

#Subject#: **HIGH COST PROGRAM REMITTANCE STATEMENT**: #FCC FORM 498 ID#  
 #Body#



**HIGH COST PROGRAM REMITTANCE STATEMENT**  
 AS OF #statement month# #statement date# #statement year #

Attn: #REMITTANCE CONTACT FULLNAME#  
 # REMITTANCE COMPANY NAME#

RE: FCC Form 498 ID # FCC Form 498 ID#

This notice provides an explanation of your company's High Cost Support for the following period.

**Beginning Balance:** (\$50.00)

SAC	ST	IAS	HCL	SNA	ICLS	FHCS	HCM	LSS	SVS	IS	CAF ICC	CACM	RBE	ACAM	CAF BLS	AK PLAN
<b>Disbursements for Month, Year</b>																
SAC#	KY	\$0.00	\$200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SAC#	KY	\$0.00	\$200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SAC#	KY	\$0.00	(\$50.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>		\$0.00	\$350.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**Total Authorized Disbursement** \$350.00

**Adjustment**

MM/DD/YYYY: Disbursement offset to Filer ID 8XXXXXX against Contributor obligation pursuant to Red Light Rule (\$20.00)

MM/DD/YYYY: Disbursement netted against affiliate #FCC Form 498 ID# Program Recoveries (+/-) (\$150.00)

**Total Adjustments** (\$170.00)

**Total Actual Disbursement:** \$130.00

If you have any questions, please contact USAC Customer Operations at (888) 641-8722 or [CustomerSupport@usac.org](mailto:CustomerSupport@usac.org). You may also visit us at [www.usac.org](http://www.usac.org).

#Subject#: **HIGH COST PROGRAM REMITTANCE STATEMENT**: #FCC FORM 498 ID#  
 #Body#



**HIGH COST PROGRAM REMITTANCE STATEMENT**  
**AS OF #statement month# #statement date# #statement year #**

Attn: #REMITTANCE CONTACT FULLNAME#  
 # REMITTANCE COMPANY NAME#

RE: FCC Form 498 ID # FCC Form 498 ID#

This notice provides an explanation of your company's High Cost Support for the following period.

**Beginning Balance:** **(\$1,000,000.00)**

SAC	ST	IAS	HCL	SNA	ICLS	FHCS	HCM	LSS	SVS	IS	CAF ICC	CACM	RBE	ACAM	CAF BLS	AK PLAN
<b>Disbursements for Month, Year</b>																
SAC#	WY	\$0.00	\$107,692.00	\$9,294.00	\$92,000.00	\$0.00	\$0.00	\$9,982.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SAC#	ID	\$0.00	\$302,435.00	\$4923.00	\$163,692.00	\$0.00	\$0.00	\$10,928.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SAC#	WY	\$1,536.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,860.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>		\$1,536.00	\$410,127.00	\$14,217.00	\$255,692.00	\$0.00	\$3,860.00	\$20,910.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**Total Authorized Disbursement** **\$706,342.00**

**Adjustment** **AMOUNT**

MM/DD/YYYY: Disbursement offset to Filer ID 8XXXXXX against Contributor obligation pursuant to Red Light Rule (\$20.00)

MM/DD/YYYY: Disbursement netted against affiliate #FCC Form 498 ID# Program Recoveries (+/-) \$34,500.00

**Total Adjustments** **\$34,480.00**

**Remaining Program Recovery Balance:** **(\$259,178.00)**

ave any questions, please contact USAC Customer Operations at (888) 641-8722 or [CustomerSupport@usac.org](mailto:CustomerSupport@usac.org). You may also visit us at [www.usac.org](http://www.usac.org).

## High Cost Program E-statement Attachment Sample Guideline

**E-Statement Attachment File Name:** HC\_FCC Form 498 ID\_ Customer Email Address\_Date.doc

**Sample #1:** The following is an example of a High Cost Program E-statement Attachment that service provider receives actual disbursement.

### Sample of Fields on an Actual E-statement Attachment:

Example of a High Cost record. Please note, that X's have been inserted into the FCC Form 498 IDs and Study Area Codes to create a dummy record.

