Cincinnati Bell℠

221 E. Fourth St.
P.O. Box 2301
Cincinnati, Ohio 45201-2301

October 14, 2013

Public Utilities Commission of Ohio
Barcy McNeal - Director
Docketing Division
11th Floor
180 East Broad Street
Columbus, Ohio 43215

Re: FCC Form 481 – Cincinnati Bell Telephone Company LLC

Dear Ms. McNeal:

Enclosed please find a copy of the FCC Form 481 that Cincinnati Bell Telephone Company, LLC has filed with the Universal Service Administrative Company ("USAC") for its Ohio study area (SAC 305062).

Any questions concerning this matter may be directed to me at 513-397-6671.

Sincerely,

Patricia L. Rupich

Patricia L. Rupich

Enclosure

FCC Form 481 - Carrier Annual Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	305062
<015>	Study Area Name	CINCINNATI BELL-OH
<020>	Program Year	2014
<030>	Contact Name: Person USAC should contact with questions about this data	Patricia Rupich
<035>	Contact Telephone Number: Number of the person identified in data line <030>	513-397-6671
<039>	Contact Email Address: Email of the person identified in data line <030>	pat.rupich@cinbell.com

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
			(check box when complete)	
<100>	Service Quality Improvement Reporting	*(complete attached worksheet)*		
<200>	Outage Reporting (voice)	*(complete attached worksheet)*		
<210>	<-- check box if no outages to report			
<300>	Unfulfilled Service Requests (voice)			
<310>	Detail on Attempts (voice)	*(attach descriptive document)*		
<320>	Unfulfilled Service Requests (broadband)			
<330>	Detail on Attempts (broadband)	*(attach descriptive document)*		
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed			
<420>	Mobile			
<430>	Number of Complaints per 1,000 customers (broadband)			
<440>	Fixed			
<450>	Mobile			
<500>	Service Quality Standards & Consumer Protection Rules Compliance	*(check to indicate certification)*		
<510>		*(attached descriptive document)*		
<600>	Functionality in Emergency Situations	*(check to indicate certification)*		
<610>		*(attached descriptive document)*		
<700>	Company Price Offerings (voice)	*(complete attached worksheet)*		
<710>	Company Price Offerings (broadband)	*(complete attached worksheet)*		
<800>	Operating Companies and Affiliates	*(complete attached worksheet)*		✓
<900>	Tribal Land Offerings (Y/N)?	*(if yes, complete attached worksheet)*		
<1000>	Voice Services Rate Comparability	*(check to indicate certification)*		
<1010>		*(attach descriptive document)*		
<1100>	Terrestrial Backhaul (Y/N)?	*(if not, check to indicate certification)*		
<1110>		*(complete attached worksheet)*		
<1200>	Terms and Condition for Lifeline Customers	*(complete attached worksheet)*		✓

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>		*(check to indicate certification)*		
<2005>		*(complete attached worksheet)*		

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>		*(check to indicate certification)*		
<3005>		*(complete attached worksheet)*		

(100) Service Quality Improvement Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<035>	Contact Telephone Number - Number of person identified in data line <030>	513-397-6671
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

<110>	Has your company received its ETC certification from the FCC?	(yes / no) ○ ●
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) ○ ○

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	☐
<114>	Report how much universal service (USF) support was received	☐
<115>	How (USF) was used to improve service quality	☐
<116>	How (USF)was used to improve service coverage	☐
<117>	How (USF) was used to improve service capacity	☐
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	☐

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	305062
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<035>	Contact Telephone Number - Number of person identified in data line <030>	513-397-6671
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

<220>

<a> NORS Reference Number	<b1> Outage Start Date	<b2> Outage Start Time	<b3> Outage End Date	<b4> Outage End Time	<c1> Number of Customers Affected	<c2> Total Number of Customers	<d> 911 Facilities Affected (Yes / No)	<e> Service Outage Description (Check all that apply)	<f> Did This Outage Affect Multiple Study Areas (Yes / No)	<g> Service Outage Resolution	<h> Preventative Procedures
						-- See attached worksheet --					

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	513-397-6671
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

<701>	Residential Local Service Charge Effective Date	1/1/2013
<702>	Single State-wide Residential Local Service Charge	

<703>

<a1> State	<a2> Exchange (ILEC)	<a3> SAC (CETC)	<b1> Rate Type	<b2> Residential Local Service Rate	<b3> State Subscriber Line Charge	<b4> State Universal Service Fee	<b5> Mandatory Extended Area Service Charge	<c> Total per line Rates and Fees
				-- See attached worksheet				
				--				

