



AT&T Accessibility plan

AT&T Accessibility plan is a group of rate plans developed for customers who, because of a disability, are unable to effectively communicate over voice networks. These plans provide data only access to AT&T's network and typically include the following features: Text Messaging, E-mail, Internet access, and Video Calling or Multimedia Messaging (when not restricted by device). Certification of disability is required to process AT&T Accessibility plan applications. Applications that are incomplete or received without the appropriate certification will not be considered for enrollment in the AT&T Accessibility rate plan.

Certification of Disability Instructions:

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, Credentialed Therapists, Directors of independent living centers, local, state, or national chapter presidents of associations of/for persons with disabilities including but not limited to: The National Association of the Deaf, Hearing Loss Association of America, AG Bell, Association of Late-Deafened Adults or Telecommunication for the Deaf, INC, or verification from qualified state agencies or state departments of rehabilitation.

Questions:

Please call AT&T's National Center for Customers with Disabilities (NCCD) at 866-241-6568 (TTY access at 866241-6567). NCCD hours of operation are 10:00am-10:00pm EST Monday – Friday; or e-mail NCCDSupport@att.com.

All charges to obtain certification of disability are the sole responsibility of the applicant.

AT&T cannot enroll an iPhone, or any other device, in an AT&T Accessibility plan until phone and service is activated.

Submit the complete application and certification forms to AT&T's NCCD by: **FAX: 866-293-5110, E-mail: NCCDSupport@att.com or Mail to: AT&T-NCCD, 220 West 1st Street, 3rd FL, Los Angeles CA 90012.**



AT&T Accessibility Plan Application

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(*indicates required fields)

*Date: _____

Complete this application if you have a permanent hearing or speech disability that prevents or limit your ability to communicate over voice networks.

*Applicant's Name: _____

*AT&T Mobile #: _____ *Account # _____

*Account Holder's Name: _____

* E-Mail Address (or contact #): _____

Select here if you would like to add Voice Restriction:

Voice Restriction: Prevents incoming and outgoing voice calls on the device, except 911 calls.

*Select ONE of the following AT&T Accessibility plans

There are no voice minutes included in the Basic Feature Phone plans. Voice calls will be billed at \$0.40/min.

AT&T Accessibility plans for Smartphones:

\$45.00/mo: 2 GB data, unlimited voice, unlimited messaging and tethering¹

\$55.00/mo: 5 GB data, unlimited messaging, unlimited voice and tethering¹

\$75.00/mo: Unlimited data, unlimited messaging, unlimited voice and tethering

Facetime over cellular or video calling –available for customers with tiered data plans 2GB or higher.

(We encourage Wi-Fi when using video calling as this could possibly use large amounts of data and incur overage charges).

For each 1 GB of data used during your billing cycle, you will automatically receive an additional 1 GB of data for \$10.

AT&T Accessibility plans for Basic Feature Phones:

Standard Phone \$29.99/mo: Unlimited data, e-mail and 5000 text messages.

Standard M2M \$34.99/mo: Unlimited data, e-mail, Mobile-to-Mobile messages and 5000 text messages.

Standard Unlimited \$40.00/mo: Unlimited data, e-mail, and text messaging.



AT&T Accessibility plan Application

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(*indicates required fields)

Important:

All smartphones are not eligible for the standard plans. If approved, the change to the AT&T Accessibility plan will occur within 3-5 business days after the receipt of the complete application and a valid certification. The change will be effective immediately. This may cause a pro-rated bill (partial month charges for one (1) or more rate plans). Enrollment in this program is not automatic. AT&T is not responsible for charges incurred to obtain certification. This is a voluntary program of AT&T and may be terminated at any time. For each completed application and valid certification, only one (1) wireless line will be changed to an AT&T Accessibility plan. If multiple parties on the same account wish to apply for an AT&T Accessibility plan, a separate application and certification must be provided for each individual user. AT&T reserves the right to request additional medical documentation if it is deemed necessary. During the iPhone activation process, you must use iTunes to sign up for a standard iPhone data plan or bundle required for iPhone service prior to enrolling in the AT&T Accessibility plan. You may select the lowest cost voice and data plans.

AT&T cannot enroll an iPhone, or any other device, in an AT&T Accessibility plan until service is activated.

* _____
Signature & Mobile Phone Number of Applicant Date

* _____
Signature of Account Holder (if different from above) Date

Attention: Incomplete applications or those without certification of disability will not be considered.

Submit the complete application and certification forms to AT&T's NCCD by: FAX: 866-293-5110, E-mail: NCCDSupport@att.com or Mail to: AT&T-NCCD, 220 West 1st Street, 3rd FL, Los Angeles CA 90012,

For questions, please call AT&T National Center for Customers with Disabilities at 866-241-6568 (TTY access via 866-241-6567)



AT&T Certification of Disability

(To be completed by the certifying agent ONLY)

This form should accompany the AT&T Accessibility plan application. AT&T is not responsible for any charges incurred to obtain disability certification.

Applicant's Name: _____

Applicant's Mobile Phone Number: _____

Describe the nature of the disability or medical condition: _____

Name of Certifying Agent: _____

Title: _____

License # (if applicable) _____

Organization (if applicable) _____

Contact Number or Email Address: _____

Street Address _____

City: _____ State: _____ Zip: _____

I certify that the applicant named above has a hearing or speech disability or condition described above and that this disability/limitation prevents or limits his/her ability to communicate over voice networks.

Signature of Certifying Agent

Place Office Stamp here

Date Signed