

# Mass Markets Telephone Concessions Application

## Active Employees, Retirees and Managers Consumer Accounts

- Contact us at 800-244-1111 to purchase or change your postpaid services.
- Complete and return this form to apply for concessions for selected CenturyLink residential services in your primary residence located in a CenturyLink service area.

<input type="checkbox"/> Active Employee with less than 30 years of service <input type="checkbox"/> Active Employee with more than 30 years of service Hire Date: _____ Effective date of employee concession: _____ <input type="checkbox"/> Employee leaving the business, no longer eligible for concessions	<input type="checkbox"/> Retired Effective Retirement Date: _____ Supervisor Signature (required): _____
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**Employee Information:** First 5 Numbers of Social Security Number: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ CUID: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**9-Digit Account Number:**

**Supervisor Information** (Required for all active employee discount plan changes.)

I have verified that the employee has met the six-month service requirement to receive employee concessions.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature (required): \_\_\_\_\_ Work Phone: \_\_\_\_\_

**AutoPay** (Payments will automatically be deducted from the checking or savings account selected below approximately 18 days after your bill date.) **Account must be setup on AutoPay (checking or savings accounts only – no credit/debit cards).**

I have already enrolled in AutoPay or employee leaving business not eligible for concessions (**Skip to next section**)

Name of Bank or Financial Institution: \_\_\_\_\_ Routing # \_\_\_\_\_

Checking Account Number (Please provide copy of voided check.) \_\_\_\_\_

Savings Account Number (Please provide copy of savings deposit slip) \_\_\_\_\_

I authorize CenturyLink and the financial institution named above to process variable entries to my account. This authority will remain in effect until I give reasonable notification to CenturyLink to terminate this authorization.

Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

**Paperless Billing Opt-Out** (Account must be setup for paperless billing with the exception of employees who can opt out if they don't have access to the Internet) I certify that the employee listed above does not have access to the Internet and qualifies to opt-out of paperless billing.

Supervisor Signature (required): \_\_\_\_\_ Print Name: \_\_\_\_\_

Email completed form and voided check or savings deposit slip to the following address based on your service area:

- Legacy Qwest Service Area – emp.disc@Lumen.com
- Nevada, Florida or any other Legacy CenturyLink Service Area – cs-empconcessions@Lumen.com

**Note:** The Lumen In-Region Discount Program is intended to be an employee discount program within Section 2510.3-1(e) of the U.S. Department of Labor regulations, "Sales to Employees" and accordingly is not an "employee benefit plan" for purposes of Title 1 of the Employee Retirement Income Act of 1974, as amended. The Employee Discount Program provides to employees at a discount goods and services sold to the public in the normal course of business. The Company reserves the right to amend, modify and terminate the Employee Discount Program at any time, and from time to time, in its sole discretion.