# Instructions for the California LifeLine Wireless Claim Form Effective May 1, 2018

California LifeLine Service Providers may claim reimbursement for administrative costs and lost revenues from the California LifeLine Fund (Fund) consistent with General Order (GO) 153.

* All wireless service providers must the complete [California LifeLine Wireless Claim Form Effective 05.01.2018](http://www.cpuc.ca.gov/uploadedFiles/CPUC_Public_Website/Content/Utilities_and_Industries/Communications_-_Telecommunications_and_Broadband/Consumer_Programs/California_LifeLine_Program/ClaimFormWIRELESSeffective05012018.xlsx), which can be found on the CPUC website. Service Providers may not make changes to the claim form except where directed to by these Wireless Claim Form Instructions or by Communications Division (CD) staff.
* The [California LifeLine Wireless Claim Form Effective 05.01.2018](http://www.cpuc.ca.gov/uploadedFiles/CPUC_Public_Website/Content/Utilities_and_Industries/Communications_-_Telecommunications_and_Broadband/Consumer_Programs/California_LifeLine_Program/ClaimFormWIRELESSeffective05012018.xlsx) can be found on the CPUC website under [California LifeLine Related Forms and Notices for Carriers](http://www.cpuc.ca.gov/General.aspx?id=1100) at the following URL: <http://www.cpuc.ca.gov/General.aspx?id=1100> .Additionally, staff has provided a [Sample Wireless Claim Form](http://www.cpuc.ca.gov/uploadedFiles/CPUC_Public_Website/Content/Utilities_and_Industries/Communications_-_Telecommunications_and_Broadband/Consumer_Programs/California_LifeLine_Program/SAMPLEClaimFormWIRELESS05.01.2018.xlsx).
* Service providers must complete and submit all sheets of the California LifeLine Wireless Claim Form Effective 05.01.2018 excel workbook. Additionally, service providers must submit a signed copy of the Claim Form Summary page as a PDF.
* All required documents must be submitted via email to [lifelineclaim@cpuc.ca.gov](mailto:lifelineclaim@cpuc.ca.gov) in advance of the deadline.
* California LifeLine Service Providers with 100 or more California LifeLine subscribers shall submit the California LifeLine Report and Claim Form (“California LifeLine Claim Form”) no later than 60 days after the conclusion of the month during which service was provided. If the 60th day falls on a weekend or holiday, the forms shall be submitted on the next business day. Administrative costs must be filed at least every three months. All late filed LifeLine Claims are deemed void and denied.
* California LifeLine Service Providers with fewer than 100 California LifeLine subscribers may request permission from CD to file their California LifeLine Claim Forms on a biannual basis. No claim form shall be accepted if it is filed more than 6 months after the end of the month during which service was provided and any claim for California LifeLine Program reimbursement not timely submitted is deemed void and denied. California LifeLine Service Providers with fewer than 100 California LifeLine subscribers who have not requested permission to file their claims biannually must submit them no later than 60 days after the end of the claim month.
* California LifeLine Service Providers must include a PDF copy of their federal LifeLine Claims Worksheet every month along with their California LifeLine claims filing if it claims federal Lifeline subsidies from the Universal Service Fund (USF). Further instructions regarding this requirement can be found in the [Replacement for Form 497 in California Claim Filings Administrative Letter.](http://intranet:8080/http:/cpuc.ca.gov/uploadedFiles/CPUC_Public_Website/Content/Utilities_and_Industries/Communications_-_Telecommunications_and_Broadband/Consumer_Programs/California_LifeLine_Program/ReplaceForm497AdminLtr04112018.pdf)
* Whenever the submitted Claim Form workbook reflects a change in rates, the service provider must also submit a copy of the approved tariff or a copy of the California LifeLine Service Provider’s approved schedule of rates and charges.
* To facilitate timely process of the claims, supporting documents should be made available to CD, upon request, within 10 business days. Failure to provide supporting workpapers for all claimed items will constitute reasonable grounds for rejection of such claims.
* California LifeLine Service Providers may only claim those costs and lost revenues identified in GO 153 or other Commission Decision. California LifeLine Service Providers shall not claim any costs or lost revenues that are prohibited by GO 153or the Commission’s rules and regulations.
* California LifeLine Service Providers will continue to report their administrative costs with their monthly claims, which may include data processing, subscriber notification, accounting, service representative, legal, and administrative costs associated with the deferred payment plan. Carriers must claim their administrative costs in their claim filing at least every three months, or they will not receive any reimbursement. (D.10.11.033 Page 83)
* Claims shall be reported to the nearest cent.

