

## 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 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 | "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)*.

## 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*).