



# How to File FCC Form 498

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October 2010

## Agenda

- Who must file?
- Who can submit and certify?
- Recent changes to the Form
- Benefits of using E-File
- Common errors and how to avoid them
- Questions and answers

# How to File FCC Form 498

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## **Who Must File**

## Who should file the Form 498?

- All service providers participating in the High-Cost, Low-Income, Rural Health Care, or Schools and Libraries programs must file to receive disbursement payments
- Service providers wishing to revise the 498 ID information currently on file with USAC
- Service providers wishing to deactivate a 498 ID or merge a 498 ID into another 498 ID

## Who can submit and certify the Form 498?

- Form 498 requires an officer's signature
- Officers can certify online utilizing the E-File system
- General Contacts may update and submit the form utilizing the E-File system for officer certification
- With the November 2009 approval by OMB, the form may be accessed in E-File by only the General Contact or Officer

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# **Recent Changes to the Form**

## November 2009 Changes to the Form

- Form requires officer certification for all changes
- Service providers with a filer ID are required to indicate their 499 Filer ID on the form regardless of *de minimis* status
- Requirement to list SAC (Study Area Codes) for carriers that participate in High Cost and/or Low Income
- Banking information is required for all support mechanisms (FCC Order DA-09-2126)

## November 2009 Changes to the Form, contd.

- Service providers may indicate up to 5 business types based on order of importance
- Only the Officer is required to sign the certification
- Certification letters are no longer required



## FCC Electronic Payment Order

- **September 28, 2009:** FCC issued order DA-09-2126 advising that all support payments must be made electronically pursuant to the DCIA (Debt Collection Improvement Act)
- **June 2, 2010:** FCC released an order directing USAC to begin paying solely by electronic means beginning August 31, 2010
- USAC must withhold payments to service providers who have not provided the necessary banking information via Form 498
- Once a service provider provides the required banking information, payments will be released

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## **Benefits of E-File**

## Benefits of using E-File

- Changes are immediate, and effective instantaneously
- The form will validate data entered against current rules, and notify the users of errors, to assist with completing the form correctly
- No waiting for paper forms to be processed by USAC
- Can prevent payment delays
- More user friendly data entry screen for easier filing

# How to File FCC Form 498

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# Common Errors

## Page 1: All Carriers

FCC Form 498	Approval by OMB 3060-0824
<p><b><i>Service Provider Identification Number and General Contact Information Form</i></b></p> <p>Estimated Average Burden Hours Per Response: 1.5 hours</p> <p>FCC Form 498 is used to collect contact and remittance information for service providers that receive support from the Federal universal service support mechanisms. For greater flexibility, this form allows service providers to use the same general contact information for all their contacts and the same remittance data collected for each of the four support mechanisms or multiple contact and remittance information. Please report any changes to this information on a revised FCC Form 498 to prevent any delays in notification and the timeliness of disbursements. Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.</p> <p>Please read instructions, located at: <a href="http://www.universalservice.org/forms">http://www.universalservice.org/forms</a> , before beginning this application.</p>	
Please check one box below	
<input type="checkbox"/> Original Application for SPIN	<input type="checkbox"/> Revision to existing FCC Form 498 on file with USAC
<input type="checkbox"/> Request for SPIN Merger/Consolidation	<input type="checkbox"/> Request for SPIN Deactivation
<p><b>Service Provider Identification Number (SPIN)</b> <span style="float: right;"><i>See Instruction Section III.A</i></span></p> <p>(To be inserted by USAC for first time applicants. Required for subsequent revisions.)</p> <div style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div>	
<p><b>499 Filer ID</b></p> <div style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div> <p>(Required if your company is required to file the FCC form 499)</p>	