14302XXX|High Cost ACH|testhc@hcxample.com|usacstatement@universalservice.org|1|\$36.00|High Cost|As of February 10, 2017  
Beginning Balance: (\$20.00)  
201701|14302XXX| High Cost  
ACH|35X0X1|NY|IAS|\$1.00|HCM|\$2.00|HCL|\$3.00|SNA|\$4.00|ICLS|\$5.00|FHCS|\$6.00|LSS|\$7.00|SVS|\$8.00|IS|\$0.00|CAFICC|\$0.00|CACM|\$0.00|RBE|\$0.00|ACAM|\$0.00|CAFBL|\$0.00|AKPLAN|\$0.00  
14302XXX|IAS|\$1.00|HCM|\$2.00|HCL|\$3.00|SNA|\$4.00|ICLS|\$5.00|FHCS|\$6.00|LSS|\$7.00|SVS|\$8.00|IS|\$0.00|CAFICC|\$0.00|CACM|\$0.00|RBE|\$0.00|ACAM|\$0.00|CAFBL|\$0.00|AKPLAN|\$0.00

\*Please be advised the Disbursements are netted as follows: Disbursement offset to Filer ID 8XXXXX against Contributor obligation pursuant to Red Light Rule in the amount of \$5.00 on 02/10/17

Disbursement netted against affiliate 14301XXX Program Recoveries (+/-) in the amount of (\$5.00) on 02/10/17

Your Total Actual Disbursement: \$6.00.

### Description of Fields on an E-statement Attachment:

\*\*\*Header

FCC Form 498 ID # | Customer Name | Customer Email Address | usacstatement@universalservice.org | Number of records | Total Amount Authorized (sum of amounts for each record | As of Payment Date<Month Date, Year>

\*\*\*Detail Record

Beginning Balance: (Total Beginning Balance of Program Recovery)

YearMonth | FCC Form 498 ID # | Customer Name | SAC # | State | "IAS" | IAS record amount | "HCM" | HCM record amount | "HCL" | HCL record amount | "SNA" | SNA record amount | "ICLS" | ICLS record amount | "FHCS" | FHCS record amount | "LSS" | LSS record amount | "SVS" | SVS record amount | "IS" | IS record amount | "CAFICC" | CAFICC record amount | "CACM" | CACM record amount | "RBE" | RBE record amount | "ACAM" | ACAM record amount | "CAFBL" | CAFBL record amount | "AKPLAN" | AKPLAN record amount

\*\*\*Footer

FCC Form 498 ID # | "IAS" | IAS Total | "HCM" | HCM Total | "HCL" | HCL Total | "SNA" | SNA Total | "ICLS" | ICLS Total | "FHCS" | FHCS Total | "LSS" | LSS Total | "SVS" | SVS Total | "IS" | IS Total | "CAFICC" | CAFICC Total | "CACM" | CACM Total | "RBE" | RBE Total | "ACAM" | ACAM Total | "CAFBL" | CAFBL Total | "AKPLAN" | AKPLAN Total

\*Please be advised the Disbursements are netted as follows: Disbursement offset to Filer ID 8XXXXX against Contributor obligation pursuant to Red Light Rule in the amount of *Netting Amount* on 02/10/17

Disbursement netted against affiliate *FCC Form 498 ID* Program Recoveries (+/-) in the amount of *Netting Amount* on 02/10/17

Your Total Actual Disbursement: *Amount Disbursed*.

Sample #2: The following is an example of a High Cost Program E-statement Attachment that service provider does not receive actual disbursement but has the remaining program recovery balance.

**Sample of Fields on an Actual E-statement Attachment:**

Example of a High Cost record. Please note, that X's have been inserted into the FCC Form 498 IDs and Study Area Codes to create a dummy record.

14302XXX|High Cost ACH|testhc@hcxample.com|usacstatement@universalservice.org|1|36|High Cost| As of February 10, 2017  
Beginning Balance: (\$20.00)  
201701|14302XXX| High Cost  
ACH|35X0X1|NY|IAS|\$1.00|HCM|\$2.00|HCL|\$3.00|SNA|\$4.00|ICLS|\$5.00|FHCS|\$6.00|LSS|\$7.00|SVS|\$8.00|IS|\$0.00|CAFICC|\$0.00|CACM|\$0.00|RBE|\$0.00|ACAM|\$0.00|CAFBL|\$0.00|AKPLAN|\$0.00  
14302XXX|IAS|\$1.00|HCM|\$2.00|HCL|\$3.00|SNA|\$4.00|ICLS|\$5.00|FHCS|\$6.00|LSS|\$7.00|SVS|\$8.00|IS|\$0.00|CAFICC|\$0.00|CACM|\$0.00|RBE|\$0.00|ACAM|\$0.00|CAFBL|\$0.00|AKPLAN|\$0.00

\*Please be advised the Disbursements are netted as follows: Disbursement offset to Filer ID 8XXXXX against Contributor obligation pursuant to Red Light Rule in the amount \$25.00 on 02/10/17

Your Remaining Program Recovery: (\$9.00).

