

EMPLOYEE / RETIREE CONCESSION FORM

Legacy Qwest



Use this form to establish or change the employee discount for CenturyLink residential services on your primary residence located in a legacy Qwest service area.

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

<input type="checkbox"/> Active employee with less than 30 years of service <input type="checkbox"/> Active employee with more than 30 years of service Effective date of employee concession: _____ Hire date: _____ Employee leaving the business not eligible for concessions	<input type="checkbox"/> Retired Effective retirement date: _____ Supervisor Signature (if required): _____
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Employee Information (Billing name and address must match the SAP database.)

Printed Name: _____ First 5 digits of SSN: _____ - _____ -XXXX

If active, please select: Occupational Management SAP/User ID (from SAP Directory): _____

Home Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____ E-Mail Address: _____

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: _____

Auto Pay (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 Auto Pay (checking or savings accounts only – no credit/debit cards).**

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.) _____

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: _____

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 of re-obtaining 100% employee discount until retirement.

Signature: _____ Date: _____

Paperless Billing Opt-Out (Applicable for occupational employees only)

Account must be setup for paperless billing with the exception of occupational 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): _____

Fax completed form and voided check or savings deposit slip to: (800) 427-4816. Or send via intra-company mail to: CenturyLink Employee Discount / Auto Pay Center, PO Box 2399, Omaha, NE 68172-9068 Or E-mail to: emp.disc@CenturyLink.com	Hours: Monday – Friday 7 am – 7 pm Central For additional questions regarding this form, please send e-mail cs-empconcessions@centurylink.com
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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.