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January 29, 2016

# VIA HAND DELIVERY

Ms. Carlotta Stauffer Commission Clerk Room 152, Gunter Building Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850

Re: T-Mobile FCC Form 555, Annual Lifeline Certification

Dear Ms. Stauffer:

Enclosed for filing on behalf of T-Mobile South, LLC is a courtesy copy of T-Mobile South, LLC's Annual Lifeline Eligible Telecommunications Certification Form, FCC Form 555, as filed with the Federal Communications Commission pursuant to 47 C.F.R. § 54.416.

Please acknowledge receipt of this document by stamping the extra copy of this letter "filed" and returning it to me. Thank you for your assistance with this filing.

Sincerely yours,

BERGER SINGERMAN LLP

Floyd R. Self, B.C.S.

FRS/apw

Enclosure

cc: Michelle Thomas, Esq.

Ms. Beth Salak

## **Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete all or portions of all sections

Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

| 219013  |   |  |
|---|---|--|
| Study Area Code (SAC)   | ride a certification form for each SAC through which it provides Lifeline service).                                   |  |
| Florida   | T-Mobile South LLC  |  |
| State   | ETC Name  |  |
| T-Mobile  | T-Mobile USA, Inc.  |  |
| DBA, Marketing or Other Branding Name (If same as LTC name, list "N A" Do not leave blank)  | Holding Company Name (If same as ETC name, list "N A" Do not leave blank)   |  |
| ty same as 1.10 name, that to A Do more teach many  | (If some as ETC home, list "N A Do not seave mank)  |  |
| oes the reporting company have affiliated ET  ovide a list of all ETCs that are affiliated with the reporting termined in accordance with Section 3(2) of the Communic  |   |  |
| oes the reporting company have affiliated ET<br>ovide a list of all ETCs that are affiliated with the reporting<br>termined in accordance with Section 3(2) of the Communic<br>ons or controls, is owned or controlled by, or is under com- | Cs? Yes  No  Section Shall he cations Act. That Section defines "affiliate" as "a person that (directly or indirectly |  |

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

#### Section 1: Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial CMM

1

#### Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

| A   | В   | С   | D   | $\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$  |
|---|---|---|---|---|
| Number of subscribers<br>claimed on February<br>FCC Form 497 of<br>current Form 555<br>calendar year<br>(February data month) | Number of lines<br>claimed on February<br>FCC Form 497 of<br>current Form 555<br>calendar year<br>provided to wireline<br>resellers | Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.) | Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC | Number of<br>subscribers ETC is<br>responsible for<br>recertifying for<br>current Form 555<br>calendar year |
| 2110  | 0   | 246   | 574   | 1290  |

#### **Recertification Results:**

| F   | G  | H = (F-G)                                   | . 1  | J = (H+1)  |
|---|--|---|--|--|
| Number of<br>subscribers ETC<br>contacted directly to<br>recertify eligibility<br>through attestation | Number of<br>subscribers<br>responding to ETC<br>contact | Number of non-<br>responding<br>subscribers | Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.) | Number of subscribers de-<br>enrolled or scheduled to be<br>de-enrolled as a result of<br>non-response or response of<br>ineligibility from ETC<br>recertification attempt |
| 1290  | 400  | 890   | 0  | 890  |

| K   | L  |
|---|--|
| Number of<br>subscribers whose<br>eligibility was<br>reviewed by state<br>administrator,<br>ETC access to eligibility<br>database, or by USAC | Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC |
| 0   | 0  |

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

#### Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial

AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

(List database or name of administrator here)\*

Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. \*Notice of eligibility from the FL OPC for income and the FL PSC for qualifying program participation

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial \_\_\_\_\_\_\_

# Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

| M = (F+K)  | N = (J+L)  | O= ((N = M) * 100)   |
|--|--|--|
| Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E) | Number of<br>subscribers de-<br>enrolled or scheduled<br>to be de- enrolled as a<br>result of non-response<br>or ineligibility | Percentage of subscribers<br>de-enrolled or scheduled to<br>be de-enrolled as a result of<br>ineligibility or non-response |
| 1290   | 890  | 69%  |

### Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect o monthly fee from their Lifetime subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

| Is the ETC Pre-Paid?            | Yes | No 📝 |
|---------------------------------|-----|------|
| 10 1110 171 0 1 1 1 1 1 1 1 1 1 |     |      |

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

| P                 | Q                                     |
|-------------------|---------------------------------------|
| Month             | Subscribers De-Enrolled for Non-Usage |
| January           |                                       |
| February          |                                       |
| March             |                                       |
| April             |                                       |
| May               |                                       |
| June              |                                       |
| July              |                                       |
| August            |                                       |
| September         |                                       |
| October           |                                       |
| November          |                                       |
| December          |                                       |
| Total Subscribers |                                       |

# Signature Block

|                            | ove is in compliance with all federal Lifeline certification bove. I am authorized to make this certification for the |
|----------------------------|---|
| Signed, Ohn Miller         | Chris Miller, Vice President, Tax   |
| Signature of Officer       | Printed Name and Title of Officer   |
| Chris.Miller1@T-Mobile.com | 1/27/16   |
| Email Address of Officer   | Date  |
| Rosenna Tse                | 425-383-5905  |

Person Completing This Certification Form

Contact Phone Number

# **Affiliated ETCs**

| SAC  | Name   |
|--|--|
| 219013 (Florida)   | T-Mobile South LLC   |
| 269024 (Kentucky)  | Powertel/Memphis, Inc. and T-Mobile Central LLC                            |
| 369014 (Minnesota)   | T-Mobile Central LLC   |
| 289029 (Mississippi)   | T-Mobile Central LLC Powertel/Memphis, Inc. and T-Mobile South LLC         |
| 499013 (New Mexico)  | T-Mobile West LLC  |
| 179014 (Pennsylvania)  | T-Mobile Northeast LLC, VoiceStream Pittsburgh LP and T-Mobile Central LLC |
| 639003 (Puerto Rico)   | T-Mobile Puerto Rico LLC   |
| 449066 (Texas)   | T-Mobile West LLC  |
| 199016 (Virginia)  | T-Mobile Northeast LLC   |
| 529013 (Washington)  | T-Mobile West LLC  |
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