ACCESSIBILITY SELF-DECLARATION FORM

INSTRUCTIONS

SaskTel **wireless** customers who identify as Blind, Deaf, or hard of hearing, are eligible for a **$15/month Wireless Accessibility Credit** on any postpaid voice and data plan, and an **extended 30-day trial period** on any new device. **The Accessibility self-declaration form** can be used to apply for either or both of these. One form will need to be completed and submitted per device.

To apply for the **extended 30-day trial period** on a new device:

- The Accessibility self-declaration form will need to be **filled out in the store at the time of purchasing or upgrading to a new device**. The form will be available at the store.
- The **Wireless Accessibility Credit** can be applied for at the same time if the customer is eligible.
- **For Internal Use**: If the form is being filled out for the **Extended Trial Period** only and the applicant is not eligible for the Wireless Accessibility Credit, make a copy of the signed form to scan and upload into Vdocs and give the applicant the original for their files.

To apply for the **Wireless Accessibility Credit only** (for existing SaskTel wireless customers):

- The Wireless Accessibility Credit is only available to customers on a **postpaid voice and data plan**. Customers on voice-only, data-only, or prepaid plans are not eligible.
- The Accessibility self-declaration from can be **filled out at home** and mailed in by the customer or **filled out in a store** with the help of a store representative.

Filling out the form:

1. **Date** – Date the form is filled out.
2. **Applicant name** – The person applying for the Wireless Accessibility Credit and/or the extended trial period.
3. **Mailing address** – Applicant's address, city, and postal code.
4. **Billed customer name** – The name the applicant's wireless account is under.
5. **Phone number** – Phone number for the wireless device the Wireless Accessibility Credit is being applied to.
6. **Alternate phone number** – Applicant's work or home number (not required).
7. **Contact name** – Person who owns the device that the Wireless Accessibility Credit and/or the extended trial period will be applied to (if the customer is Deaf or hard of hearing, this can be someone that can receive information on behalf of the applicant).
8. **Contact phone number** – Number to reach the contact person.
9. Under the "**Wireless Accessibility Credit Eligible**" section, if the applicant identifies as having a hearing, speech, vision, mobility, or cognitive impairment, check off "Yes". If they do not, check off "No".
10. Read the **terms and conditions** at the bottom of the page and sign.

Once form is completed (either at home or in store), send the completed form to:

SaskTel – Consumer Sales Investigations   **or Fax: 306-683-0195**
446 2nd Avenue North   **or Email: crcsales.admin@sasktel.com**
Saskatoon, SK S7N 1Y7

SaskTel

ACCESSIBILITY SELF-DECLARATION FORM

Date: _____
(Y Y Y Y   M M   D D)

Applicant name: _____

Address: _____

City: _____

Postal code: _____

Billed customer name: _____

Phone number: _____

Alternate phone number (optional): _____

Contact name: _____

Contact phone number: _____

Wireless Accessibility Credit Eligible: Yes ☐   No ☐

I acknowledge that by completing this accessibility self-declaration form, I am eligible for a 30-day trial period when purchasing a new wireless device. The device can be returned prior to the end of the trial period with no restocking fee.

To return the device, I must provide the original receipt, all device packaging, and this self-declaration form. The device must be in near-new condition, and it must not have used more than 100% of the allotted SMS, data, and voice minutes included in my plan. I acknowledge that I am responsible for any overage fees incurred prior to returning the device.

If I identify as having a hearing, speech, vision, mobility, or cognitive impairment, I acknowledge that by completing this accessibility self-declaration form, I am eligible for the Wireless Accessibility Credit that can be applied to any postpaid voice & data rate plan. I understand that if I move to a voice only, data only, or prepaid plan, the Wireless Accessibility Credit will be removed from my account.

By signing this Accessibility self-declaration form, I agree that all information is true and correct.

Signature of billed customer: _____

SaskTel