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	305062
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<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	513-397-6671
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

<711>

<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
State	**Exchange (ILEC)**	**Residential Rate**	**State Regulated Fees**	**Total Rate and Fees**	**Broadband Service - Download Speed (Mbps)**	**Broadband Service - Upload Speed (Mbps)**	**Usage Allowance (GB)**	**Usage Allowance Action Taken When Limit Reached {*select*}**
		-- See attached worksheet --						

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<035>	Contact Telephone Number - Number of person identified in data line <030>	513-397-6671
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

<810>	Reporting Carrier	Cincinnati Bell Telephone Company LLC
<811>	Holding Company	Cincinnati Bell Inc.
<812>	Operating Company	n/a

<813>

<a1>	<a2>	<a3>
Affiliates	**SAC**	**Doing Business As Company or Brand Designation**
-- See attached worksheet --		

(900) Tribal Lands Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Rupich
<035>	Contact Telephone Number - Number of person identified in data line <030>	513-397-6671
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

		Select (Yes,No, NA)
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

(1100) No Terrestrial Backhaul Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<035>	Contact Telephone Number - Number of person identified in data line <030>	513-397-6671
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	305062
<015>	Study Area Name	CINCINNATI BELL-OH
<020>	Program Year	2014
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<035>	Contact Telephone Number - Number of person identified in data line <030>	513-397-6671
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans — 305062OH1210

Name of attached document (.pdf)

<1220> Link to Public Website — HTTP _____

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☑

<1222> Details on the number of minutes provided as part of the plan, ☑

<1223> Additional charges for toll calls, and rates for each such plan. ☑

(2000) Price Cap Carrier Additional Documentation
Data Collection Form
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)} ☐
<2011> 3rd Year Certification {47 CFR § 54.313(b)(2)} ☐

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012> 2013 Frozen Support Certification ☐
<2013> 2014 Frozen Support Certification ☐
<2014> 2015 Frozen Support Certification ☐
<2015> 2016 and future Frozen Support Certification ☐

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification Support Used to Build Broadband ☐

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017> 3rd year Broadband Service Certification ☐
<2018> 5th year Broadband Service Certification ☐
<2019> Interim Progress Certification ☐
<2020> Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐
<2021> Interim Progress Community Anchor Institutions — Name of Attached Document Listing Required Information _____

(3000) Rate Of Return Carrier Additional Documentation
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010)	Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF , on line 3012,	Name of Attached Document Listing Required Information	☐
(3011)	contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}		☐ (Yes/No)
(3014)	If yes, does your company file the RUS annual report		☐ (Yes/No)
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		☐
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		☐
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, Is your company audited?		☐ (Yes/No)
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains :		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		☐
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		☐
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		☐
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		☐
(3023)	Underlying information subjected to a review by an independent certified public accountant		☐
(3024)	Underlying information subjected to an officer certification.		☐
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		☐
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

Certification - Reporting Carrier **Data Collection Form**	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	305062
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<035>	Contact Telephone Number - Number of person identified in data line <030>	513-397-6671
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier:	CINCINNATI BELL-OH		
Signature of Authorized Officer:	CERTIFIED ONLINE	Date	10/14/2013
Printed name of Authorized Officer:	DAVID HEIMBACH		
Title or position of Authorized Officer:	CHIEF OPERATING OFFICER		
Telephone number of Authorized Officer:	513-397-1424		
Study Area Code of Reporting Carrier:	305062	Filing Due Date for this form:	10/15/2013

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	305062
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<020>	Program Year	2014
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<035>	Contact Telephone Number - Number of person identified in data line <030>	513-397-6671
<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer: Date:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent: Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Attachments

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	pat.rupich@cinbell.com

<810>	Reporting Carrier	Cincinnati Bell Telephone Company LLC
<811>	Holding Company	Cincinnati Bell Inc.
<812>	Operating Company	n/a

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation
Cincinnati Bell Telephone Company LLC	265061	Cincinnati Bell; CBT
Cincinnati Bell Any Distance Inc.		Cincinnati Bell; CBAD
Cincinnati Bell Wireless, LLC	269028	Cincinnati Bell; CBW; i-wireless
Cincinnati Bell Wireless, LLC	309004	Cincinnati Bell; CBW; i-wireless
Cincinnati Bell Extended Territories LLC		Cincinnati Bell; CBET
Cincinnati Bell Technology Solutions Inc.		CBTS
eVolve Business Solutions LLC		eVolve
Cincinnati Bell Telecommunications Services LLC		Cincinnati Bell; Cincinnati Bell Telephone; CBT