## Page 1: All Carriers

<b>Block 2: General Contact Information [All Fields REQUIRED]</b>				<i>See Instruction Section III.C</i>
8	First:	Middle Initial:	Last:	9
General Contact (Company Preparer Name)				Title
10	( )		11	( )
Phone Number		Ext.	Fax Number	
12	Street Address			
13	Address Line 2			
14		15		16
City		State	Zip Code + 4	
17	E-mail Address			

## Page 1: All Carriers

<b>Block 3: Federal EIN and DUNS [All Fields REQUIRED]</b>		<i>See Instruction Section III.D</i>	
18	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	19	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Check applicable corporate structure.)
	Enter Federal Employer Identification Number (Federal EIN or Tax ID Number)		
20	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	Enter Dunn and Bradstreet Number (DUNS)		



## Page 2: High Cost

### Block 4: High-Cost Support Mechanism Financial Institution and Remittance Information [ALL Fields REQUIRED]

See Instruction Section III.E

*Financial institution information is required. Electronic payment of universal service support payments is mandated by the Debt Collection Improvement Act of 1996, Pub. Law 104-134, 110 Stat. 1321-358.*

Check this box if this information is the same as the General Contact information (Block 2) and continue on to lines 31 to 34.

21 \_\_\_\_\_  
 Remittance Company Name, if different from Company Name

22 First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_ 23 \_\_\_\_\_  
 Remittance Contact Name - Statements will be sent to Remittance Contact's attention Title

24 \_\_\_\_\_  
 Remittance Contact Address

25 \_\_\_\_\_  
 Address Line 2

26 \_\_\_\_\_ 27 \_\_\_\_\_ 28 \_\_\_\_\_  
 City State Zip Code + 4

29 ( \_\_\_\_\_ ) 30 ( \_\_\_\_\_ )  
 Phone Number Ext Fax Number

Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements  
 (If you do not check this box, your remittance statements will be sent to your e-mail address.)

## Page 2: High Cost

### Block 5: Company Contact for High-Cost Support Mechanism

*See Instruction Section III.F*

Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 6.

35 First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_ 36 \_\_\_\_\_  
 Contact Name for High-Cost Support Mechanism Title  
*(Must be a company employee or designated representative)*

37 \_\_\_\_\_  
 Contact Address for High-Cost Support Mechanism

38 \_\_\_\_\_  
 Address Line 2

39 \_\_\_\_\_ 40 \_\_\_\_\_ 41 \_\_\_\_\_  
 City State Zip Code + 4

42 ( \_\_\_\_\_ ) 43 ( \_\_\_\_\_ )  
 Phone Number Ext Fax Number

44 \_\_\_\_\_  
 E-mail Address of High-Cost Support Mechanism Contact

## Page 3: Low Income

### Block 6: Low-Income Support Mechanism Financial Institution and Remittance Information [All Fields REQUIRED]

See Instruction Section III.G

*Financial institution information is required. Electronic payment of universal service support payments is mandated by the Debt Collection Improvement Act of 1996, Pub. Law 104-134, 110 Stat. 1321-358.*

Check this box if this information is the same as the General Contact information (Block 2) and continue on to lines 55 to 58.

45 \_\_\_\_\_  
 Remittance Company Name, if different from Company Name

46 First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_ 47 \_\_\_\_\_  
 Remittance Contact Name - Statements will be sent to Remittance Contact's attention Title

48 \_\_\_\_\_  
 Remittance Address

49 \_\_\_\_\_  
 Address Line 2

50 \_\_\_\_\_ 51 \_\_\_\_\_ 52 \_\_\_\_\_  
 City State Zip Code + 4

53 ( \_\_\_\_\_ ) 54 ( \_\_\_\_\_ )  
 Phone Number Ext Fax Number

Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements

## Page 3: Low Income

### Block 7: Company Contact for Low-Income Support Mechanism

*See Instruction Section III.H*

Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 8.

