Application for Exemption of Data Plan Overage Charges for People with Disabilities

This application is for CHSI subscribers with vision, hearing and/or speech impairments that use Internet-based video or voice communications relay service technologies as their primary mode of communication, which may consume high levels of bandwidth leading to overage charges. Applicable technologies considered for exemption of Data Plan Overage Charges include:

- Internet-based Video Communications
- Video Relay Services
- Internet-based Telecommunications Relay Service (iTRS), including Internet Protocol Relay Service (IP Relay) and Internet Protocol Captioned Telephone Service (IP CTS)

Cox Account Number: ______________________________

Billing Name (Account Holder): ______________________________

Billing Street Address: ______________________________

City, State, Zip: ______________________________

Name of Disabled User: ______________________________

Are you the account holder? YES NO
If NO, what is your relationship to Cox Account Holder: ______________________________

Contact Email address: ______________________________
Contact Phone number: ______________________________
Description of vision, hearing, and/or speech impairment(s) and communication technology or application used and name of Relay Service Provider: ______________________________

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Exemption Terms and Conditions: Attached is a letter on official letterhead from a certified medical provider verifying the impairment(s) described above. I understand that if periodically requested by Cox, I will provide updated information to verify the continuing need for the exemption. I also understand that Cox may use various technologies to independently validate that Data Plan overages are attributable to the communications technology or application supporting the impairment(s) described above. If the data plan overages are not attributable to the use of Internet-based communications or relay services supporting the disabilities listed above, I understand that Cox may revoke the exemption upon notice to me. Cox reserves the right to change exemption requirements and/or the applicable exemption at any time, and the changes will apply to my account upon notice by Cox.

I have read and agree to these Terms and Conditions for Exemption of Data Plan Overage Charges.

Print name: ______________________________

Signature: ______________________________

Date: ______________________________

Please return the completed form for and letter from your certified medical provider using one of the below options:

At a Cox Retail / Solutions Store	By FAX	By Mail
Return to any Cox Solutions Store. For a locations close to you, visit www.cox.com and select 'Contact Us', then 'Find a Solutions' store.	877-873-5330	Cox Communications Attn: Customer Care Support Specialists 901 George Washington Blvd S Wichita, KS 67211

- All Information from this document will be kept confidential -

Cox Communications Use Only

______________________________ Received by

______________________________ Received Date

______________________________ W/O issued by

______________________________ Issued Date