



525 JUNCTION RD.
Madison, WI 53717

June 15, 2012

By Electronic Filing

Ms. Betty McCauley
Docketing Division
Public Utilities Commission of Ohio
180 East Broad Street
Columbus, Ohio 43215

RE: Continental Telephone Company: TRF Docket No. 90-5016

Dear Ms. McCauley:

Continental Telephone Company submits a Notice of Tariff Filing for electronic filing.

Thank you for your assistance. If you have any questions, please do not hesitate to call.

Regards,

/s/ Rachelle A. Ladwig
TDS Telecom
Sr. Administrator – Tariffs
Phone 608-664-4169
Fax 608-830-5519
Email rachelle.ladwig@tdstelecom.com

Enclosure

The Public Utilities Commission of Ohio
TELECOMMUNICATIONS FILING FORM
(Effective: 01/20/2011)

This form is intended to be used with most types of required filings. It provides check boxes with rule references for the most common types of filings. It does not replace or supersede Commission rules in any way.

In the Matter of the Application of Continental Telephone)
Company to Revise Lifeline Terms and Conditions)

TRF Docket No. 90-5016-TP-TRF

Case No. _ - **-TP -**

NOTE: Unless you have reserved a Case #, leave the "Case No" fields
BLANK.

Name of Registrant(s) Continental Telephone Company

DBA(s) of Registrant(s) TDS Telecom

Address of Registrant(s) 525 Junction Road, Madison, WI 53717

Company Web Address www.tdstelecom.com

Regulatory Contact Person(s) Rachelle Ladwig

Phone 608-664-4169

Fax 608-830-5519

Regulatory Contact Person's Email Address rachelle.ladwig@tdstelecom.com

Contact Person for Annual Report Bruce Mottern

Phone 865-671-4753

Address (if different from above) 10025 Investment Drive, Suite 200, Knoxville, TN 37932

Consumer Contact Information Bruce Mottern

Phone 865-671-4753

Address (if different from above) _____

Motion for protective order included with filing? ☐ Yes ☒ No

Motion for waiver(s) filed affecting this case? ☐ Yes ☒ No [Note: Waivers may toll any automatic timeframe.]

Notes:

Section I and II are Pursuant to Chapter 4901:1-6 OAC.

Section III – Carrier to Carrier is Pursuant to 4901:1-7 OAC, and Wireless is Pursuant to 4901:1-6-24 OAC.

Section IV – Attestation.

(1) Indicate the Carrier Type and the reason for submitting this form by checking the boxes below.

(2) For requirements for various applications, see the identified section of Ohio Administrative Code Section 4901 and/or the supplemental application form noted.

(3) Information regarding the number of copies required by the Commission may be obtained from the Commission's web site at www.puco.ohio.gov under the docketing information system section, by calling the docketing division at 614-466-4095, or by visiting the docketing division at the offices of the Commission.

(4) An Incumbent Local Exchange Carrier (ILEC) offering basic local exchange service (BLES) outside its traditional service area should choose CLEC designation when proposing to offer BLES outside its traditional service area or when proposing to make changes to that service.

All Filings that result in a change to one or more tariff pages require, at a minimum, the following exhibits.

| Exhibit | Description: |
|---------|---|
| A | The tariff pages subject to the proposed change(s) as they exist before the change(s) |
| B | The Tariff pages subject to the proposed change(s), reflecting the change, with the change(s) marked in the right margin. |
| C | A short description of the nature of the change(s), the intent of the change(s), and the customers affected. |
| D | A copy of the notice provided to customers, along with an affidavit that the notice was provided according to the applicable rule(s). |