59	First: _____ Middle Initial: _____ Last: _____	60	Title
	Contact address for Low-Income Support Mechanism <i>(Must be a company employee or designated representative)</i>		
61	Contact Address for Low-Income Support Mechanism		
62	Address Line 2		
63	City	64	State
		65	Zip Code + 4
66 ( _____ )	Phone Number	67 ( _____ )	Fax Number
	Ext		
68	E-mail Address of Low-Income Support Mechanism Contact		

## Page 4: High Cost and Low Income

**Block 8: High-Cost and Low Income Study Area/SPIN Association**

*See Instruction Section III.I*

*This information will be used to associate the Study Area Codes (SAC) to this SPIN for the purposes of High-Cost and Low-Income Support.*

Check this box if there is no change to the SAC data on File

Check this box if you are changing your Organization's SAC data currently on file with USAC.

<u>Study Area Code (SAC)</u>	<u>Study Area Type</u>	
<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive

## Page 5: Rural Health Care

**Block 9: Rural Health Care Support Mechanism Financial Institution and Remittance Information [ALL Fields REQUIRED]**

*See Instruction Section III.J*

*Financial institution information is required. Electronic payment of universal service support payments is mandated by the Debt Collection Improvement Act of 1996, Pub. Law 104-134, 110 Stat. 1321-358.*

Check this box if this information is the same as the General Contact information (Block 2) and continue on to lines 79-82.

69 \_\_\_\_\_  
 Remittance Company Name, if different from Company Name

70 First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_ 71 \_\_\_\_\_  
 Remittance Contact Name- Statements will be sent to Remittance Contact's attention Title

72 \_\_\_\_\_  
 Remittance Address

73 \_\_\_\_\_  
 Address Line 2

74 \_\_\_\_\_ 75 \_\_\_\_\_ 76 \_\_\_\_\_  
 City State Zip Code + 4

77 ( ) \_\_\_\_\_ 78 ( ) \_\_\_\_\_  
 Phone Number Ext Fax Number

Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements

## Page 5: Rural Health Care

<b>Block 10: Company Contact for Rural Health Care Support Mechanism</b>				<i>See Instruction Section III.K</i>
<input type="checkbox"/> Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 11.				
83	First:	Middle Initial:	Last:	84
Contact Name for Rural Health Care Mechanism - <i>(Must be a company employee or designated representative)</i>				Title
85	Contact Address for Rural Health Care Support Mechanism			
86	Address Line 2			
87	City	88	State	89
		Zip Code + 4		
90 (     )	Phone Number	Ext	91 (     )	Fax Number
92	E-mail Address of Rural Health Care Support Mechanism Contact			

## Page 6: Schools and Libraries

**Block 11: Schools and Libraries Support Mechanism Financial Institution and Remittance Information [ALL Fields REQUIRED]**

*See Instruction Section III.L*

*Financial institution information is required. Electronic payment of universal service support payments is mandated by the Debt Collection Improvement Act of 1996, Pub. Law 104-134, 110 Stat. 1321-358.*

Check this box if this information is the same as the General Contact information (Block 2) and continue on to lines 103-106.

93 \_\_\_\_\_  
 Remittance Company Name, if different from Company Name

94 First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_ 95 \_\_\_\_\_  
 Remittance Contact Name- Statements will be sent to Remittance Contact's attention Title

96 \_\_\_\_\_  
 Remittance Address

97 \_\_\_\_\_  
 Address Line 2

98 \_\_\_\_\_ 99 \_\_\_\_\_ 100 \_\_\_\_\_  
 City State Zip Code + 4

101 ( \_\_\_\_\_ ) 102 ( \_\_\_\_\_ )  
 Phone Number Ext Fax Number

Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements  
*(If you do not check this box, your remittance statements will be sent to your e-mail address.)*



## Page 6: Schools and Libraries

### Block 12: Company Contact for Schools and Libraries Support Mechanism

*See Instruction Section III.M*

Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 13.