## Claim Form Summary

* The Claim Form Summary shows all the items for which the service provider is claiming reimbursement. The Line numbers shown on the Claim Form Summary are used to label calculations throughout the Wireless Claim Form Effective 05.01.208 workbook and these claim form instructions.
* Service providers must fill in the claim period (month and year), the California LifeLine Service Provider name, and the CPCN. Additionally, service providers must completely fill out the certification/signature section.
* The Claim Form Summary page has been pre-populated with formulas linked to the detail tabs, so it should not be necessary for service providers to enter any numbers on any of the numbered lines on this tab. However, service providers should verify each number on the Claim Form Summary prior to submission.
* Service Provides must submit a signed PDF copy of the Claim Form Summary page along with the completed Wireless Claim Form Effective 05.01.2018 workbook.
* Funding Type F is used for participants that are eligible to receive both the federal and state subsidies. Funding Type C is used for participants that are eligible for only the state subsidy. The California LifeLine Program will provide an additional state subsidy to make up for the loss of federal support for Funding Type C participants through November 30, 2019 in accordance with D. 18-02-006.

## Data Fields

* The Data Fields tab is designed to auto-populate based on the information that is entered on the other tabs of the Wireless Claim Form Effective 05.01.2018; service providers do not need to enter any information on this tab. However, service providers should review the data that appears in this tab every month prior to submitting their claim to confirm that it is accurate and consistent with the rest of the claim.
* No data should be entered in cells that are shaded gray.

## Weighted Average

* Service Providers must fill out both tables on the Weighted Avg sheet. In the first table, service provides are only required to show categories for which they have customers during the relevant claim month. Information provided in this table should match the information in the Weighted Average Report (WAR) provided by the California LifeLine Administrator (Administrator).
* The list below lists the information that should be entered in each column of the Weighted Average table.
  + Service Type: This column has been pre-filled with “C” for Cellular. California LifeLine Wireless service providers may not claim for customers with any other Service Type.
  + Rate Group: This column has been pre-filled with “CAWireless1000ormore”. This is the only rate group that is used for wireless participants.
  + LifeLine Funding Type: C or F. Funding Type F is used for participants that are eligible to receive both the federal and state subsidies. Funding Type C is used for participants that are eligible for only the state subsidy. This column has been pre-filled.
  + Tribal Lands: Y (Yes) or N (No). Only participants who meet the requirements for Enhanced LifeLine and have submitted the required form should be shown as “Y” in this category. This column has been pre-filled.
  + TTY Indicator: Y (Yes) or N (No). This refers to 2nd line discounts for participants who use a TTY. This column has been pre-filled.
  + Weighted Average: The weighted number of subscribers that fit into the category defined in the other columns for the claim month. The weighted average may not be higher than number shown in WAR issued by Administrator for any category.
  + EOM Status Count: The number of California LifeLine participants in that category active with the service provider at the end of the claim month. These numbers should match the End-of-Month (EOM) numbers in the WAR issued by the Administrator.
* The LifeLine Funding Type, Tribal Lands, and TTY Indicator columns have all been pre-filled to create a row for every possible combination of responses. If service providers do not have any participants during the claim month for some of these combinations, then those rows should be left blank or a “0” may be entered in the Total Weighted Average and EOM Status Count columns. Service Providers should not delete any rows or modify the contents of the pre-filled columns.
* The Total row should reflect the total Weighted Average and EOM (End-of-Month) numbers of participants in all categories. A sum formula has been included in the Total row cells, but service providers should verify the sum is accurate and includes all used rows.
* Service providers are required to complete the LifeLine Plans table (the 2nd table on the Weighted Avg tab).
  + Definitions of Columns A through E are the same as in the 1st table.
  + Regular Rate: the rate charged to non-LifeLine customers
  + LifeLine Rate is the rate charged to LifeLine participants.
  + Both the Regular Rate and LifeLine Rate should match the rates in the service providers’ approved Schedule of Rates and Charges.
  + If the rates for some rate groups remain constant regardless of the LifeLine Funding Type or Tribal Lands or TTY indicators, then the service provider may write in “F or C” or “Y or N” in those columns.

