



TAP or Text Accessibility Plan is a group of rate plans developed for those 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, Multimedia Messaging (when not restricted by the device), E-mail and internet access.

Certification of disability is required to process TAP applications. Applications that are incomplete or received without certification will not be considered for enrollment in the TAP rate plan.

Certification of Disability Instructions:

A certifying agent must be a qualified health care professional (audiologist or hearing health professional, speech or language therapist/specialist) 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 866-241-6567). NCCD hours of operation are 8am-1am ET. Monday – Friday and 9am-10pm ET Saturday and Sunday or E-mail NCCDSupport@att.com.

AT&T is not responsible for any charges incurred to obtain disability certification.

*During the activation process, you must use iTunes to sign up for a standard iPhone data plan or bundle and accept the two year contract required for iPhone service. You may select the lowest cost voice and data plans.

AT&T cannot enroll an iPhone in TAP until the activation is complete.

Submit the complete application and certification forms to AT&T's NCCD by:
FAX: 866-293-5110 or Mail to: AT&T-NCCD, 4455 American Way, Baton Rouge, LA 70816



*Date: _____

Persons with the following disabilities may qualify for the TEXT ACCESSIBILITY PLAN (TAP): Individuals who's permanent hearing or speech disability prevent or limit his/her ability to communicate over voice networks.

*Applicant's Name: _____

*Account #: _____ *Your AT&T Cell Phone # _____

Device IMEI (from home screen type *#06#) _____

***Please select ONE of the following TAP plans** (your phone must match the phone listed next to the plan)
There are no voice minutes included in any of the TAP plans. Any voice calls will be billed at \$0.40/min. For Standard TAP plans please write in your phone model.

- Standard Phone \$29.99/mo** Unlimited internet, email and 5000 messages
- Standard M2M \$34.99/mo** Unlimited internet, email, M2M msgs and 5000 messages
- Standard Unlimited \$40.00/mo** Unlimited internet, email, and messaging
- Original iPhone Plan \$40.00/mo** Unlimited internet, email and messaging
- iPhone 3G/Blackberry/Smartphone \$40.00/mo** 300 MB data (internet and email) and unlimited messaging *
- iPhone 3G/Blackberry/Smartphone \$50.00/mo** 3 GB data(internet and email) and unlimited messaging **
- iPhone 3G/Blackberry/Smartphone \$70.00/mo** 5 GB data(internet and email), unlimited messaging, and tethering **
- Enterprise Plan \$65.00/mo** 3 GB data(internet and email) and unlimited messaging **
- Enterprise Plan \$85.00/mo** 5 GB data(internet and email), unlimited messaging, and tethering **

* If you exceed 300 MB of data, you'll receive an additional 300MB of data usage for \$20, replenished as often as necessary during the billing cycle. ** If you are on a 3GB/5GB data plan and exceed 3GB / 5GB of data, you'll receive an additional 1 GB of data for only \$10. Each time an additional 1 GB is used during a cycle, you will automatically receive another 1 GB at the same low price.

*Account Holder: _____ Relationship to Applicant: _____

*Preferred Contact Method: TTY _____ Phone _____ E-mail _____

Important:

iPhones, Blackberry devices, and Smartphones are not eligible for the standard plans. The rate plan change will occur within 4 business days the receipt of the complete application and certification, and will be made effective immediately. This may cause a pro-rated bill (partial month charges for 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. 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 and accept the 2 year contract required for iPhone service prior to enrolling in TAP. You may select the lowest cost voice and data plans.

AT&T cannot enroll an iPhone in TAP until the activation is complete.

* _____
Signature of Applicant Date

Signature of Account Holder (if different from above) Date

* Indicates a required field. Incomplete applications or those without certification will not be considered.

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AT&T Certification of Disability

This form should accompany the TAP application. Only 1 wireless line will be modified per the receipt of the complete application and certification. If multiple parties on the same account wish to apply for a TAP plan, a separate application and certification must be provided for each individual user. AT&T is not responsible for any charges incurred to obtain disability certification.

This form is to be filled out by the certifying agent.

Applicant's Name: _____

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

Describe the nature of the disability or medical condition: _____

Name of Certifying Agent: _____

Title: _____

License # (if applicable) _____

Organization (if applicable) _____

Preferred Contact Method (pager #s are not acceptable): TTY Voice E-Mail

Contact Number or Email Address: _____

Street Address _____

City: _____ State: _____ Zip: _____

Signature of Certifying Agent

Date Signed

Place office stamp here

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