



How to File FCC Form 498

October 2010

Agenda

- Who must file?
- Who can submit and certify?
- Recent changes to the Form
- Benefits of using E-File
- Common errors and how to avoid them
- Questions and answers

How to File FCC Form 498

Who Must File

Who should file the Form 498?

- All service providers participating in the High-Cost, Low-Income, Rural Health Care, or Schools and Libraries programs must file to receive disbursement payments
- Service providers wishing to revise the SPIN information currently on file with USAC
- Service providers wishing to deactivate a SPIN or merge a SPIN into another SPIN

Who can submit and certify the Form 498?

- Form 498 requires an officer's signature
- Officers can certify online utilizing the E-File system
- General Contacts may update and submit the form utilizing the E-File system for officer certification
- With the November 2009 approval by OMB, the form may be accessed in E-File by only the General Contact or Officer

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Recent Changes to the Form

November 2009 Changes to the Form

- Form requires officer certification for all changes
- Service providers with a filer ID are required to indicate their 499 Filer ID on the form regardless of *de minimis* status
- Requirement to list SAC (Study Area Codes) for carriers that participate in High Cost and/or Low Income
- Banking information is required for all support mechanisms (FCC Order DA-09-2126)

November 2009 Changes to the Form, contd.

- Service providers may indicate up to 5 business types based on order of importance
- Only the Officer is required to sign the certification
- Certification letters are no longer required

FCC Electronic Payment Order

- **September 28, 2009:** FCC issued order DA-09-2126 advising that all support payments must be made electronically pursuant to the DCIA (Debt Collection Improvement Act)
- **June 2, 2010:** FCC released an order directing USAC to begin paying solely by electronic means beginning August 31, 2010
- USAC must withhold payments to service providers who have not provided the necessary banking information via Form 498
- Once a service provider provides the required banking information, payments will be released

How to File FCC Form 498

Benefits of E-File

Benefits of using E-File

- Changes are immediate, and effective instantaneously
- The form will validate data entered against current rules, and notify the users of errors, to assist with completing the form correctly
- No waiting for paper forms to be processed by USAC
- Can prevent payment delays
- More user friendly data entry screen for easier filing

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Common Errors

Page 1: All Carriers

FCC Form 498	Approval by OMB 3060-0824
<p><i>Service Provider Identification Number and General Contact Information Form</i></p> <p>Estimated Average Burden Hours Per Response: 1.5 hours</p> <p>FCC Form 498 is used to collect contact and remittance information for service providers that receive support from the Federal universal service support mechanisms. For greater flexibility, this form allows service providers to use the same general contact information for all their contacts and the same remittance data collected for each of the four support mechanisms or multiple contact and remittance information. Please report any changes to this information on a revised FCC Form 498 to prevent any delays in notification and the timeliness of disbursements. Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.</p> <p>Please read instructions, located at: http://www.universalservice.org/forms , before beginning this application.</p>	
Please check one box below <i>See Instruction Section III.A</i>	
<input type="checkbox"/> Original Application for SPIN	<input type="checkbox"/> Revision to existing FCC Form 498 on file with USAC
<input type="checkbox"/> Request for SPIN Merger/Consolidation	<input type="checkbox"/> Request for SPIN Deactivation
<p>Service Provider Identification Number (SPIN) <i>See Instruction Section III.A</i></p> <p>(To be inserted by USAC for first time applicants. Required for subsequent revisions.)</p> <p>499 Filer ID [][][][][][][][][][]</p> <p>(Required if your company is required to file the FCC form 499)</p>	

Page 1: All Carriers

Block 1: General Company Information [All Fields REQUIRED] *See Instruction Section III.B*

1 _____
Company Name

2 _____
Name Company is Doing Business As (DBA) or Formerly Known As (FKA)

3 _____
Street Address

4 _____
Address Line 2

5 _____ 6 _____ 7 _____
City State Zip Code + 4

Page 1: All Carriers

Block 2: General Contact Information [All Fields REQUIRED]				<i>See Instruction Section III.C</i>
8	First:	Middle Initial:	Last:	9
General Contact (Company Preparer Name)				Title
10	()		11	()
Phone Number		Ext.	Fax Number	
12	Street Address			
13	Address Line 2			
14		15		16
City		State	Zip Code + 4	
17	E-mail Address			

Page 1: All Carriers

Block 3: Federal EIN and DUNS [All Fields REQUIRED]		<i>See Instruction Section III.D</i>	
18	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	19	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Check applicable corporate structure.)
	Enter Federal Employer Identification Number (Federal EIN or Tax ID Number)		
20	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	Enter Dunn and Bradstreet Number (DUNS)		

Page 2: High Cost

Block 4: High-Cost Support Mechanism Financial Institution and Remittance Information [ALL Fields REQUIRED]

See Instruction Section III.E

Financial institution information is required. Electronic payment of universal service support payments is mandated by the Debt Collection Improvement Act of 1996, Pub. Law 104-134, 110 Stat. 1321-358.