Section I – Part I - Common Filings

| | | | |
|--|---|--|---|
| Carrier Type <input type="checkbox"/> Other (explain below) | <input type="checkbox"/> For Profit ILEC | <input type="checkbox"/> Not For Profit ILEC | <input type="checkbox"/> CLEC |
| Change terms & conditions of existing BLES | <input type="checkbox"/> ATA <u>1-6-14(H)</u> (Auto 30 days) | <input type="checkbox"/> ATA <u>1-6-14(H)</u> (Auto 30 days) | <input type="checkbox"/> ATA <u>1-6-14(H)</u> (Auto 30 days) |
| Introduce non-recurring charge, surcharge, or fee to BLES | | | <input type="checkbox"/> ATA <u>1-6-14(H)</u> (Auto 30 days) |
| Introduce or Increase Late Payment | <input type="checkbox"/> ATA <u>1-6-14(I)</u> (Auto 30 days) | <input type="checkbox"/> ATA <u>1-6-14(I)</u> (Auto 30 days) | <input type="checkbox"/> ATA <u>1-6-14(I)</u> (Auto 30 days) |
| Revisions to BLES Cap. | <input type="checkbox"/> ZTA <u>1-6-14(F)</u> (0 day Notice) | | |
| Introduce BLES or expand local service area (calling area) | <input type="checkbox"/> ZTA <u>1-6-14(H)</u> (0 day Notice) | <input type="checkbox"/> ZTA <u>1-6-14(H)</u> (0 day Notice) | <input type="checkbox"/> ZTA <u>1-6-14(H)</u> (0 day Notice) |
| Notice of no obligation to construct facilities and provide BLES | <input type="checkbox"/> ZTA <u>1-6-27(C)</u> (0 day Notice) | <input type="checkbox"/> ZTA <u>1-6-27(C)</u> (0 day Notice) | |
| Change BLES Rates | <input type="checkbox"/> TRF <u>1-6-14(F)</u> (0 day Notice) | <input type="checkbox"/> TRF <u>1-6-14(F)(4)</u> (0 day Notice) | <input type="checkbox"/> TRF <u>1-6-14(G)</u> (0 day Notice) |
| To obtain BLES pricing flexibility | <input type="checkbox"/> BLS <u>1-6-14(C)(1)(c)</u> (Auto 30 days) | | |
| Change in boundary | <input type="checkbox"/> ACB <u>1-6-32</u> (Auto 14 days) | <input type="checkbox"/> ACB <u>1-6-32</u> (Auto 14 days) | |
| Expand service operation area | | | <input type="checkbox"/> TRF <u>1-6-08(G)(0 day)</u> |
| BLES withdrawal | | | <input type="checkbox"/> ZTA <u>1-6-25(B)</u> (0 day Notice) |
| Other* (explain) _____ | | | |

Section I – Part II – Customer Notification Offerings Pursuant to Chapter 4901:1-6-7 OAC

| Type of Notice | Direct Mail | Bill Insert | Bill Notation | Electronic Mail |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> 15-day Notice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 30-day Notice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date Notice Sent: | | | | |

Section I – Part III –IOS Offerings Pursuant to Chapter 4901:1-6-22 OAC

| IOS | Introduce New | Tariff Change | Price Change | Withdraw |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> IOS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section II – Part I – Carrier Certification - Pursuant to Chapter 4901:1-6-08, 09 & 10 OAC

| Certification | ILEC (Out of Territory) | CLEC | Telecommunications Service Provider Not Offering Local | CESTC | CETC |
|----------------------------|--|--|--|---|---|
| * See Supplemental form | <input type="checkbox"/> ACE <u>1-6-08</u> * (Auto 30- day) | <input type="checkbox"/> ACE <u>1-6-08</u> *(Auto 30 day) | <input type="checkbox"/> ACE <u>1-6-08</u> *(Auto 30 day) | <input type="checkbox"/> ACE <u>1-6-10</u> (Auto 30 day) | <input type="checkbox"/> UNC <u>1-6-09</u> *(Non-Auto) |

*Supplemental Certification forms can be found on the Commission Web Page.

