

#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<br>ICC | CACM   | RBE    | ACAM   | CAF<br>BLS | AK<br>PLAN | CAFII<br>Auction |
|--------------------------------------|----|--------|-----------|--------|--------|--------|--------|--------|--------|--------|------------|--------|--------|--------|------------|------------|------------------|
| <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     | \$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     | \$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     | \$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     | \$0.00           |

**Total Authorized Disbursement** \$350.00

**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 (+/-) (\$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).

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**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<br>ICC    | CACM          | RBE           | ACAM          | CAF<br>BLS    | AK<br>PLAN    | CAFII<br>Auction |
|--------------------------------------|----|-------------------|---------------------|--------------------|-----------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|------------------|
| <b>Disbursements for Month, Year</b> |    |                   |                     |                    |                 |               |               |               |               |               |               |               |               |               |               |               |                  |
| SAC#                                 | WY | \$0.00            | \$107,692.00        | \$9,294.00         | \$20.00         | \$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#                                 | ID | \$0.00            | \$302,435.00        | \$4,923.00         | \$80.00         | \$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#                                 | WY | \$1,536.00        | \$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        | \$0.00        | \$0.00           |
| <b>Total</b>                         |    | <b>\$1,536.00</b> | <b>\$410,127.00</b> | <b>\$14,217.00</b> | <b>\$200.00</b> | <b>\$0.00</b> | <b>\$0.00</b> | <b>\$0.00</b> | <b>\$0.00</b> | <b>\$0.00</b> | <b>\$0.00</b> | <b>\$0.00</b> | <b>\$0.00</b> | <b>\$0.00</b> | <b>\$0.00</b> | <b>\$0.00</b> | <b>\$0.00</b>    |

**Total Authorized Disbursement** **\$411,863.00**  
**AMOUNT**

**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 (+/-) \$34,500.00

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

**Remaining Program Recovery Balance:** **(\$553,657.00)**

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).

## 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|CAFIIAUCTION|$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|R
BE|$0.00|ACAM|$0.00|CAFBL$|$0.00|AKPLAN|$0.00|CAFIIAUCTION|$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 | "CAFIIAUCTION" | CAFIIAUCTION 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 | "CAFIIAUCTION" | CAFIIAUCTION 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|CAFIIAUCTION|\$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|CAFIIAUCTION|\$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 | "CAFIIAUCTION" | CAFIIAUCTION 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 | "CAFIIAUCTION" | CAFIIAUCTION 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 8XXXXX 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>   |

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## 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*).