

Supplemental Data Plan for Hearing Impaired Customers Form

This form must be completed in its entirety for the specified Suddenlink Residential account.

Instructions / Checklist

Send completed form to:	Instructions
Suddenlink Communications Attn: Shared Services 1820 S Southwest Loop 323 Tyler, TX 75701	<input type="checkbox"/> Review "Section 1" <input type="checkbox"/> Complete "Section 2" <input type="checkbox"/> Have a Physician complete "Section 3" <input type="checkbox"/> Mail completed form to Suddenlink Communications

Section 1 – Important Information

Eligibility for Exemption

Hearing impaired customers who use Video Relay Services (VRS) will be allowed 225 Gigabytes (GB) per month above their monthly data plan without additional charge, when a member of a household certifies by means of this form that they cannot use traditional telephone services without the assistance of a Telecommunications or Video Relay Service (VRS) due to a hearing impairment.

Note: Suddenlink may periodically review services with the exemption to verify that it still applies. You may be contacted should we have questions regarding the submitted form.

Section 2 – Request for Supplemental Data Plan for Hearing Impaired Customers

I represent that I am the named Account Holder and that a member of the household has a hearing impairment or other physical impairment which prevents myself/them from using the telephone without the use of a Video Relay Service. I am requesting that my monthly data plan be increased to accommodate my use of Video Relay Service. I will notify Suddenlink when I move or if I no longer use a Video Relay Service.

Account Holder Name: _____ Account Number: _____ (example 07714-123456-01)

Street: _____

City: _____ State: _____ Zip: _____

Account Holder Signature : _____ Date: _____

Section 3 – Physician Statement Concerning Hearing Impairment (filled out by Physician)

ALL information on this Application will be kept in strict confidence

Suddenlink offers hearing impaired customers who use Video Relay Services (VRS) an additional 225 Gigabytes (GB) per month above their monthly data plan without additional charge, when a member of a household certifies by means of this form that they cannot use traditional telephone services without the assistance of a Telecommunications or Video Relay Service (VRS). In order to qualify, the customer must first obtain a statement from his or her physician showing that there is a need for such service for a member of their household. Please have your physician fill out this statement and return it to us.

Physician Statement Concerning Hearing Impairment

My patient, _____, has a hearing impairment that prevents him/her from communicating effectively via telephone without the use of a Telecommunications/Video Relay Service. Please consider him/her for your Supplemental Data Plan for Hearing Impaired Customers.

Impairment: _____
Specific impairment in need of Video Replay Service Supplemental Data Plan

Physician Name: _____ Physician Signature: _____ Date: _____

Physician Street: _____

City: _____ State: _____ Zip: _____