Section II – Part II – Certificate Status & Procedural

| Certificate Status | ILEC | CLEC | Telecommunications Service Provider Not Offering Local |
|---|---|---|---|
| Abandon all Services | | <input type="checkbox"/> ABN <u>1-6-26</u> (Auto 30 days) | <input type="checkbox"/> ABN <u>1-6-26</u> (Auto 30 days) |
| Change of Official Name * | <input type="checkbox"/> ACN <u>1-6-29(B)</u> (Auto 30 days) | <input type="checkbox"/> ACN <u>1-6-29(B)</u> (Auto 30 days) | <input type="checkbox"/> CIO <u>1-6-29(C)</u> (0 day Notice) |
| Change in Ownership * | <input type="checkbox"/> ACO <u>1-6-29(E)</u> (Auto 30 days) | <input type="checkbox"/> ACO <u>1-6-29(E)</u> (Auto 30 days) | <input type="checkbox"/> CIO <u>1-6-29(C)</u> (0 day Notice) |
| Merger * | <input type="checkbox"/> AMT <u>1-6-29(E)</u> (Auto 30 days) | <input type="checkbox"/> AMT <u>1-6-29(E)</u> (Auto 30 days) | <input type="checkbox"/> CIO <u>1-6-29(C)</u> (0 day Notice) |
| Transfer a Certificate * | <input type="checkbox"/> ATC <u>1-6-29(B)</u> (Auto 30 days) | <input type="checkbox"/> ATC <u>1-6-29(B)</u> (Auto 30 days) | <input type="checkbox"/> CIO <u>1-6-29(C)</u> (0 day Notice) |
| Transaction for transfer or lease of property, plant or business * | <input type="checkbox"/> ATR <u>1-6-29(B)</u> (Auto 30 days) | <input type="checkbox"/> ATR <u>1-6-29(B)</u> (Auto 30 days) | <input type="checkbox"/> CIO <u>1-6-29(C)</u> (0 day Notice) |
| | | | |

* Other exhibits may be required under the applicable rule(s). ACN, ACO, AMT, ATC, ATR and CIO applications see the 4901:1-6-29 Filing Requirements on the Commission's Web Page for a complete list of exhibits.

Section III – Carrier to Carrier (Pursuant to 4901:1-7), and Wireless (Pursuant to 4901:1-6-24)

| Carrier to Carrier | ILEC | CLEC |
|--|--|--|
| Interconnection agreement, or amendment to an approved agreement | <input type="checkbox"/> NAG <u>1-7-07</u> (Auto 90 day) | <input type="checkbox"/> NAG <u>1-7-07</u> (Auto 90 day) |
| Request for Arbitration | <input type="checkbox"/> ARB <u>1-7-09</u> (Non-Auto) | <input type="checkbox"/> ARB <u>1-7-09</u> (Non-Auto) |
| Introduce or change c-t-c service tariffs, | <input checked="" type="checkbox"/> ATA <u>1-7-14</u> (Auto 30 day) | <input type="checkbox"/> ATA <u>1-7-14</u> (Auto 30 day) |
| Request rural carrier exemption, rural carrier suspension or modification | <input type="checkbox"/> UNC <u>1-7-04 or 05</u> (Non-Auto) | |
| Changes in rates, terms & conditions to Pole Attachment, Conduit Occupancy and Rights- of-Way. | <input type="checkbox"/> UNC <u>1-7-23(B)</u> (Non-Auto) | |
| | | |
| Wireless Providers See <u>4901:1-6-24</u> | <input type="checkbox"/> RCC [Registration & Change in Operations] | <input type="checkbox"/> NAG [Interconnection Agreement or |

Section IV. – Attestation

Registrant hereby attests to its compliance with pertinent entries and orders issued by the Commission.

AFFIDAVIT
Compliance with Commission Rules

I am an officer/agent of the applicant corporation, Continental Telephone Company, and am authorized to make this statement on its behalf.
(Name)

Please Check ALL that apply:

☒ I attest that these tariffs comply with all applicable rules for the state of Ohio. I understand that tariff notification filings do not imply Commission approval and that the Commission's rules as modified and clarified from time to time, supersede any contradictory provisions in our tariff. We will fully comply with the rules of the state of Ohio and understand that noncompliance can result in various penalties, including the suspension of our certificate to operate within the state of Ohio.

