



P.O. Box 37380, Albuquerque, New Mexico 87176

[Calendar Month] [Day], [Year]

VIA U.S. MAIL

Customer Name
Street Address
City, State [and] Zip Code

RE: T-Mobile Account No. *****

Dear [Customer Name]:

Thank you for inquiring about T-Mobile's Directory Assistance Exemption Program ("Program"). We are pleased to inform you that your request has been received.

Eligibility is based on completion of the attached Exemption Application ("Application"). A description of the benefits of this Program as well as instructions for completing the Application is also attached. Please read the instructions before completing the Application.

Completed Applications should be faxed or mailed to T-Mobile. Our fax number is: (505) 998-3796. Our mailing address is:

T-Mobile USA, Inc.
Attn: Customer Relations
P.O. Box 37380
Albuquerque, New Mexico 87176

Should you have any further questions, our Customer Care department is available to assist you. They are available between 3:00 AM - 10:00 PM PST, Monday through Sunday, toll free at: 1-800-937-8997.

Sincerely,

T-MOBILE USA, INC.
Customer Relations Team



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.

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.

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

Questions or difficulty completing this application? Contact [T-Mobile Customer Care toll-free at 1-800-937-8997](tel:1-800-937-8997).

Return this completed form to T-Mobile

**Fax: 1-505-998-3796 OR Mail: T-Mobile Customer Relations
P.O. Box 37380, Albuquerque
Albuquerque, NM 87176**

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.)

