



Emergency Broadband Benefit Program - Customer Enrollment Form

By signing this form, I give my affirmative consent that I want to participate in the Emergency Broadband Benefit Program through Hayneville Fiber Transport, Inc. d/b/a Camellia Communications and that I understand and certify that:

- Emergency Broadband Benefit Program (“EBBP”) is a government program operated by the Federal Communications Commission that supports broadband services and connected devices to help low-income households stay connected during the COVID-19 pandemic.
- I am either a current Lifeline customer or my eligibility has been verified by the National Verifier so that I qualify for the EBBP. I may continue my Lifeline service if I choose not to enroll in the EBB Program.
- EBBP provides a discount of up to \$50 per month depending on price of the service tier or bundle. If the total bill exceeds \$50 per month, I will be responsible for the remaining balance after the EBBP 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 EBBP credit will be applied.
- My household may obtain broadband service supported by the EBBP from any participating provider of my choosing and I may transfer my EBBP benefit to another provider at any time.
- I may choose to take EBBP benefits from a service provider other than my existing Lifeline provider.
- I may only receive one EBBP benefit per household, from one participating provider, and I certify that no other member of my household is receiving an emergency broadband benefit under the EBBP.
- All official communications for EBBP will be via electronic mail or text messaging and I consent to receive such communications from Hayneville Fiber Transport, Inc. d/b/a Camellia Communications
- Due to the temporary nature of this program, the EBBP 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 EBBP benefit. I understand that if this information is not provided to the EBBP Program Administrator, I will not be able to get EBBP benefits.
- Hayneville Fiber Transport, Inc. d/b/a Camellia Communications will notify me of the end date of the EBBP and give me the opportunity to opt-in to continue receiving my broadband service plan to which I am subscribed under the EBBP by paying the regular rates, terms, and conditions for the plan. If I do not opt-in, Hayneville Fiber Transport, Inc. d/b/a Camellia Communications will discontinue providing the broadband internet service plan I have been receiving under the program.
- 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 EBBP, or upon receiving notice of the benefit ending.
- When the EBBP program ends and I opt to keep my broadband service plan the rates return to standard non-discounted rates.

Customer Signature

Printed Name

Date