☐ I attest that customer notices accompanying this filing form were sent to affected customers, as specified in Section II, in accordance with Rule 4901:1-6-7, Ohio Administrative Code.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on (Date) 06/15/12 at (Location) Madison, Wisconsin

*(Signature and Title) /s/ Rachelle Ladwig, (Date) June 15, 2012
Sr. Administrator-Tariffs

- *This affidavit is required for every tariff-affecting filing. It may be signed by counsel or an officer of the applicant, or an authorized agent of the applicant.*

VERIFICATION

I, Rachelle Ladwig verify that I have utilized the Telecommunications Filing Form for most proceedings provided by the Commission and that all of the information submitted here, and all additional information submitted in connection with this case, is true and correct to the best of my knowledge.

*(Signature and Title)/s/ Rachelle Ladwig, Sr. Administrator-Tariffs

(Date) June 15, 2012

**Verification is required for every filing. It may be signed by counsel or an officer of the applicant, or an authorized agent of the applicant.*

Send your completed Application Form, including all required attachments as well as the required number of copies, to:

**Public Utilities Commission of Ohio
Attention: Docketing Division
180 East Broad Street, Columbus, OH 43215-3793**

Or

Make such filing electronically as directed in Case No 06-900-AU-WVR

EXHIBIT A
EXISTING SCHEDULE SHEETS

| SUBJECT INDEX | | | |
|--------------------------------|-----|----------------|--------------|
| <u>Subject</u> | | <u>Section</u> | <u>Sheet</u> |
| | -H- | | |
| | -I- | | |
| | -J- | | |
| | -K- | | |
| | -L- | | |
| Liability of the Company | | 4 | 2 |
| Low Income Assistance Programs | | 6 | 1 |
| | -M- | | |
| Minimum Contract Periods | | 4 | 16 |

ISSUED: May 19, 2011

EFFECTIVE: May 19, 2011

IN ACCORDANCE WITH CASE NO. 10-1010-TP-ORD and 11-3020-TP-ATA
ISSUED BY THE PUBLIC UTILITIES COMMISSION OF OHIO
Joel Dohmeier, Vice-President
CONTINENTAL, OHIO

LOW INCOME ASSISTANCE PROGRAMS

A. LIFELINE/LINK-UP REQUIREMENTS

1. General

- a. Lifeline shall be a flat-rate, monthly, primary access line service with touch-tone service or any other packages/bundles of service, if available to customers, less the lifeline discount and shall provide all of the following:
 - 1) A recurring discount to the monthly basic local exchange service rate that provides for the maximum contribution of federally available assistance;
 - 2) Not more than once per customer at a single address in a twelve-month period, a waiver of all nonrecurring service order charges for establishing service;
 - 3) Free blocking of toll service, 900 service and 976 service;
 - 4) A waiver of the federal universal service fund end user charge;
 - 5) A waiver of the telephone company's service deposit requirement.

2. Regulations

- a. Lifeline Assistance is available to residential customers who are currently participating in one of the following federal or state low-income assistance programs that limit assistance based on household income:
 - 1) Medical Assistance under Chapter 5111 of the Ohio Revised Code (Medicaid) or any state program that might supplant Medicaid;
 - 2) Supplemental Nutritional Assistance Program (SNAP/food stamps);
 - 3) Supplemental Security Income (SSI) under Title XVI of the Social Security Act;
 - 4) Supplemental Security Insurance – blind and disabled (SSDI);
 - 5) Federal public housing assistance, or Section 8;

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LOW INCOME ASSISTANCE PROGRAMS

