

CLARO'S UNIVERSAL SERVICE PROGRAM

The Universal Service Programs ("Lifeline") provide discounts on the monthly telephone bill for the rent of a single service, whether landline or mobile, to subscribers who meet the eligibility criteria for this benefit. "Lifeline" funds come from the Federal Universal Service Fund (administered by the Universal Service Administrative Co. and the Federal Communications Commission) and the Universal Service Fund of Puerto Rico (administered by Solix, Inc. and the Telecommunications Regulatory Board of Puerto Rico). User Eligibility for the subsidy is based on your participation on qualified assistance programs or based on income criteria established by the above mentioned agencies.

The Federal Program provides a subsidy of \$9.25 and the Puerto Rico Program provides a subsidy of \$1.00, both applicable to the monthly basic rent. These combined programs offer a maximum credit of \$ 10.25 per month, which can only be applied to the phone service for a single household.

The customer subscribed to this benefit may select the restriction to generate long distance calls at no extra cost. This selection will provide a refund of \$20.00 for the initial deposit of new orders. The applicant will begin to enjoy the subsidy, once all required documents are submitted to and processed by CLARO.

The customer will be notified in writing if the application is deemed ineligible. This determination may be reconsidered in accordance with the applicable laws and / or regulations.

Any applicant who provides false or misleading information in the application may be penalized according to existing laws, and the subsidy will be suspended immediately.

ELIGIBILITY REQUIREMENTS FOR SUBSIDY:

- a. The applicant must demonstrate that he has been qualified to receive help from any of the following assistance programs: Nutrition Assistance Program (NAP), Medical Assistance Program (Medicaid) Federal Public Housing Assistance (Section 8); Energy Assistance Program for Low Income, National School Full Lunch Program Temporary Assistance for Needy Families, or Supplemental Security Income. All applicants, except NAP beneficiaries who are automatically enrolled, must submit an official certification of the government agency that administers these programs.
- b. An applicant who does not participate in any of these assistance programs and who qualifies by income criteria, must certify the annual income of all household members using the following methods: state or federal tax return, pay stubs of three consecutive months for the same year; statement of Social Security benefits; statement of Veterans Administration benefits; statement of pension or retirement benefits, statement of unemployment benefits or the State Insurance Fund, divorce decree or resolution of alimony. The applicant must certify in writing, under penalty of perjury, that the documents reflects the accuracy of his household income.
- c. All applicants must meet the following:
 - Submit the Universal Service Application and Certification completed and signed.
 - The telephone number should be registered under the name of the participant of the assistance program.
 - Provide a true and exact copy of a recent utility bill, for example: water, electric power, cable or satellite television, telephone or any other under the applicant's name and which confirms his/her permanent residential physical address.
 - Provide a true and exact copy of one of the following documents: birth certificate, passport or driver's license.
 - The applicant must complete the "Lifeline Household Worksheet" only in those cases where at the same applicant's address lives a separate household unit and in which one of its member receives the Lifeline subsidy. **For purposes of the subsidy, household unit is defined as an individual or group of individuals living together at the same address as a single economic unit and sharing income and expenses.**

GUIDELINES FOR COMPLETING THE APPLICATION OF UNIVERSAL SERVICE:

1. Mark only one service where you want the subsidy to be granted.
2. If you are an existing customer, indicate the telephone number. If you are a new customer, indicate the number of the service order.
3. Write your first surname (father's last name).
4. Write your second surname (mother's last name). If you do not have a second surname, you must provide evidence of one of the following documents: (birth certificate, passport or driver's license).
5. Write your first name.
6. Write your middle name (if applicable).
7. Write your date of birth in the following order month, day and year.
8. Write your full Social Security number.
9. Include two (2) reference telephone numbers where we can contact you.
10. Write your postal address where you receive your invoice and correspondence.
11. Write your home address (physical). You must provide evidence of one of the following documents: water, electric power, cable or satellite television, telephone bill or any other statement containing the applicant's name and residential address evidencing permanent physical address. It cannot be a PO Box.
12. Mark if your address of residence is permanent or temporary.
13. Mark if at your address resides more than one household. If there is an additional household in the same address; you must complete the "Lifeline Household Worksheet".
14. Indicate the number of persons living with you. Do not include the applicant in this number.
15. Mark if you are applying for benefits based on your income. If so, you must submit evidence of the documents described in section (b) of the **ELIGIBILITY REQUIREMENTS FOR SUBSIDY** above.
16. Mark if you are applying for the benefit as a participant of one (1) of the assistance programs listed in this box.
17. Indicate if you wish to restrict long distance service at no additional cost. However, the restriction does not apply to long-distance service packages (bundles) that include long distance plans.
18. If you are a recipient of PAN, mark **Yes** for the inscription in the automatic enrollment in the Universal Service Program, or mark **No** to be excluded.
19. Sign the application.
20. Indicate the date you are signing the application.

Remember to complete the certification that is included in this application.

FOR ADDITIONAL INFORMATION ON THESE PROGRAMS YOU MAY CONTACT US THROUGH THE FOLLOWING:

(787) 774-3000 Phone
UNIVERSAL SERVICE - P.O. BOX 70234 / SAN JUAN, PR 00939-7234
(787)782-0828 Fax
E-mail: serviciouniversalprt@claropr.com



APPLICATION UNIVERSAL SERVICE PROGRAM

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|--|---|--|-----------------|
| (1) Indicate in which service you want the Subsidy: <input type="checkbox"/> Claro Fijo <input type="checkbox"/> Claro Móvil <input type="checkbox"/> Claro Pre Pago | | (2) Existing Service: <input type="checkbox"/> New Service <input type="checkbox"/> Indicate telephone Number Indicate Order Number : () | |
| (3) Father's Last Name | (4) Mother's Last Name | (5) Name | (6) Middle Name |
| (7) Date of Birth (MM- DD -YYYY-) | (8) Social Security Number - - - - - | (9) Include two reference numbers () () | |
| (10) Postal Address: Urb. /Cond. Number Street | | | |
| Town State Zip Code | | | |
| (11) Residential Address: Urb. /Cond./Bo. Number Street /Road | | | |
| Town State Zip Code | | | |
| (12) Mark if your <u>residential</u> address is permanent or temporary: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary | | (13) Does another family unit receiving subsidy live in this address? YES <input type="checkbox"/> No <input type="checkbox"/> If you mark "Yes", you should complete the "Lifeline Household Worksheet" | |
| (14) ¿How many people compose your household? (Do not include applicant) | | (15) Mark if your eligibility for the subsidy is based on income. YES <input type="checkbox"/> NO <input type="checkbox"/> If "No", complete box 16. | |
| (16) Mark the assistance program based on the one that qualifies you for the subsidy: <input type="checkbox"/> Nutrition Assistance Program (PAN) of the Department of Family. <input type="checkbox"/> Federal Housing Program (Section 8) of the Department of Housing. <input type="checkbox"/> Medical Assistance Program ("Medicaid") of the Department of Health. <input type="checkbox"/> Temporary Assistance Program for Needy Families ("TANF") of the Department of Family. | | <input type="checkbox"/> National School Lunch Program free of cost from the Education Department. <input type="checkbox"/> Energy Assistance Program for Low Income Homes from the Department of Family. The Energy Assistance grant is <u>not</u> related to the programs of the Power Authority. <input type="checkbox"/> Supplemental Security Income. | |
| (17) Do you want to restrict long distance calls at no additional cost? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| (18) AUTOMATIC SUBSCRIPTION FOR PAN PARTICIPANTS I request enrollment to the Universal Service Program through the automatic enrollment process. Yes <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| CLARO WILL ONLY PROCESS APPLICATIONS COMPLETED AND SIGN | | | |
| I certify that the information contained in this application is true and correct to the best of my knowledge. | | | |
| (19) Applicant's Signature | | (20) Date | |

