

# CenturyLink Qwest CWA or IBEW Represented EMPLOYEE/RETIREE CONCESSION FORM

For eligible CenturyLink employees and retirees represented by a Qwest CWA or IBEW Bargaining Agreement

- Contact Sales and Care at the 800 number on your billing statement to add or change CenturyLink products and 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.

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| <input type="checkbox"/> Active Employee with less than 30 years of service<br><input type="checkbox"/> Active Employee with more than 30 years of service<br>Effective date of employee concession: _____ Hire Date: _____<br><input type="checkbox"/> Employee leaving the business no longer eligible for concessions | <input type="checkbox"/> Retired<br>Effective Retirement Date: _____<br>Supervisor Signature (required): _____<br>_____ |
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**Employee Information** First 5 Numbers of Social Security Number: \_\_\_\_\_

Printed Name: \_\_\_\_\_ CUID: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

13-Digit Account Number:  -  Customer Code: R

**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: \_\_\_\_\_

**Change from 100% to 50% discount level request** (Applicable for active occupational employee with 30+ years of service)

I understand that in requesting to change my Employee Discount level from 100% on local and IntraLATA long distance to 50% or 20% on a larger variety of products and services, I will not have the option to obtain the 100% employee discount until retirement.

Signature: \_\_\_\_\_ 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: [emp.disc@centurylink.com](mailto:emp.disc@centurylink.com) or fax completed form to: 1-800-427-4816

Note: The CenturyLink 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.