Check this box if this information is the same as the General Contact information (Block 2) and continue on to lines 31 to 34.

21 _____
Remittance Company Name, if different from Company Name

22 First: _____ Middle Initial: _____ Last: _____ 23 _____
Remittance Contact Name - Statements will be sent to Remittance Contact's attention Title

24 _____
Remittance Contact Address

25 _____
Address Line 2

26 _____ 27 _____ 28 _____
City State Zip Code + 4

29 (_____) 30 (_____)
Phone Number Ext Fax Number

Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements
(If you do not check this box, your remittance statements will be sent to your e-mail address.)

Page 2: High Cost

Block 5: Company Contact for High-Cost Support Mechanism

See Instruction Section III.F

Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 6.

35 First: _____ Middle Initial: _____ Last: _____ 36
 Contact Name for High-Cost Support Mechanism Title
(Must be a company employee or designated representative)

37 _____
 Contact Address for High-Cost Support Mechanism

38 _____
 Address Line 2

39 _____ 40 _____ 41 _____
 City State Zip Code + 4

42 (_____) 43 (_____)
 Phone Number Ext Fax Number

44 _____
 E-mail Address of High-Cost Support Mechanism Contact

Page 3: Low Income

Block 6: Low-Income Support Mechanism Financial Institution and Remittance Information [All Fields REQUIRED]

See Instruction Section III.G

Financial institution information is required. Electronic payment of universal service support payments is mandated by the Debt Collection Improvement Act of 1996, Pub. Law 104-134, 110 Stat. 1321-358.

Check this box if this information is the same as the General Contact information (Block 2) and continue on to lines 55 to 58.

45 _____
 Remittance Company Name, if different from Company Name

46 First: _____ Middle Initial: _____ Last: _____ 47 _____
 Remittance Contact Name - Statements will be sent to Remittance Contact's attention Title

48 _____
 Remittance Address

49 _____
 Address Line 2

50 _____ 51 _____ 52 _____
 City State Zip Code + 4

53 () _____ 54 () _____
 Phone Number Ext Fax Number

Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements

Page 3: Low Income

Block 7: Company Contact for Low-Income Support Mechanism *See Instruction Section III.H*

Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 8.

59 First: _____ Middle Initial: _____ Last: _____ 60 _____
 Contact address for Low-Income Support Mechanism Title
(Must be a company employee or designated representative)

61 _____
 Contact Address for Low-Income Support Mechanism

62 _____
 Address Line 2

63 _____ 64 _____ 65 _____
 City State Zip Code + 4

66 (_____) 67 (_____)
 Phone Number Ext Fax Number

68 _____
 E-mail Address of Low-Income Support Mechanism Contact

Page 4: High Cost and Low Income

Block 8: High-Cost and Low Income Study Area/SPIN Association

See Instruction Section III.I

This information will be used to associate the Study Area Codes (SAC) to this SPIN for the purposes of High-Cost and Low-Income Support.

Check this box if there is no change to the SAC data on File

Check this box if you are changing your Organization's SAC data currently on file with USAC.

<u>Study Area Code (SAC)</u>	<u>Study Area Type</u>	
<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive
<input type="text"/>	<input type="checkbox"/> Incumbent	<input type="checkbox"/> Competitive

Page 5: Rural Health Care

Block 9: Rural Health Care Support Mechanism Financial Institution and Remittance Information [ALL Fields REQUIRED]

See Instruction Section III.J

Financial institution information is required. Electronic payment of universal service support payments is mandated by the Debt Collection Improvement Act of 1996, Pub. Law 104-134, 110 Stat. 1321-358.

Check this box if this information is the same as the General Contact information (Block 2) and continue on to lines 79-82.

69 _____
 Remittance Company Name, if different from Company Name

70 First: _____ Middle Initial: _____ Last: _____ 71 _____
 Remittance Contact Name- Statements will be sent to Remittance Contact's attention Title

72 _____
 Remittance Address

73 _____
 Address Line 2

74 _____ 75 _____ 76 _____
 City State Zip Code + 4

77 (_____) 78 (_____)
 Phone Number Ext Fax Number

Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements

Page 5: Rural Health Care

Block 10: Company Contact for Rural Health Care Support Mechanism				<i>See Instruction Section III.K</i>
<input type="checkbox"/> Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 11.				
83	First:	Middle Initial:	Last:	84
Contact Name for Rural Health Care Mechanism - <i>(Must be a company employee or designated representative)</i>				Title
85	Contact Address for Rural Health Care Support Mechanism			
86	Address Line 2			
87	City	88	State	89
		Zip Code + 4		
90 ()	Phone Number	Ext	91 ()	Fax Number
92	E-mail Address of Rural Health Care Support Mechanism Contact			

Page 6: Schools and Libraries

Block 11: Schools and Libraries Support Mechanism Financial Institution and Remittance Information [ALL Fields REQUIRED]

See Instruction Section III.L

Financial institution information is required. Electronic payment of universal service support payments is mandated by the Debt Collection Improvement Act of 1996, Pub. Law 104-134, 110 Stat. 1321-358.

