

**Directory Assistance and Operator Service Surcharge Exemption Form**

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Name \_\_\_\_\_ Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Comcast Account Number \_\_\_\_\_ Xfinity Voice Telephone Number \_\_\_\_\_

**Eligibility Requirements**

To enroll or renew your enrollment in Comcast’s Directory Assistance and Operator Services Surcharge Exemption Program (“the Program”), you must be the account holder for Comcast’s Xfinity Voice service, and must provide a copy of a certified card or letter of eligibility from your physician, which indicates that you meet at least one of the qualifications below. Massachusetts residents who are age 65 or older can also qualify for the Program by presenting an identification card that includes date of birth or other proof of age. Directory assistance and operator service surcharges will be waived for eligible Xfinity Voice customers. Please be advised the per-minute call completion charges will continue to apply in accordance with your service plan.

Please mark each applicable qualification category:

Physical Disability     Cognitive/Intellectual Disability     Visual Impairment

65 years of age or older (**Applicable for Massachusetts Residents Only**)

**Application and Eligibility Certification**

Please fill out and sign this form and attach the appropriate proof of certification (do not send originals, only photocopies) and send to:

**By Mail:**

Comcast Accessibility CoE  
c/o West, Inc.  
5031 Commerce Park Circle  
Pensacola, FL 32505

**By Email:**

[accessibility@comcast.com](mailto:accessibility@comcast.com)

**By Fax:**

(888) 612-7402

Under penalty of perjury, I confirm that I qualify for the above noted exemption. I understand that I am required to notify Comcast if the need for an exemption no longer exists.

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*Your Signature*

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*Date*