Solicitud Serv Univ. V01 Abril 2016

CAREFULLY READ AND SIGN THE CERTIFICATON ON THE BACK OF THIS APPLICATION

CERTIFICATION

Pursuant to the eligibility requirements to receive the Universal Service benefit ("Lifeline") and after having read and completed all the information on this application, **I certify under penalty of perjury and/or permanent ineligibility all of the following:** That I meet the eligibility requirements to receive the benefit of "Lifeline" based on the income of my household unit (an individual or group of individuals who lives together in the same address as one economic unit and sharing their income and expenses), or by means of my participation in a qualified program, as I have marked in this application, and I recognize that I must meet all the requirements described in this certification to receive "Lifeline" assistance. I understand that it is my obligation to notify CLARO **within a period of thirty (30) days** if for any reason I no longer continue to comply with the criteria to receive "Lifeline", including as relevant if I do not comply with the eligibility criteria to receive the subsidy for "Lifeline", either based on income or for my participation in any of the qualified programs, by receiving more than one "Lifeline" benefit or because another member of my household is receiving the benefit of "Lifeline". I acknowledge that at any time a recertification maybe requested to verify my eligibility on an ongoing basis, and that failure to comply with this recertification, will result in the cancellation of my registration to the program, and therefore I will no longer receive this benefit. If I am eligible for "Lifeline" based on my participation in one of the qualified assistance programs, I accept to send to CLARO the evidence of my participation **annually;** or if I am eligible for the benefit of "Lifeline" based on the income of my household unit, the documentation presented hereby reflects the truth about the number of members and the income comprising my household. I agree that the subsidized telephone service will be used in accordance with the terms and conditions applicable; and I acknowledge that if I were subscribing to "Lifeline" in a prepaid service from CLARO, I will lose the benefit if I do not use the service during a consecutive period of **sixty (60) days**. Also, in the event that I move to another address other than the one informed on this application, I will notify CLARO of the new residential address **within thirty (30) days** after the moving has taken place, as well as any change in my postal address. I acknowledge that if a temporary residential address has been provided in this application, I should confirm to CLARO every **ninety (90) days**, and if within **thirty (30) days** no response has been provided to CLARO for verify my address, I will lose the Lifeline subsidy. I acknowledge and agree that for purposes of verification that I do not receive more than one subsidy per my household unit, the documents submitted with this application and all information contained therein, including my name, home address, date of birth, last four digits, of my Social Security number, telephone number, program subscription or termination date, subsidy received, qualification method, may be disclosed by CLARO to the Federal Communications Commission (FCC), the Universal Service Administrative Company (USAC), the Telecommunications Regulatory Board of Puerto Rico, Solix, Inc., successive administrators of the Universal Service Funds, its authorized agents, or to any agency, federal or State, as required by law; and if I do not consent to the aforementioned disclosures, the service of "Lifeline" would be denied. I acknowledge that if any authorized agency of "Lifeline" identify that I am receiving more than one subsidy in my household, all providers involved will be notified so that I can select **only one** service with subsidy and my subscription for the Program at the other provider will be eliminated. **I acknowledge that only one "Lifeline" subsidy is available per household and that my family unit cannot receive "Lifeline" from more than one service provider; I also acknowledge that the Lifeline benefit is not transferable and it cannot be transferred to any other person, including another low-income consumer. I declare under penalty of perjury and permanent ineligibility that according to my best knowledge, I nor any other member of my family is currently receiving the "Lifeline" benefit from any provider on another wireline telephone, wireless, or any other technology. I acknowledge that "Lifeline" is a benefit of the State and Federal Government and that providing false or fraudulent information to receive the "Lifeline" is penalized by law, and it could result in the cancellation of the benefit, permanent ineligibility, as well as the imposition of fines and/or jail.**

And thereof, I, _____ sign this certification today, _____ of _____ of _____.

Applicant's signature