



## **IMPORTANT NOTICE FOR IGL TELECONNECT CUSTOMERS**

### **PLEASE READ CAREFULLY**

The Federal Communications Commission (FCC) has adopted rules pertaining to Customer Proprietary Network Information (CPNI) and how IGL TeleConnect (IGL) uses your CPNI. CPNI is data that is not publicly available, such as the type of service you subscribe to, the equipment & facilities used, the numbers, dates, times & duration of calls you place.

The federal law is designed to protect you, while allowing IGL to meet your communications needs. IGL TeleConnect values our customers and meeting your communication requirements, while protecting your privacy, is our main concern. Only IGL TeleConnect, its authorized agents, or joint venture partners will use your CPNI in the manner described below, unless you expressly agree otherwise. We will not share, sell, rent or otherwise disclose your CPNI to anyone else, including any unaffiliated companies, without your consent, or unless otherwise required or permitted by law.

**IGL TeleConnect's policy, as allowed by the FCC, is to presume that all subscribers have given their consent for IGL TeleConnect to use CPNI for purposes of marketing our communications-related products and services to them, unless they specifically tell us otherwise. In marketing our communications-related products and services we may, from time to time, use independent contractors, agents, or engage in joint venture partnerships, and those contractors, agents, or partners may obtain access to your CPNI solely for these marketing purposes. If you do not agree with our use of CPNI for these limited purposes, you may notify IGL TeleConnect at any time. However, if you do not contact us to opt-out within 30 days of this notice, we are permitted to use that information for these purposes unless and until you do contact us.**

**To restrict the use of your CPNI records, you should complete Section 1: Opt-Out Authorization of the enclosed Customer Information Authorization Form and send it to the address below or email us at [info@iglteleconnect.com](mailto:info@iglteleconnect.com). You always retain the right to restrict the use of your CPNI.** Restriction of the use of your CPNI records will remain valid until you contact us in writing. If you decide not to let us use your CPNI records, this will not affect, in any manner, the services to which you subscribe.

The federal rules also limit the customer information that IGL can provide customers over the telephone. IGL is required to establish a password procedure to further protect our customer's CPNI. To establish a password please complete Section 2: Customer Account of the form. Under federal regulations IGL can only discuss customer information with the customer of record and/or authorized persons listed on the account. If you wish to add authorized persons to your account please complete Section 3: Authorized Persons.

We thank you for your time and attention to this important matter.

IGL TeleConnect  
1501 35th Avenue West  
PO Box 487  
Spencer, IA 51301  
800-281-1072 or 712-432-8352

CUSTOMER NAME \_\_\_\_\_



SSN \_\_\_\_\_

ADDRESS \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE # \_\_\_\_\_ CELL # \_\_\_\_\_

**1. OPT-OUT AUTHORIZATION**

\_\_\_\_\_ DO NOT allow the use of my proprietary information (CPNI) by IGL TeleConnect or to market other products & services to me.

**2. CUSTOMER ACCOUNT AUTHORIZATION & PASSWORD**

\_\_\_\_\_ Yes, I want to establish an account password

Account Password: \_\_\_\_\_

Password Retrieval Question: Please provide answers to the following questions in case you don't remember your password, we can still discuss your account with you or your authorized persons above.

In what city were you born? \_\_\_\_\_

What was your high school mascot? \_\_\_\_\_

**3. AUTHORIZED PERSONS: The following people are authorized for IGL TeleConnect to discuss account information and/or make changes to the account.**

1. \_\_\_\_\_ Relationship: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_

Account Holders Signature \_\_\_\_\_ Date \_\_\_\_\_

Please sign and return to our office within 30 days.

IGL TeleConnect, PO Box 487, Spencer, IA 51301

or email this form to: [info@iglteleconnect.com](mailto:info@iglteleconnect.com)