

EMPLOYEE / RETIREE CONCESSION FORM

Legacy CenturyTel / Embarq



Use this form to establish or change the employee discount for CenturyLink residential services on your primary residence located in legacy CenturyTel / Embarq service areas.

Please refer to the **Legacy CenturyTel/Embarq Employee Concession Overview** for eligibility and amount of employee concession.

Effective date of employee concession: _____ Hire date: _____	<input type="checkbox"/> Retired Effective retirement date (optional): _____
Employee Information (Billing name and address must match the SAP database.) Printed Name: _____ SAP/User ID (from SAP Directory): _____ Home Phone: _____ Home Address: _____ City: _____ State: _____ Zip: _____ Best Can Be Reached Telephone Number : _____	
Auto Pay (This could take one to two bill cycles before auto pay is established, so payments will need to be made manually until auto pay appears effective on the billing statement. Payments will automatically be deducted from the Checking or Savings account selected below on the bill due date. Account must be setup on Auto Pay (checking or savings accounts only – no credit/debit cards).) Name of Bank or Financial Institution: _____ Routing # _____ <input type="checkbox"/> Checking Account Number (Please provide copy of voided check.) _____ <input type="checkbox"/> Savings Account Number (Please provide copy of savings deposit slip.) _____ <input type="checkbox"/> Already paying CTL bill using auto pay with checking / savings account. 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. <input type="checkbox"/> 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: _____	
Fax completed form and voided check or savings deposit slip to: 1-866-689-5582 Or send via mail to: CenturyLink Support Center Offline (A-07) 5325 Zuni Street Denver, CO 80221 Or E-mail to: cs-empconcessions@centurylink.com	Hours: Monday – Friday 8 am – 5 pm Central For additional questions regarding this form, please send email to cs-empconcessions@centurylink.com

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.