Cincinnati Bell Telephone Company LLC
Lifeline Terms and Conditions
Ohio – SAC 305062

Cincinnati Bell Telephone Company LLC (CBT) maintains its Lifeline terms and conditions in its Local Service Tariff, PUCO No. 1, Section 4. A copy of this tariff section follows. This tariff is available on CBT's website, www.cincinnatibell.com. (CBT attempted to upload a link to the specific tariff section on the Form 481 but received an error message that the link contained too many characters.) The link to the Lifeline section of the tariff is:

http://www.cincinnatibell.com/aboutus/regulatory_affairs/documents/tariffs/cbt/oh/CBT%20OH%20Local%20Service%20Tariff%20Sec%2004%20Lifeline%202013%200.pdf

CBT Lifeline customers who purchase flat rate local telephone service receive unlimited local calling throughout the basic local calling area as part of the monthly service price. Customers who purchase local measured service pay $0.03 per originating minute of use for all calls in the basic local calling area. Measured service customers may receive an unlimited number of calls for no additional charge. (See CBT's Local Service Tariff, PUCO No. 1 at www.cincinnatibell.com for detail regarding CBT's flat rate basic local exchange service. See CBT's Residence Service Agreement – Local Telephone Service at www.cincinnatibell.com for detail regarding measured service.)

CBT's Lifeline service does not include any long distance usage. To place long distance calls, customers must presubscribe to an interexchange carrier (CBT is not an interexchange carrier) or use casual calling. Charges will depend on the services and carrier the customer chooses for long distance.

CINCINNATI BELL TELEPHONE COMPANY LLC

Section 4
1st Revised Page 1
Cancels Original Page 1

LIFELINE (T)

A. LIFELINE ASSISTANCE

1. Regulations (T)

a. Benefits (T)

Lifeline shall be a flat-rate, monthly, primary access line service with touch-tone service, or any other services and bundles or packages of services, if available to customers, less the Lifeline discount, and shall provide the following:

1. A recurring discount to the monthly basic local exchange service rate or other local service rate that provides for the maximum contribution of federally available assistance. (T)

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. (See Note 1.) (T)

3. Free blocking of toll service, 900 service and 976 service. (T)

4. A waiver of the federal universal service fund end user charge (T)

5. A waiver of the Company's local telephone service deposit requirement. (T)

Note 1: The Lifeline nonrecurring charge waiver applies only to establishing access line service. The waiver does not apply to nonrecurring charges for optional services or features ordered with the access line including charges to establish a service bundle.

LIFELINE (T)

A. LIFELINE ASSISTANCE (Continued)

1. Regulations (T)

b. Eligibility (T)

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. Federal Public Housing Assistance or Section 8 (T)
2. General Assistance, including disability assistance (DA)
3. Home Energy Assistance Programs (HEAP, LIHEAP, E-HEAP)
4. Medical Assistance under Chapter 5111 of the Ohio Revised Code (Medicaid) or any state program that might supplant Medicaid.
5. National School Lunch Program's Free Lunch Program
6. Supplemental Nutritional Assistance Program (SNAP/Food Stamps)
7. Supplemental Security Income (SSI) under Title XVI of the Social Security Act
8. Supplemental Security Disability Insurance - blind and disabled (SSDI)
9. Temporary Assistance for Needy Families (TANF/Ohio Works) (T)

Lifeline Assistance is also available to customers whose total household income is at or below one-hundred fifty percent (150%) of the federal poverty level.

The Company shall require as proof of eligibility for Lifeline Assistance a document, signed by the customer, that includes all customer identifying information, certifications, and documentation of eligibility required by state and/or federal regulations. To fulfill these requirements, a Customer must complete, sign, and return the Company's Lifeline application form with documentation of Lifeline eligibility attached to the form. Lifeline benefits will begin once the completed application form and documentation of eligibility are reviewed and processed in accordance with any applicable state and federal requirements. Customers will not receive retro-active Lifeline credits for periods prior to receipt of the completed application and supporting documentation of eligibility. (C) (C)

The Company shall establish procedures to verify and/or certify an individual's continuing Lifeline eligibility in accordance with FCC requirements. (C) (C)

If a customer disagrees with the Company's findings regarding continued eligibility for Lifeline benefits, the customer may make an informal/formal complaint with the Public Utilities Commission of Ohio. (M) (M)

Note: Some material on this page previously appeared on Original Page 8 of this section.

