

Privileged and Contains Confidential Information

#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	CAFII Auction	PR Mobile	VI Mobile	PR Fixed	VI Fixed	ACAM II	RDOF	EACAM	
Disbursements for Month, Year																									
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	\$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	\$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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Authorized Disbursement																							<u>\$350.00</u>		

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. You may also visit us at www.usac.org.

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#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	CAFII Auction	PR Mobile	VI Mobile	PR Fixed	VI Fixed	ACAM II	RDOF	EACAM	
Disbursements for Month, Year																									
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	\$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	\$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	\$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	\$3,860.00	\$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	\$0.00	\$0.00	\$0.00
Total		\$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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Authorized Disbursement																							<u>\$706,342.00</u>		

ADJUSTMENT **AMOUNT**
MM/DD/YYYY: Disbursement offset to Filer ID 8XXXXX 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**

Total Actual Disbursement: **(\$259,178.00)**

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

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 StudyArea Codes to create a dummy record.

14302XXXX|High Cost ACH|testhc@hcxample.com|usacstatement@universalservice.org|1|\$36.00|High Cost| As of February 16, 2024 Beginning Balance: (\$20.00)
202401| 14302XXXX| 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|CAFIIAUCATION|\$0.00|PRMobile|\$0.00|VIMobile|\$0.00|PRFixed|\$0.00|VIFixed|\$0.00|ACAMII|\$0.00|RDOF|\$0.00|EACAM|\$0.00
14302XXXX|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|CAFIIAUCATION|\$0.00|PRMobile|\$0.00|VIMobile|\$0.00|PRFixed|\$0.00|VIFixed|\$0.00|ACAMII|\$0.00|RDOF|\$0.00|EACAM|\$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 02/16/24
Disbursement netted against affiliate 14301XXXX Program Recoveries (+/-) in the amount of (\$5.00) on 02/16/24

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 # | CustomerName | 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 | "CAFIIAUCATION" | CAFIIAUCATION record amount | "PRMobile" | PRMobile record amount | "VIMobile" | VIMobile record amount | "PRFixed" | PRFixed record amount | "VIFixed" | VIFixed record amount | "ACAMII" | ACAMII record amount | "RDOF" | RDOF record amount | "EACAM" | EACAM 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 | "CAFIIAUCATION" | CAFIIAUCATION Total | "PRMobile" | PRMobile Total | "VIMobile" | VIMobile Total | "PRFixed" | PRFixed Total | "VIFixed" | VIFixed Total | "ACAMII" | ACAMII Total | "RDOF" | RDOF Total | "EACAM" | EACAM 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 02/16/24
Disbursement netted against affiliate FCC Form 498 ID Program Recoveries (+/-) in the amount of Netting Amount on 02/16/24

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. Privileged and Contains Confidential Information

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.

14302XXXX|High Cost ACH|testhc@hceexample.com|usacstatement@universalservice.org|1|\$36.00|High Cost| As of February 16, 2024 Beginning Balance: (\$20.00)
202401| 14302XXXX| 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|PRMobile|\$0.00|VIMobile|\$0.00|PRFixed|\$0.00|VIFixed|\$0.00|ACAMII|\$0.00|RDOF|\$0.00|EACAM|\$0.00
14302XXXX|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|PRMobile|\$0.00|VIMobile|\$0.00|PRFixed|\$0.00|VIFixed|\$0.00|ACAMII|\$0.00|RDOF|\$0.00|EACAM|\$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 02/16/24

Therefore, 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 | "PRMobile" | PRMobile record amount | "VIMobile" | VIMobile record amount | "PRFixed" | PRFixed record amount | "VIFixed" | VIFixed record amount | "ACAMII" | ACAMII record amount | "RDOF" | RDOF record amount | "EACAM" | EACAM 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 | "PRMobile" | PRMobile Total | "VIMobile" | VIMobile Total | "PRFixed" | PRFixed Total | "VIFixed" | VIFixed Total | "ACAMII" | ACAMII Total | "RDOF" | RDOF Total | "EACAM" | EACAM 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 02/16/24

Therefore, 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.

Beginning Balance:	<u>(\$50.00)</u>
SAC ST	Mobility I
Disbursements for Month, Year	
SAC# KY	\$100.00
SAC# KY	\$100.00
SAC# KY	\$150.00
Total Authorized Disbursement	<u>\$350.00</u>
Adjustment	AMOUNT
<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)
Total Adjustments	<u>(\$170.00)</u>
Total Actual Disbursement:	<u>\$130.00</u>

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

#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: #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.

Table with columns for description and amount. Rows include: Beginning Balance (\$1,000,000.00), SAC ST Disbursements for Month, Year (Mobility I \$706,342.00), Total Authorized Disbursement (\$706,342.00), Adjustment AMOUNT (\$20.00, \$34,500.00), Total Adjustments (\$34,480.00), Remaining Program Recovery Balance (\$259,178.00).

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

14302XXXX|High Cost ACH|testhc@hcexample.com|usacstatement@universalservice.org|1|36|High Cost Mobility Fund|As of February 16, 2024
Beginning Balance: (\$20.00)
202401|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 of \$5.00 on 02/16/24
Disbursement netted against affiliate 14301XXXX Program Recoveries (+/-) in the amount of (\$5.00) on 02/16/24 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 02/16/24
Disbursement netted against affiliate *FCC Form 498 ID* Program Recoveries (+/-) in the amount of *Netting Amount* on 02/16/24 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@hcxample.com|usacstatement@universalservice.org|1|36|High Cost Mobility Fund|As of February 16, 2024
Beginning Balance: (\$20.00)
202401|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 02/16/24

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 02/16/24

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