



## **DIRECTORY ASSISTANCE EXEMPTION PROGRAM**

The Directory Assistance Exemption Program ("Program") is designed to help subsidize the cost of calls to T-Mobile's 411 information line for customers with a qualifying disability. Available benefits and eligibility is summarized below.

### ***BENEFITS***

T-Mobile offers a program to customers with a qualifying disability which provides \$54.00/month in Directory Assistance Credits. The charges shall appear on your monthly statement. Upon the close of your billing cycle, T-Mobile will access your account and adjust the charges up to the maximum \$54.00/month amount.

Benefits are available for up to one approved subscriber. In limited cases, two subscribers may qualify. Each subscriber must submit separate and complete applications to be considered.

### ***ELIGIBILITY***

Customers with the following disabilities may qualify for the Program:

- Visual Disabilities (including: legal blindness, other diagnosable blindness, etc.);
- Physical Disabilities (including: loss of hands or use of/or control of hands, constant severe tremor, spasticity or paralysis, non-correctible double vision, significant debilitating conditions such as those found in advanced stages of certain diseases, hearing impairments, etc.);
- Cognitive Disabilities (including: neurological conditions, inability to sequence numbers, etc.).

### ***CERTIFICATION***

Along with an application, all applicants must submit a completed Certification of Disability to be considered for Program benefits. The Certification of Disability *must* be completed by a certified agent. What constitutes a certified agent is described directly on the Certification of Disability attached hereto. T-Mobile is not responsible for any charges incurred by a customer in an effort to obtain certification.

All applicants who have a temporary disability that persists beyond 6 (six) months from the date of completion of this application are required to re-apply. Credits will not be re-issued until the new application is processed.

### ***FURTHER INFORMATION & DISCLAIMERS***

Please allow up to two weeks for processing. Exemptions shall be made effective the date the customer is enrolled and is not retroactive. Confirmation of enrollment shall be sent by mail or electronically once the request has been processed.

Enrollment in this program is not automatic, and incomplete applications or applications without a completed Certification of Disability will not be considered. This is a voluntary program that may be terminated by T-Mobile at any time.



### **CERTIFICATION OF DISABILITY**

**Instructions: To receive Directory Assistance Exemption Program benefits due to a qualifying disability, please have your health care professional (“certified agent”) complete and return the following.**

This form *must* be completed by a certified agent. To qualify as a certified agent, the individual must be one of the following: (1) a health care professional; or (2) a representative of an institution, agency or tax exempt non-profit presently at work in the field of disability specified by the applicant. In addition to licensed physicians and surgeons performing surgeries and procedures within the scope of their expertise, a certified agent may be any other professional well qualified to diagnose, treat or otherwise assess a disability. Examples may include: vocational therapists and agency counselors, credentialed therapists, optometrists, audiologists or other speech and hearing professionals, directors of independent living centers, chapter presidents of associations of/for persons with disabilities, verifications from qualified state agencies, departments of rehabilitation, teachers/professors, and more.

Certification of the agent alone is insufficient. The certified agent must also have direct knowledge or documentation of the applicant’s disability evidencing the limitation.

#### **Customer Information**

Applicant’s Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Wireless Phone Number: (     ) \_\_\_\_\_

T-Mobile Account Number (if available): \_\_\_\_\_

Name of Billing Responsible Party: \_\_\_\_\_

#### **Disability Information**

I hereby certify that the above applicant is:

**Visually Disabled and/or Legally Blind** (describe below) ( Permanent /  Temporary)

**Physically Disabled** (describe below) ( Permanent /  Temporary)

**Cognitively Disabled** (describe below) ( Permanent /  Temporary)

Nature of Disability or Medical Condition: \_\_\_\_\_  
\_\_\_\_\_

Name of certifying agent (Please Print): \_\_\_\_\_ / \_\_\_\_\_  
Last Name First Name

City/State/Phone Number (Required): \_\_\_\_\_

\_\_\_\_\_  
Signature of certifying agent or **STAMP** Date / /

**Customer Certification & Consent**

I request that T-Mobile USA, Inc., provide Directory Assistance Exemption Program benefits for my exclusive use on the wireless phone referenced above. I understand and accept that this program is provided as a courtesy of T-Mobile and that T-Mobile may limit, modify, or cancel this program at any time. I understand and accept my responsibility to notify T-Mobile in the event that I am no longer qualified to receive Directory Assistance Exemption Program benefits (i.e., the disability is lifted). I hereby provide consent and authorize my health care professional (certified agent) to provide and release the above private health care information to T-Mobile, which also has my consent to collect and retain this information for the limited purpose of obtaining Directory Assistance Exemption Program benefits. I further authorize T-Mobile to contact my health care professional (certified agent) to confirm the information provided on this application.

*By signing below, I certify that the information contained in this certification of disability application is true and correct. For purposes of this section, a "Certified Agent" is different than an "Authorized Representative." An Authorized Representative is a person who has the legal authority to sign on your behalf. Examples of Authorized Representatives includes, but may not be limited to, certain types of conservators, guardians and powers of attorney.*

\_\_\_\_\_  
Signature of Customer or Authorized Representative      \_\_\_\_\_ Full Name of Person Signing (please print)      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Questions or difficulty completing this application? Contact **T-Mobile Accessibility Care** at **1-855-885-7568**

**Return this completed form to T-Mobile**

**Fax:** 877-877-3291      **OR**      **Mail:** T-Mobile Accessibility Care  
KSOPHE0202  
P.O. BOX 29230  
SHAWNEE MISSION, KS 66201

Please allow up to two weeks for processing to be completed after this application has been received by T-Mobile.  
**(PLEASE NOTE:** Normal airtime charges apply. Service is not available while roaming off the T-Mobile/METRO PCS Network.)