A. LIFELINE/LINK-UP REQUIREMENTS (Continued)

2. Regulations (Continued)

- a. Lifeline Assistance is available to residential customers who are currently participating in one of the following federal or state low-income assistance programs that limit assistance based on household income: (Continued)
 - 6) Home Energy Assistance Programs (HEAP, LIHEAP, E-HEAP);
 - 7) National School Lunch Program's Free Lunch Program (NSL);
 - 8) Temporary Assistance for Needy Families (TANF/Ohio Works); or
 - 9) General Assistance (including disability assistance (DA)).
- b. Lifeline Assistance is available to residential customers whose total household income is at or below one-hundred fifty percent (150%) of the federal poverty level.
- c. The Telephone Company shall require, as proof of eligibility for Lifeline Assistance, a document signed by the customer, certifying under penalty of perjury that the customer is receiving benefits from one of the programs identified in paragraph 2.a. above; identify the specific program or programs from which the customer receives benefits and agree to notify the carrier if the customer ceases to participate in such program or programs. If a customer is applying for Lifeline based on income see paragraph 2.e. for examples of income documentation.
- d. The Telephone Company must verify Lifeline service eligibility for customers who qualify through household income-based requirements consistent with the FCC requirements in 47 C.F.R.54.

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LOW INCOME ASSISTANCE PROGRAMS

A. LIFELINE/LINK-UP REQUIREMENTS (Continued)

2. Regulations (Continued)

- e. Consistent with federal law, examples of acceptable income documentation includes the following:
 - 1) State or federal income tax return;
 - 2) Current income statement or W-2 from an employer;
 - 3) Three consecutive months of current pay stubs;
 - 4) Social security statement of benefits;
 - 5) Retirement/Pension statement of benefits;
 - 6) Unemployment/Workmen's Compensation statement of benefits;
 - 7) Any other legal document that would show current income (such as a divorce decree or child support document).
- f. Customers qualifying for Lifeline with past due bills for regulated local service charges shall be offered special payment arrangements with the initial payment not to exceed \$25.00 before service is installed, with the balance for regulated local charges to be paid over six equal monthly payments. Lifeline service customers with past due bills for toll service charges shall have toll restricted service until such past due toll service charges have been paid or until the customer establishes service with a subsequent toll provider.
- g. All other aspects of the state-specific lifeline service shall be consistent with the federal requirements. The rates, terms, and conditions for lifeline service shall be tarified in accordance with Rule 4901:1-6-11 of the Administrative Code.
- h. The Telephone Company shall provide written notification to the customer applying for Lifeline service that is determined ineligible for Lifeline service and shall provide an additional 30 days to prove eligibility.

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Joel Dohmeier, Vice-President
CONTINENTAL, OHIO

LOW INCOME ASSISTANCE PROGRAMS

A. LIFELINE/LINK-UP REQUIREMENTS (Continued)

2. Regulations (Continued)

- i. The Telephone Company shall provide written customer notification if a customer's Lifeline service benefits are to be terminated due to failure to submit acceptable documentation for continued eligibility for that assistance. The lifeline customer shall have an additional sixty (60) days to submit acceptable documentation of continued eligibility or dispute the findings regarding termination of benefits.
- j. the Telephone Company shall establish procedures to verify an individual's continuing Lifeline eligibility for both program and income based criteria consistent with the FCC's requirements in 47 C.F.R. 54.409-54410.

3. Enrollment Process

Existing Customers

- a. Customers with dial tone wanting to establish Lifeline Service should complete and submit a company Lifeline application, and provide documentation if applicable, within 30 days of requesting the discount.
- b. The Company will review the customer's Lifeline application to determine the customer's eligibility within 30 days.
- c. If the customer is eligible for the Lifeline discount, and the application was returned within 30 days of requesting the discount, the Company will credit the customer's bill retroactive to the date of the customer's request for Lifeline Service.
- d. If the customer is eligible for the Lifeline discount, but the application was returned after 30 days, the Company will apply the discount to the customer's bill effective on the date eligibility is proved.
- e. Should the Company determine that a customer does not qualify for Lifeline Assistance or if the customer submits incomplete documentation, the Company will provide written notification to the customer and give the customer an additional 30 days to prove eligibility. If after that additional 30 days the customer has failed to prove eligibility or provide the necessary documentation the customer must reapply for Lifeline discounts.