## SSA

* The SSA tab allows the service providers to calculate how much of the SSA (Specific Support Amount) they may claim for specific groups of participants. Service Providers are only required to complete the categories for which they are claiming during the claim month.
* The maximum SSA is $14.30 from January 1, 2018 through December 31, 2018. The SSA is updated annually, effective January 1 of each year. After 2018, service providers should update the maximum SSA shown on the Claim Form to reflect the amount stated in the most recent SSA Administrative Letter, available at <http://cpuc.ca.gov/General.aspx?id=1100>.
* Service Providers may not claim reimbursement for a greater SSA than is shown in their approved Schedule of Rates and Charges.
* In accordance with Decision 18-02-006, Service providers may claim additional state support to make-up for the loss of federal support for California-only (Funding Type C participants) through November 30, 2019. The maximum make-up support is $9.25 per participant per month ($34.25 for enhanced Lifeline participants).
* The SSA tab is divided into four (4) tables for reimbursement for the 1st LifeLine Line, Tribal Subscribers, 2nd LifeLine line for TTY, and 2nd LifeLine line for TTY for Tribal participants. The numbers in the Claim Form Line # column refer to the lines on the Claim Form Summary page.
* Columns
  + Columns A (Claim Form Line #), B (Type of Service), D (Rate Group), and Cole E (LifeLine Funding Type) have been pre-filled. Service Providers should not have a need to change the information entered in any of these columns.
  + Rates shown in Col C (Regular Basic Service Rate), and Col F (LifeLine Rate) much match the approved tariff or schedule or rates and charges
  + Federal Support (Col G): The claim form must show that the service provider has claimed the maximum amount of support for which they are eligible from the federal lifeline program before claiming state support.
    - For Funding Type F lines, service providers must show the amount of Federal Support in Col G. For Funding Type F lines, Column G has been pre-filled to show $9.25, except for Line 1.1 for Tribal Subscribers, which must be entered by the Service Provider.
    - For Funding Type C lines, the amount of Federal Support shown in Col G will be $0. In its place, provides should show an amount in Column H (State Makeup for Federal Support). In most circumstances the amount shown in Column H for Funding Type C will be equal to the amount shown for that same rate group in Column I when it has Funding Type F. Col G has been pre-filled to show $0 for all Funding Type C lines.
  + State Makeup for Federal Support (Col H): For Funding Type F, the amount of State Makeup shown in Col I will be $0. Column H has been pre-filled for all Funding Type F Lines. For Funding Type C, the amount shown in Column H should be the amount of support that the Service Provider would have been able to claim from the federal program for those customers if they had been eligible. For Service Type C lines other than Tribal Subscribers (lines 2.1 and 2.3), Column H has been pre-filled. Service Providers must manually enter the Column H amount for Tribal lines 2.1 and 2.3.
* Column I (Amount of SSA Eligible for Reimbursement): Service Providers must enter the amount in Column I consistent with their approved Schedules of Rates and Charges. The amount in Column I may not exceed the maximum SSA.
* Column J (State Reimbursement Amount per Subscriber) has been pre-filled with a formula that will fill the correct amount based on the information that has been entered in Columns F through I.
* Service Providers may not add additional rows to this tab.
* See [Sample Wireless Claim Form](http://www.cpuc.ca.gov/uploadedFiles/CPUC_Public_Website/Content/Utilities_and_Industries/Communications_-_Telecommunications_and_Broadband/Consumer_Programs/California_LifeLine_Program/SAMPLEClaimFormWIRELESS05.01.2018.xlsx) for sample calculations.

## Lines 1 and 2 for Monthly Recurring Charges

* The Lines 1 and 2 (Lines 1, 1.1, 1.2 1.3, 2, 2.1, 2.2, 2.3) tab shows the same categories as the SSA tab, but they have been rearranged to match with the numbered lines on the Claim Form Summary page.
* Column F (Reimbursement Amount per Subscriber) has been pre-filled with a formula that links to the cell on the SSA tab with the relevant information. Service Providers should verify that the information that automatically fills in Column F is correct and consistent with the SSA tab.
* Column G (Weighted Average Subscriber Count) has been pre-filled with a formula that links to cell on the Weighted Average tab with the relevant information. Service Providers should verify that the information that automatically fills in Column H is correct and consistent with the Weighted Average tab.
* The Total reimbursement amount for each rate group category will equal the reimbursement amount per subscriber for that category multiplied by the weighted average. This formula has been pre-filled in the spreadsheet.
* Service Providers may not add additional rows to this tab.
* See [Sample Wireless Claim Form](http://www.cpuc.ca.gov/uploadedFiles/CPUC_Public_Website/Content/Utilities_and_Industries/Communications_-_Telecommunications_and_Broadband/Consumer_Programs/California_LifeLine_Program/SAMPLEClaimFormWIRELESS05.01.2018.xlsx) for sample calculations.

