

**ENROLLMENT FORM
EMPLOYEE WIRELESS DISCOUNT PLAN**

MAIL REQUEST FORM TO: (And *legible* copy of Employee ID)

**BellSouth Cellular
Employee Rate Plan
3100 Avalon Ridge Place
Suite 500
Norcross, GA 30071**

DO NOT FAX FORMS

EMPLOYEE INFORMATION:

First Name: _____	Home Phone #	() _____
Last Name: _____	Daytime Phone #	() _____
MI: _____	Wireless Phone #	() _____
	<i>(Existing service only...submit separate form for each wireless phone number)</i>	
	Email Address:	_____
Billing Address: _____		
City: _____	State: _____	Zip: _____
Driver's License # (Inc. State): _____		
SSN: _____		
BellSouth Company Employed By: _____		

SERVICE OPTION (CHECK ONE):

_____ **\$8.00 Discount off any currently offered retail rate plan of \$20 or more**
(not available for grandfathered, Corporate Plans, or discounted plans).
If known, please indicate which retail plan you desire: _____

_____ **Digital Plan - \$30/Mth Access, 200 MOU, overage min.\$0.20 anytime**
(requires a Digital handset and no free features included in this plan).

_____ **Analog Plan - \$20/Mth Access, 60 MOU, overage min.\$0.30 peak, \$0.10 off-peak**
(Analog Plan only available in BellSouth Mobility region)

_____ **Please call me...I need assistance**

If an existing customer... what current plan do you have: _____
Which company provides your service: BMI _____ or BMI-DCS _____

BILLING OPTION: Combine my wireless bill with my BST residential telephone bill: _____ Yes _____ No
(service must be listed under employee name or spouse)

Signature: _____

BE SURE TO INCLUDE A LEGIBLE COPY OF YOUR EMPLOYEE ID CARD WITH REQUEST FORM...FAXED COPIES OR INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED...allow 10 days for processing

For official use only	
Date changed: _____	BSM#: _____
Comments: _____	
PLEASE coordinate any changes to this form with the NAC	Revision date: <u>09-29-98</u>