LIFELINE (T)

A. LIFELINE ASSISTANCE (Continued)

1. Regulations (Continued) (T)

(D)

(D)

c. Payment Arrangements (T)

Customers qualifying for Lifeline Assistance 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 the regulated local charges to be paid over six equal monthly payments. Lifeline service customers with past due bills for toll charges shall have toll restricted service until such past due toll charges have been paid in full or until the customer establishes service with a subsequent toll provider. (C)

CINCINNATI BELL TELEPHONE COMPANY LLC

Section 4
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LIFELINE (T)

A. LIFELINE ASSISTANCE (Continued)

1. Regulations (Continued) (T)

d. Terms and Conditions (T)

All aspects of Lifeline Assistance shall be consistent with the federal requirements and any additional state-specific requirements as established in 4901:1-6-19 O.A.C. or these regulations as they may subsequently change. Additional state-specific requirements are tariffed in parts A.1.a., A.1.b., and A.1.c. of this section. (C) (C)

(D) (D)

CINCINNATI BELL TELEPHONE COMPANY LLC

Section 4
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LIFELINE (T)

A. LIFELINE ASSISTANCE (Continued)

RESERVED (T)

(D)

(D)

CINCINNATI BELL TELEPHONE COMPANY LLC

LIFELINE (T)

A. LIFELINE ASSISTANCE (Continued)

RESERVED (T)

(D)

(D)

CINCINNATI BELL TELEPHONE COMPANY LLC

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LIFELINE (T)

A. LIFELINE ASSISTANCE (Continued)

RESERVED (T)

(D)

(D)

CINCINNATI BELL TELEPHONE COMPANY LLC

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LIFELINE (T)

A. LIFELINE ASSISTANCE (Continued)

RESERVED (T)

(D)

(D)

(M)
(M)

Note: Some material appearing on the prior version of this page now appears on 1st Revised Page 2 of this section.

LIFELINE

A. LIFELINE ASSISTANCE (Continued)

2. Rates and Charges

a. Price Flexibility

All of the Company's exchanges have been deemed competitive and have been accorded the pricing flexibility defined in 4901:6-14 (C) O.A.C. which caps BLES monthly rates at annual increases of no more than $1.25 per line.

The annual period for rate increases is defined to begin on the anniversary date.

b. Monthly Pricing with Lifeline

All Lifeline customers receive an FCC prescribed $9.25 discount on their local monthly service rates. This discount is first applied to waive the federal end user common line charge with the remainder applied to the Customer's monthly BLES, measured service, or bundle rate.

(D)

Lifeline customers with BLES receive an additional CBT-funded discount under the Commission's previous alternative regulation rules, 4901:1-4-11 O.A.C. effective August 7, 2006. This additional discount varies by exchange as follows. (D)

Exchange	Additional Monthly Lifeline Discount
Cincinnati and Hamilton	6.25
Bethany, Harrison, Little Miami, and Williamsburg	3.75
Clermont and Newtonsville	2.50
Bethel, Reily, Seven Mile, and Shandon	1.25

CINCINNATI BELL TELEPHONE COMPANY LLC

LIFELINE (T)

A. LIFELINE ASSISTANCE (Continued)

RESERVED (T)

(D)

(D)

LIFELINE

B. LIFELINE RECOVERY SURCHARGE

1. General

Incumbent Local Exchange Carriers (ILECs), in accordance with Section 4927.13 (D) of the Revised Code, may recover from end users any Lifeline service discounts that are not recovered through state or federal funding or whose recovery is prohibited by law. In accordance with 4901:1-6-19 (P) O.A.C., ILECs may recover these discounts through a customer billing surcharge on retail customers, excluding those with Lifeline service.

The Company's Lifeline Recovery Surcharge is calculated to recover the difference between the Company's Lifeline prices and the Company's standard retail service prices, minus any portion of the price differences that are recovered through federal or state funding. The Company will update this calculation at least once per year in accordance with 4901:1-6-19 (R) O.A.C.

The Lifeline Recovery Surcharge is imposed on each residence, nonresidence, and payphone access line, other than Lifeline service. For purposes of application of this surcharge, access lines are defined as facilities, which provide access to and from the telecommunications network for toll service and for local calling. Not included in this definition are remote call forwarding and Cincinnati Bell official accounts.

2. Rates and Charges

	Monthly Charge	
Lifeline Recovery Surcharge, per Line:	$ 0.13	(I)

Summary: Report Copy of FCC Form 481 for Cincinnati Bell Telephone Company LLC electronically filed by Ms. Patricia L Rupich on behalf of Cincinnati Bell Telephone Company LLC