



Hello,

Thanks for asking about the AT&T Directory Assistance Exemption Program and Data Plan Exemption Program. We want to meet your communications needs.

Attached are an explanation of the benefits for these programs and an application. Please follow the instructions and send your completed application form and certification of disability to the AT&T National Center for Customers with Disabilities (NCCD).

Here's how:

By email: NCCDsupport@att.com

By fax: 866.293.5110

By U.S. mail: AT&T NCCD
220 West 1st Street, 3rd FL
Los Angeles, CA 90012

If you have any questions about these programs, give us a call at 866.241.6568 or TTY at 866.241.6567.

Thanks for choosing us,
AT&T



Directory Assistance Exemption Program for AT&T wireless and AT&T PREPAID accounts and Data Plan Exemption Program details

Directory assistance exemption

- With this exemption, the per-call charge of \$1.99 is waived for calls to AT&T 411 information. This applies only to calls made by dialing 411 from the key pad or phone memory.
- You can make up to four requests per call, and we'll connect you at no additional charge.
- You can also receive a text message with the listing information so you can use it later.
- Calls made to directory assistance by a third-party dialing system are not eligible.
- Regular airtime, roaming, off-network charges, and usage fees may apply.

Who is eligible?

You may qualify for a directory assistance or data plan exemption if you have:

- Visual disabilities (for example, blindness, legal blindness, or an inability to read standard print with correction)
- Physical disabilities (for example, loss of hands or use or control of hands; constant severe tremor, spasticity, or paralysis; non-correctible double vision; or significant debilitating conditions such as those found in advanced states of certain diseases)
- Cognitive disabilities (for example, difficulty with short-term memory or inability to sequence numbers)

Good to know: Enrollment in this program isn't automatic. We aren't responsible for any costs for you to get certification. This is a voluntary program that may be terminated at any time. Incomplete applications or applications without attached certification of disability won't be considered. Please allow 1-5 business days for us to review your request. We'll send you a letter or email to let you know if you're enrolled. Exemptions will take effect on your enrollment date.



Data Plan Exemption Program

Data plan exemption

The data plan exemption waives the required data plan for smartphones and personal digital assistants (PDAs), and restricts all data capabilities. We must receive certification of your disability before we can process your data plan exemption request.

Good to know: The data plan exemption restricts all data capabilities on your device, including multimedia messaging (MMS). Restricted data service doesn't stop mobile purchase charges or cancel subscriptions for any AT&T or third-party content provider purchases. Apple® iPhones aren't eligible for the data plan exemption program.

Directions

Send your completed exemption program application form with the attached certification of disability form to the AT&T National Center for Customers with Disabilities.

By email: NCCDsupport@att.com

By fax: 866.293.5110

By U.S. mail: AT&T Mobility - NCCD
220 West 1st Street, 3rd FL
Los Angeles, CA 90012



Directory Assistance Exemption Program for
AT&T wireless and AT&T PREPAID accounts
and/or Data Plan Exemption Application Form

Date: _____

You may request exemption if you have a permanent visual, physical, or cognitive disability that prevents or seriously limits your use of phone directories or impairs your ability to complete a call using a standard keypad.

Applicant's name: _____

Applicant's AT&T mobile phone number: _____ Account #: _____

AT&T account holder name: _____

Phone number or email address of person completing form: _____

Relationship to applicant: Self Parent Spouse Other: _____

Please check 1 of the following boxes:

Applicant requests to only be included in the **Directory Assistance Exemption Program**.

Applicant requests to only be included in the **Data Plan Exemption Program**.

Apple iPhones aren't eligible for the Data Plan Exemption Program.

Applicant requests to be included in both the **Directory Assistance Exemption Program** and the **Data Plan Exemption Program**. Apple iPhones aren't eligible for the Data Plan Exemption Program.

I understand this exemption request is valid only for the applicant's mobile phone number listed above. I understand that all airtime charges still apply, and that the service is for the applicant's sole personal use. I understand and agree to the terms, conditions, and limitations listed on pages 1 - 2 of this application.

Signature of applicant

Signature of AT&T account holder



Certification of Disability
Directory Assistance Exemption Program and
Data Plan Exemption Program
 (to be filled out by a certifying agent)

A certifying agent must be a qualified health care professional or a representative of an institution, agency, or non-profit 501c3 organization actively engaged in work in the disability area specified by the applicant. A certifying agent must have direct knowledge or documentation of the applicant's condition or functional limitation. Examples of certifying agents include licensed physicians and/or surgeons operating in the scope of their licenses; vocational rehabilitation agency counselors; teachers; audiologists; optometrists; credentialed therapists; directors of independent living centers; local, state, or national chapter presidents of associations of or for persons with disabilities; or verification from qualified state agencies such as commissions for the blind, state departments of rehabilitation, or the National Library Service for the Blind and Physically Handicapped.

Persons with the following disabilities may qualify for exemptions:

- **Visual disabilities** (for example, blindness, legal blindness, or the inability to read standard print with correction)
- **Physical disabilities** (for example, loss of hands or use or control of hands; constant severe tremor, spasticity, or paralysis; non-correctible double vision; or significant debilitating conditions such as those found in advanced states of certain diseases)
- **Cognitive Disabilities** (for example, difficulty with short-term memory or inability to sequence numbers)

Applicant's name: _____

I, _____, state that it is my professional opinion that
 (print name clearly)

the applicant has a disability that prevents or seriously limits use of phone directories or impairs the individual's ability to complete a call using a standard keypad. Please describe the nature of the disability or medical condition:

| | | |
|------------------------------|---|--------------------------|
| Disability Type | <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary | Place office stamp below |
| Expected date of recovery | (mm/yyyy) | |
| License number | | |
| Office phone | | |
| Street address | | |
| City, State, ZIP Code | | |
| Signature of certified agent | | |