Telephone Company (dba "Lumos") and that I understand and certify that:

— The Affordable Connectivity Program ("ACP") is a government program operated by the Federal Communications Commission ("FCC") that supports broadband services by reducing the broadband internet access service bill to help low-income households stay connected.

— I am either a current Lifeline customer or my eligibility has been verified by the National Verifier so that I qualify for the ACP.

— I acknowledge that if I cannot demonstrate eligibility, I will not be enrolled in the program and/or Lumos is required to de-enroll me from the program.

— ACP provides a discount of up to $30 per month depending on price of the service tier or bundle. If the total bill exceeds $30 per month, I will be responsible for the remaining balance after the ACP discount is applied. This includes any taxes and required fees that are applied to the full amount of the service.

— My existing Lifeline discount, if it is currently being applied to internet service, will be applied to my bill first, then the ACP credit will be applied.

— My household may obtain broadband service supported by the ACP from any participating provider of my choosing and I may transfer my ACP benefit to another provider at any time.

— My household may apply the benefit to any of Lumos' broadband service offerings at the same terms available to households that are not eligible for ACP-supported service.

— I may only receive one ACP benefit per household, from one participating provider, and I certify that no other member of my household is receiving an affordable connectivity benefit under the ACP.

— All official communications for ACP will be via mail, electronic mail or text messaging and I consent to receive such communications from Lumos.

— Due to the temporary nature of this program, the ACP monthly benefit may be less than the full benefit during the final month of the program when program funding is nearing depletion.

— I agree that all information I provide on this form may be collected, used, shared, and retained for the purposes of applying for and/or receiving the ACP benefit. I understand that if this information is not provided to the ACP Program Administrator, I will not be able to get ACP benefits.

— If I am not satisfied with an ACP-supported service or have any difficulty enrolling in the program, I understand that I can file an informal consumer complaint with the FCC Consumer Complaint Center through their website at consumercomplaints.fcc.gov or by calling 1-888-225-5322.

— Lumos will notify me 30 days prior to the end date of the ACP and give me the opportunity to opt-in to continue receiving my broadband service plan to which I am subscribed under the ACP by paying the regular rates, terms, and conditions for the plan. If I do not opt-in, Lumos will discontinue providing the broadband internet service plan I have been receiving under the program.

— My household will be subject to the Lumos' undiscounted rates and general terms and conditions when the ACP ends, if I transfer my benefit to another provider but continue to receive service from Lumos, or upon program de-enrollment.

— Upon advance notice, Lumos reserves the right to downgrade a household to a lower-price service plan that is fully covered by the ACP benefit once the household enters a delinquent status after the bill due date.

— Lumos may disconnect my household's ACP-supported service after 90 consecutive days of non-payment.

— My household must use ACP-supported broadband service at least once every 30 days to remain enrolled in the program.

— I understand that it may take up to 30 days before the ACP credit is applied to my account.

— I will not be required to pay early termination fees if I choose to terminate or modify my broadband service during my participation in the ACP, or upon receiving notice of the benefit ending.

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Customer Signature

_____   _____
Printed Name   Date