Check this box if this information is the same as the General Contact information (Block 2) and continue on to lines 103-106.

93 _____
 Remittance Company Name, if different from Company Name

94 First: _____ Middle Initial: _____ Last: _____ 95 _____
 Remittance Contact Name- Statements will be sent to Remittance Contact's attention Title

96 _____
 Remittance Address

97 _____
 Address Line 2

98 _____ 99 _____ 100 _____
 City State Zip Code + 4

101 (_____) 102 (_____)
 Phone Number Ext Fax Number

Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements
(If you do not check this box, your remittance statements will be sent to your e-mail address.)

Page 6: Schools and Libraries

Block 12: Company Contact for Schools and Libraries Support Mechanism				<i>See Instruction Section III.M</i>
<input type="checkbox"/> Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 13.				
107	First:	Middle Initial:	Last:	108
Contact Name for Schools and Libraries Mechanism <i>(Must be a company employee or designated representative)</i>				Title
109	Contact Address for Schools and Libraries Support Mechanism			
110	Address Line 2			
111	City	112 State	113 Zip Code + 4	
114	()	Ext	115	()
Phone Number		Fax Number		
116	E-mail Address of Schools and Libraries Support Mechanism Contact			

Page 7: All Carriers

Block 13: Offsetting Disbursement Payments Against Federal Universal Service Contribution Obligations

See Instruction Section III.N

The following information pertains only to telecommunications companies participating in the Schools and Libraries and Rural Health Care Support mechanisms. In accordance with FCC rule section 54.515 regarding Schools and Libraries Support mechanism payments, a telecommunications company may choose to offset its Schools and Libraries Support Mechanism payment against its Federal universal service contribution. In accordance with FCC rule section 54.611 regarding Rural Health Care Support Mechanism payments, a telecommunications company **MUST** offset its Rural Health Care Support Mechanism payment against its Federal universal service contribution. A telecommunications company must have an FCC Form 499 Filer ID number in order to offset its Schools and Libraries or Rural Health Care Support Mechanism payments against its Federal universal service contribution. In order to obtain an FCC Form 499 Filer ID number, visit www.universalservice.org/forms and select FCC Form 499. You do not need an FCC Form 499 Filer ID in order to be issued a SPIN.

- 117 Yes, I want my Schools and Libraries Support Mechanism disbursement payments to be offset against be offset against my Federal universal service contribution obligations. This box must be checked in order to receive offsets.
The default is "No."

Page 7: All Carriers

Block 14: Principal Communications Types [REQUIRED Field]

See Instruction Section III.O

Select up to 5 boxes that best describe the reporting entity. Enter numbers starting with "1" to show the order of importance - see instructions.

- | | |
|---|--|
| <input type="checkbox"/> CAP/CLEC | <input type="checkbox"/> Prepaid Card |
| <input type="checkbox"/> Cellular/PCS/SMR | <input type="checkbox"/> Private Service Provider |
| <input type="checkbox"/> Coaxial Cable | <input type="checkbox"/> Satellite Service Provider |
| <input type="checkbox"/> Incumbent LEC | <input type="checkbox"/> Shared-Tenant Service Provider/Building LEC |
| <input type="checkbox"/> Interexchange Carrier (IXC) | <input type="checkbox"/> SMR (Dispatch) |
| <input type="checkbox"/> Interconnected VOIP Provider | <input type="checkbox"/> Toll Reseller |
| <input type="checkbox"/> Local Reseller | <input type="checkbox"/> Wireless Data Provider |
| <input type="checkbox"/> Operator Service Provider | <input type="checkbox"/> Non Traditional Provider (NTP) |
| <input type="checkbox"/> Paging and Messaging | <input type="checkbox"/> Internet Service Provider |
| <input type="checkbox"/> Payphone Service Provider | |

Page 7: All Carriers

Block 15: Authorized Contact Signature [All Fields REQUIRED]		<i>See Instruction Section III.P</i>
<p><i>I certify that I am an officer of the above-named service provider, that I am authorized to submit this FCC Form 498 on behalf of the above named service provider, and that to the best of my knowledge, the data set forth in this form is true, accurate, and complete.</i></p> <p><i>Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, as amended, 47 U.S.C. Secs.502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.</i></p>		
Company Officer Information		Check this box if this information is the same as the General Contact information (Block 2)
Signature of the Company Officer _____	Date _____	
First: _____ Middle Initial: _____ Last: _____		
Printed Name _____		
Title _____	E-mail address _____	

Questions?

For specific support, or for more information:

USAC Customer Operations
(888) 641-8722

CustomerSupport@usac.org

[Http://www.usac.org/forms](http://www.usac.org/forms)

Thank you!