107	First:	Middle Initial:	Last:	108
Contact Name for Schools and Libraries Mechanism <i>(Must be a company employee or designated representative)</i>			Title	
109	Contact Address for Schools and Libraries Support Mechanism			
110	Address Line 2			
111	City	112 State	113 Zip Code + 4	
114 (      )	Phone Number	Ext	115 (      )	Fax Number
116	E-mail Address of Schools and Libraries Support Mechanism Contact			

## Page 7: All Carriers

### **Block 13: Offsetting Disbursement Payments Against Federal Universal Service Contribution Obligations**

*See Instruction Section III.N*

The following information pertains only to telecommunications companies participating in the Schools and Libraries and Rural Health Care Support mechanisms. In accordance with FCC rule section 54.515 regarding Schools and Libraries Support mechanism payments, a telecommunications company may choose to offset its Schools and Libraries Support Mechanism payment against its Federal universal service contribution. In accordance with FCC rule section 54.611 regarding Rural Health Care Support Mechanism payments, a telecommunications company **MUST** offset its Rural Health Care Support Mechanism payment against its Federal universal service contribution. A telecommunications company must have an FCC Form 499 Filer ID number in order to offset its Schools and Libraries or Rural Health Care Support Mechanism payments against its Federal universal service contribution. In order to obtain an FCC Form 499 Filer ID number, visit [www.universalservice.org/forms](http://www.universalservice.org/forms) and select FCC Form 499. You do not need an FCC Form 499 Filer ID in order to be issued a SPIN.

117  Yes, I want my Schools and Libraries Support Mechanism disbursement payments to be offset against be offset against my Federal universal service contribution obligations. This box must be checked in order to receive offsets.  
The default is "No."

## Page 7: All Carriers

**Block 14: Principal Communications Types [REQUIRED Field]** *See Instruction Section III.O*

Select up to 5 boxes that best describe the reporting entity. Enter numbers starting with "1" to show the order of importance - see instructions.

<input type="checkbox"/> CAP/CLEC	<input type="checkbox"/> Prepaid Card
<input type="checkbox"/> Cellular/PCS/SMR	<input type="checkbox"/> Private Service Provider
<input type="checkbox"/> Coaxial Cable	<input type="checkbox"/> Satellite Service Provider
<input type="checkbox"/> Incumbent LEC	<input type="checkbox"/> Shared-Tenant Service Provider/Building LEC
<input type="checkbox"/> Interexchange Carrier (IXC)	<input type="checkbox"/> SMR (Dispatch)
<input type="checkbox"/> Interconnected VOIP Provider	<input type="checkbox"/> Toll Reseller
<input type="checkbox"/> Local Reseller	<input type="checkbox"/> Wireless Data Provider
<input type="checkbox"/> Operator Service Provider	<input type="checkbox"/> Non Traditional Provider (NTP)
<input type="checkbox"/> Paging and Messaging	<input type="checkbox"/> Internet Service Provider
<input type="checkbox"/> Payphone Service Provider	

## Page 7: All Carriers

<b>Block 15: Authorized Contact Signature [All Fields REQUIRED]</b>		<i>See Instruction Section III.P</i>
<p><i>I certify that I am an officer of the above-named service provider, that I am authorized to submit this FCC Form 498 on behalf of the above named service provider, and that to the best of my knowledge, the data set forth in this form is true, accurate, and complete.</i></p> <p><i>Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, as amended, 47 U.S.C. Secs.502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.</i></p>		
<b>Company Officer Information</b>		Check this box if this information is the same as the General Contact information (Block 2)
Signature of the Company Officer _____	Date _____	
First: _____ Middle Initial: _____ Last: _____		
Printed Name _____		
Title _____	E-mail address _____	

# Questions?

**For specific support, or for more information:**

USAC Customer Operations  
(888) 641-8722

[CustomerSupport@usac.org](mailto:CustomerSupport@usac.org)

[Http://www.usac.org/forms](http://www.usac.org/forms)

**Thank you!**