**Description of Fields on an E-statement Attachment:**

\*\*\*Header

FCC Form 498 ID # | Customer Name | Customer Email Address | usacstatement@universalservice.org | Number of records | Total Amount Authorized (sum of amounts for each record | As of Payment Date<Month Date, Year>

\*\*\*Detail Record

Beginning Balance: (Total Beginning Balance of Program Recovery)

YearMonth | FCC Form 498 ID # | Customer Name | SAC # | State | "IAS" | IAS record amount | "HCM" | HCM record amount | "HCL" | HCL record amount | "SNA" | SNA record amount | "ICLS" | ICLS record amount | "FHCS" | FHCS record amount | "LSS" | LSS record amount | "SVS" | SVS record amount | "IS" | IS record amount | "CAFICC" | CAFICC record amount | "CACM" | CACM record amount | "RBE" | RBE record amount | "ACAM" | ACAM record amount | "CAFBL" | CAFBL record amount | "AKPLAN" | AKPLAN record amount

\*\*\*Footer

FCC Form 498 ID # | "IAS" | IAS Total | "HCM" | HCM Total | "HCL" | HCL Total | "SNA" | SNA Total | "ICLS" | ICLS Total | "FHCS" | FHCS Total | "LSS" | LSS Total | "SVS" | SVS Total | "IS" | IS Total | "CAFICC" | CAFICC Total | "CACM" | CACM Total | "RBE" | RBE Total | "ACAM" | ACAM Total | "CAFBL" | CAFBL Total | "AKPLAN" | AKPLAN Total

\*Please be advised the Disbursements are netted as follows: Disbursement offset to Filer ID 8XXXXX against Contributor obligation pursuant to Red Light Rule in the amount *Netting Amount* on 02/10/17

Your Remaining Program Recovery: (*Total ending balance of Program Recovery*).

#Subject#: HIGH COST MOBILITY FUND PROGRAM REMITTANCE STATEMENT: #FCC FORM 498 ID#  
#Body#



HIGH COST MOBILITY FUND PROGRAM REMITTANCE STATEMENT  
AS OF #statement month# #statement date# #statement year #

Attn: #REMITTANCE CONTACT FULLNAME#  
# REMITTANCE COMPANY NAME#

RE: FCC Form 498 ID # FCC Form 498 ID#

This notice provides an explanation of your company's High Cost Mobility Fund Support for the following period.

<b>Beginning Balance:</b>	<b><u>(\$50.00)</u></b>
<b>SAC ST</b>	<b>Mobility I</b>
<b>Disbursements for Month, Year</b>	
SAC# KY	\$100.00
SAC# KY	\$100.00
SAC# KY	\$150.00
<b>Total Authorized Disbursement</b>	<b><u>\$350.00</u></b>
<b>Adjustment</b>	<b>AMOUNT</b>
<i>MM/DD/YYYY: Disbursement offset to Filer ID 8XXXXXX against Contributor obligation pursuant to Red Light Rule</i>	(\$20.00)
<i>MM/DD/YYYY: Disbursement netted against affiliate #FCC Form 498 ID# Program Recoveries (+/-)</i>	(\$150.00)
<b>Total Adjustments</b>	<b><u>(\$170.00)</u></b>
<b>Total Actual Disbursement:</b>	<b><u>\$130.00</u></b>

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**HIGH COST MOBILITY FUND PROGRAM REMITTANCE STATEMENT  
AS OF #statement month# #statement date# #statement year #**

Attn: #REMITTANCECONTACT FULLNAME#  
# REMITTANCE COMPANY NAME#

RE: FCC Form 498 ID # FCC Form 498 ID#

This notice provides an explanation of your company’s High Cost Mobility Fund Support for the following period.

<b>Beginning Balance:</b>		<b><u>(\$1,000,000.00)</u></b>
<b>SAC</b>	<b>ST</b>	<b>Mobility I</b>
Disbursements for Month, Year		
SAC#	WY	\$706,342.00
<b>Total Authorized Disbursement</b>		<b><u>\$706,342.00</u></b>
<b>Adjustment</b>		<b>AMOUNT</b>
<i>MM/DD/YYYY: Disbursement offset to Filer ID 8XXXXXX against Contributor obligation pursuant to Red Light Rule</i>		(\$20.00)
<i>MM/DD/YYYY: Disbursement netted against affiliate #FCC Form 498 ID# Program Recoveries (+/-)</i>		\$34,500.00
<b>Total Adjustments</b>		<b><u>\$34,480.00</u></b>
<b>Remaining Program Recovery Balance:</b>		<b><u>(\$259,178.00)</u></b>

If you have any questions, please contact USAC Customer Operations at (888) 641-8722 or [CustomerSupport@usac.org](mailto:CustomerSupport@usac.org). You may also visit us at [www.usac.org](http://www.usac.org).

