

#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 |
|-------------------------------|----|--------|-----------|--------|--------|--------|--------|--------|--------|--------|------------|--------|--------|--------|------------|------------|------------------|--------------|--------------|-------------|-------------|---------|----------|
| 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 |
| 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 |
| 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 |
| 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 |
| 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. You may also visit us at 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 | CAFII Auction | PR Mobile | VI Mobile | PR Fixed | VI Fixed | ACAM II | RDOF |
|--------------------------------------|----|------------|--------------|-------------|--------------|--------|------------|-------------|--------|--------|------------|--------|--------|--------|------------|------------|------------------|--------------|--------------|-------------|-------------|---------|---------------------|
| 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 |
| 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 |
| 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 |
| 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 |
| 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 | <u>\$34,480.00</u> |
|-------------------|--------------------|

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

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.

14302XXXX|High Cost ACH|testhc@hcexample.com|usacstatement@universalservice.org|1|\$36.00|High Cost|As of February 10, 2021

Beginning Balance: (\$20.00)

202101| 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

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

*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 02/10/21

Disbursement netted against affiliate 14301XXXX Program Recoveries (+/-) in the amount of (\$5.00) on 02/10/21

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 | "PRMobile" | PRMobile record amount | "VIMobile" | VIMobile record amount | "PRFixed" | PRFixed record amount | "VIFixed" | VIFixed record amount | "ACAMII" | ACAMII record amount | "RDOF" | RDOF 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

*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 02/10/21

Disbursement netted against affiliate *FCC Form 498 ID* Program Recoveries (+/-) in the amount of *Netting Amount* on 02/10/21

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@hcexample.com|usacstatement@universalservice.org|1|\$36.00|High Cost|As of February 10, 2021
Beginning Balance: (\$20.00)

202101|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

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

*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 02/10/21

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

***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

*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 02/10/21

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> | | <i>(\$20.00)</i> |
| <i>MM/DD/YYYY: Disbursement netted against affiliate #FCC Form 498 ID# Program Recoveries (+/-)</i> | | <i>(\$150.00)</i> |
| 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.

| | |
|---|--------------------------------|
| Beginning Balance: | <u>(\$1,000,000.00)</u> |
| SAC ST | Mobility I |
| Disbursements for Month, Year | |
| SAC# WY | \$706,342.00 |
| Total Authorized Disbursement | <u>\$706,342.00</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 (+/-) | \$34,500.00 |
| Total Adjustments | <u>\$34,480.00</u> |
| Remaining Program Recovery Balance: | <u>(\$259,178.00)</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.

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@hcxample.com|usacstatement@universalservice.org|1|36|HighCost Mobility Fund|As of February 10, 2021

Beginning Balance: (\$20.00)

202101| 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 8XXXXXX against Contributor obligation pursuant to Red Light Rule in the amount of \$5.00 on 02/10/21

Disbursement netted against affiliate 14301XXXX Program Recoveries (+/-) in the amount of (\$5.00) on 02/10/21

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 8XXXXXX against Contributor obligation pursuant to Red Light Rule in the amount of *Netting Amount* on 02/10/21

Disbursement netted against affiliate *FCC Form 498 ID* Program Recoveries (+/-) in the amount of *Netting Amount* on 02/10/21

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|HighCost Mobility Fund|As of February 10, 2021

Beginning Balance: (\$20.00)

202101| 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 8XXXXXX against Contributor obligation pursuant to Red Light Rule in the amount \$25.00 on 02/10/21

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 8XXXXXX against Contributor obligation pursuant to Red Light Rule in the amount *Netting Amount* on 02/10/21

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