## Lines 3 and 4 for Non-Recurring Charges

* Service Providers must fill out the information in Columns D, E, F, and J. The other columns are pre-filled with the required formulas or information.
  + Col D – Regular Charge: This is the rate charged to non-LifeLine customers. It must match the rate shown in the approved Schedule of Rates and Charges
  + Col E- LifeLine Charge: This is the rate charged to LifeLine customers. It must match the rate shown in the Schedule of Rates and Charges.
  + Col F- Federal Support: This is the amount of support (if any) received from the federal Lifeline program for this type of charge.
* In accordance with Decision 14-01-036, reimbursement for connection and conversion charges is capped at $39 per participant per instance.
* The total state reimbursement amount for each Line number should be shown in the yellow cells in Col K, these amounts should be included on the Claim Form Summary page. Col K has been pre-filled with the necessary formula, but service providers should verify that all calculations on this tab are correct.
* See [Sample Wireless Claim Form](http://www.cpuc.ca.gov/uploadedFiles/CPUC_Public_Website/Content/Utilities_and_Industries/Communications_-_Telecommunications_and_Broadband/Consumer_Programs/California_LifeLine_Program/SAMPLEClaimFormWIRELESS05.01.2018.xlsx) for sample calculations

## Line 5 for Surcharges and Taxes

* Service providers may claim reimbursement for surcharges and taxes in accordance with Go 153, Sections 9.3.4 through 9.3.6
* The reimbursable amount of Federal Excise Tax (FET) is limited to the lost revenues specified in GO 153, Section 9.5.3. Service Providers must show the calculation used to determine the claimed amount of FET and may add an additional table to the Line 10 tab of the Wireless Claim Form to show these calculations.
* The following table summarizes the proper assessment and billing of surcharges, and taxes:

## Lines 6 and 7 for Administrative Expenses

* All California LifeLine Service Providers may choose to either claim for their actual incremental administrative expenses by filling out Line 6 or claim a fixed amount of $0.03 per subscriber by filling out Line 7.
* Service Providers may claim for Line 6 or Line 7 expenses, not both.
* See [Sample Wireless Claim Form](http://www.cpuc.ca.gov/uploadedFiles/CPUC_Public_Website/Content/Utilities_and_Industries/Communications_-_Telecommunications_and_Broadband/Consumer_Programs/California_LifeLine_Program/SAMPLEClaimFormWIRELESS05.01.2018.xlsx) for sample calculations.

### Line 6 – Incremental Administrative Expense

* Service Providers that choose to claim for Incremental Administration Expenses must fill in the first Line 6 table with their actual incremental expenses. Service Providers may not add additional rows or categories to this table.
* Service Providers must include a description of the costs in Col C.
* Incremental Administrative Expenses are capped at $0.50 per subscriber based on the total weighted average for the claim month.
* The Incremental Administrative Expense calculation table will show the calculation of allowable expenses. Columns B through F should automatically populate with information that has been entered elsewhere in the form. Service Providers must then enter the formula shown below into Col G to calculate the total allowable incremental administrative expense.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Col G (Total Incremental Administrative Expense) | = | Col C (Total weighted average) | x | Col F (Allowable Incremental Administrative Cost per subscriber) |

### Line 7 – Administrative Expense Cost Factor

* California LifeLine Service Providers that are not reporting incremental costs may use the Line 7 Administrative Expense Cost Factor to claim $0.03 per subscriber. The total weighted average count (Col B) should use the total weighted average number from the Weighted Average tab. Column B should automatically populate with the information that has been entered on the Weighted Average tab.
* Service providers intending to claim for this item must enter the following formula in to Col D:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Col D (Total Administrative Expense Cost Factor) | = | Col B (Total weighted average) | x | Col C (Administrative Expense Cost Factor) |

## Line 8 for Implementation Costs

* Service Providers may only claim for Implementation Costs if given explicit direction in a Commission Decision or Resolution or from Commission staff via an Administrative Letter.
* The implementation costs may include methods and procedures development, training, special subscriber notification, system revision, etc.
* California LifeLine Service Providers shall state whether the implementation costs are for one-time only or for a period of months with an estimated completion date.
* California LifeLine Service Providers shall provide copies of invoices for any fees paid to third-party vendors, e.g., Direct Materials, Equipment, Direct Labor, etc.
* California LifeLine Service Providers shall provide a description for internal Direct Labor cost, for example, three programmers working on billing system, totaling 200 hours.

## Line 9 for Other Expenses

* Service providers must describe reasons for requesting reimbursement for other expenses not listed on the Claim Form, true‑ups, and credits.
* Service Providers must provide detailed calculations broken down by month if the period covers more than one claim period.
* Service Providers may add additional rows to the Line 9 table but must ensure that the total cell still correctly sums all amounts.