## High Cost Mobility Fund Program E-statement Attachment Sample Guideline

**E-Statement Attachment File Name:** HC\_FCC Form 498 ID\_ Customer Email Address\_Date.doc

**Sample #1: The following is an example of a High Cost Mobility Fund Program E-statement Attachment that service provider receives actual disbursement.**

### Sample of Fields on an Actual E-statement Attachment:

Example of a High Cost Mobility Fund record. Please note, that X's have been inserted into the FCC Form 498 IDs and Study Area Codes to create a dummy record.

14302XXX|High Cost ACH|testhc@hcxample.com|usacstatement@universalservice.org|1|36|High Cost Mobility Fund| As of February 10, 2017

Beginning Balance: (\$20.00)

201701|14302XXX| High Cost ACH|35X0X1|NY|Mobility I |\$36.00

14302XXX| Mobility I |\$36.00

\*Please be advised the Disbursements are netted as follows: Disbursement offset to Filer ID 8XXXXX against Contributor obligation pursuant to Red Light Rule in the amount of \$5.00 on 02/10/17

Disbursement netted against affiliate 14301XXXX Program Recoveries (+/-) in the amount of (\$5.00) on 02/10/17

Your Total Actual Disbursement: \$6.00.

### Description of Fields on an E-statement Attachment:

\*\*\*Header

FCC Form 498 ID # | Customer Name | Customer Email Address | usacstatement@universalservice.org | Number of records | Total Amount Authorized (sum of amounts for each record | As of Payment Date<Month Date, Year>

\*\*\*Detail Record

Beginning Balance: (Total Beginning Balance of Program Recovery)

YearMonth | FCC Form 498 ID # | Customer Name | SAC # | State | "Mobility I" | Mobility I record amount

\*\*\*Footer

FCC Form 498 ID # | "Mobility I" | Mobility I Total

\*Please be advised the Disbursements are netted as follows: Disbursement offset to Filer ID 8XXXXX against Contributor obligation pursuant to Red Light Rule in the amount of *Netting Amount* on 02/10/17

Disbursement netted against affiliate *FCC Form 498 ID* Program Recoveries (+/-) in the amount of *Netting Amount* on 02/10/17

Your Total Actual Disbursement: *Amount Disbursed*.

**Sample #2: The following is an example of a High Cost Mobility Fund Program E-statement Attachment that service provider does not receive actual disbursement but has the remaining program recovery balance.**

**Sample of Fields on an Actual E-statement Attachment:**

Example of a High Cost Mobility Fund record. Please note, that X's have been inserted into the FCC Form 498 IDs and Study Area Codes to create a dummy record.

14302XXXX|High Cost ACH|testhc@hcexample.com|usacstatement@universalservice.org|1|36|High Cost Mobility Fund| As of February 10, 2017

Beginning Balance: (\$20.00)

201701|14302XXXX| High Cost ACH|35X0X1|NY|Mobility I |\$36.00

14302XXXX| Mobility I |\$36.00

\*Please be advised the Disbursements are netted as follows: Disbursement offset to Filer ID 8XXXXX against Contributor obligation pursuant to Red Light Rule in the amount \$25.00 on 02/10/17

Your Remaining Program Recovery: (\$9.00).

**Description of Fields on an E-statement Attachment:**

\*\*\*Header

FCC Form 498 ID # | Customer Name | Customer Email Address | usacstatement@universalservice.org | Number of records | Total Amount

Authorized (sum of amounts for each record | As of Payment Date<Month Date, Year>

\*\*\*Detail Record

Beginning Balance: (Total Beginning Balance of Program Recovery)

YearMonth | FCC Form 498 ID # | Customer Name | SAC # | State | "Mobility I" | Mobility I record amount

\*\*\*Footer

FCC Form 498 ID # | "Mobility I" | Mobility I Total

\*Please be advised the Disbursements are netted as follows: Disbursement offset to Filer ID 8XXXXX against Contributor obligation pursuant to Red Light Rule in the amount *Netting Amount* on 02/10/17

Your Remaining Program Recovery: (*Total ending balance of Program Recovery*).