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CONTINENTAL, OHIO

LOW INCOME ASSISTANCE PROGRAMS

A. LIFELINE/LINK-UP REQUIREMENTS (Continued)

3. Enrollment Process (Continued)

New Customers

- a. Customers applying for new service and requesting to establish Lifeline service should complete and submit a company Lifeline application, and provide documentation if applicable, within 30 days of requesting the discount. The Company will process the Lifeline application without delaying the installation of new service.
- b. The Company will review the customer's Lifeline application to determine the customer's eligibility within 30 days.
- c. If the customer is eligible for the Lifeline discount, and the application was returned within 30 days of requesting the discount, the Company will credit the customer's bill retroactive to the date of the customer's request for Lifeline Service.
- d. If the customer is eligible for the Lifeline discount, but the application was returned after 30 days, the Company will apply the discount to the customer's bill effective on the date eligibility is proved.
- e. Should the Company determine that a customer does not qualify for Lifeline Assistance or if the customer submits incomplete documentation, the Company will provide written notification to the customer and give the customer an additional 30 days to prove eligibility. If after that additional 30 days the customer has failed to prove eligibility or provide the necessary documentation the customer must reapply for Lifeline discounts.

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LOW-INCOME ASSISTANCE PROGRAMS

A. LIFELINE/LINK-UP REQUIREMENTS (Continued)

4. Income Eligibility

- a. The Telephone Company must verify through acceptable documentation that a customer qualifies for Lifeline Assistance. Such verification must be performed within 60 days of a customer's service establishment. Examples of income documentation are identified in Paragraph 2.e. above.
- b. Regardless of when the Company completes the verification process Lifeline benefits shall go back to the date the qualified customer established Lifeline.
- c. The Telephone Company shall provide written notification to customers that do not qualify for Lifeline Assistance. The notice shall give the customer an additional 30-day opportunity to prove eligibility or dispute the company's determination.
- d. Written notification must include: 1) the earliest date termination of lifeline benefits will occur if the customer has been receiving the benefits or the last date the customer has to provide documentation to prove eligibility to receive the benefits; 2) the reason(s) for termination of lifeline benefits and any actions which the customer must take to demonstrate continued eligibility; 3) contact information for the Telephone Company; and 4) a statement explaining who customers may contact in the event of a dispute.
- e. If a customer disagrees with the Company's findings regarding eligibility for Lifeline Assistance, the customer may file an informal/formal complaint with the Public Utilities Commission of Ohio.

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LOW-INCOME ASSISTANCE PROGRAMS

A. LIFELINE/LINK-UP REQUIREMENTS (Continued)

5. Verification for Continued Eligibility

- a. The Telephone Company must notify customers at least 60 days prior to the company's pending termination of the customer's Lifeline Assistance if the customer fails to submit acceptable documentation for continued eligibility for benefits. Such notice will be separate from the bill and will include: 1) the earliest date termination of lifeline benefits would occur; 2) the reason(s) for termination of lifeline benefits and any actions which the customer must take to demonstrate continued eligibility; 3) contract information for the telephone company and 4) a statement explaining who the customer should contact in the event of a dispute.
- b. Should a customer fail to submit proper documentation within the 60 day period, the Telephone Company will terminate the Lifeline benefits and require the customer to reapply for benefits.
- c. If a customer disagrees with the Company's findings regarding eligibility for Lifeline Assistance, the customer may file an informal/formal complaint with the Public Utilities Commission of Ohio.

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Joel Dohmeier, Vice-President
CONTINENTAL, OHIO

This foregoing document was electronically filed with the Public Utilities

Commission of Ohio Docketing Information System on

6/15/2012 2:26:26 PM

in

Case No(s). 90-5016-TP-TRF

Summary: Tariff Filing to Revise Lifeline Terms and Conditions (Part 1 of 2) electronically filed by Ms. Rachelle A Ladwig on behalf of Continental Telephone Company