



TELUS special needs status application form

Surname		First name(s)
Street address		City/town
Province	Postal code	Telephone number
Other contact number(s)		

Exemption or discount (check the appropriate box)

<input type="checkbox"/> Directory assistance exemption for motion disability	CNIB registration number (if available) _____
<input type="checkbox"/> Directory assistance exemption for visual disability	
<input type="checkbox"/> Directory assistance exemption for hearing or speech disability	

Visually impaired bill format (check **one** box only)

Please provide me with an additional TELUS bill and inserts in the following format.

<input type="checkbox"/> Braille (Grade 1)
<input type="checkbox"/> Large print
<input type="checkbox"/> IBM disk (ASC11 format)

Note: TELUS will provide statements in the above-specified alternate format within 2 months of receiving your **completed** application.

Special instructions

Consent and waiver

The undersigned customer hereby consents to the disclosure by TELUS to third party Service Providers of customer's billing information for the number(s) listed below, for the purpose of generating bills in an alternate format. The undersigned customer has asked TELUS to send billing data over the Internet and agrees that TELUS will not be responsible for any release, loss or damage of data related to the transmission of such data.

Phone number(s): _____

Client signature: _____

Section to be completed by a medical practitioner or an authorized official

Surname and first name of medical practitioner or authorized official		Title/position
Name of organization		Contact telephone number
Street address		
City/town	Province	Postal code

Reason for application

I hereby attest that the information provided on this application is correct.
Please mail or fax the completed application forms to TELUS.

Signature of medical practitioner or authorized official

TELUS Communications Inc.
Consumer Client Care Support Centre
13th Floor, 10020 100 St. NW
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Fax: 1-866-358-4541