



Bell Accessibility Services Application Form

At Bell, we are committed to making our services more accessible and have introduced products and enhanced services tailored to meet the needs of our customers. Our Accessibility Services Centre (ASC) helps customers with certain accessibility needs get the most out of their Bell services.

In order to register as having an accessibility need:

1. Complete **Section One** and **Section Three** of the form.
2. Please have your licensed health practitioner or representative of an organization that can attest to your accessibility need complete **Section Two** of the form below.

Or:

Please attach a copy of documentation proving your disability (which must include your name). Acceptable examples include but are not limited to: CNIB membership card, Canadian Hearing Services documentation, ODSP documentation, a provincial accessible parking permit, or receipts for hearing aids.

3. Submit all pages of this document (and supporting documentation if applicable) to the Accessibility Services Centre (ASC), using the instructions at the bottom of this document.

When your completed form has been processed, we will contact you to confirm your registration and advise you of services you qualify for. Bell reserves the right to determine eligibility for accessibility discounts and/or accessibility services upon receipt of this application form.

Section One: Applicant Info

Please note the applicant must be the account holder or authorized user.

Name of Applicant: _____

Email Address: _____

Street Address: _____

Province: _____

Postal Code: _____

Phone Number: _____

As part of your onboarding with the Accessibility Services Centre (ASC), the following will be added to your account, if applicable.

- Accessibility credit for home phone services and select personal mobile plans. Details about accessibility credits/discounts can be found online at bell.ca/accessibility
- 411 Directory Service Credit for both mobile and/or home phone - free calls to 411 (If you are over the age of 65, you are not required to complete this form in order to receive the 411 Directory Assistance Exemption)

Note: Verification does not require disclosure of a specific diagnosis, only verification of a disability is required. Consent to collect, store and use your personal information must be provided (see below). If you have questions, please check with the Accessibility Services Centre (ASC).

Section Two: Licensed Health Practitioner or Organization Representative

This section is for licensed health practitioners or organization representatives who can attest to an individual's disability status. Please complete this section based on your scope of practice and knowledge of the patient/client. When you have completed this section, please return it to your patient/client.

Disability Status

I confirm that (name of patient/client) _____
has a disability based on a diagnosed condition.

This person's disability is (check one):

Permanent Temporary

If temporary is selected above, indicate the expected duration of temporary disability

[Bell reserves the right to discontinue accessibility credits to a customer's account(s) when the customer is no longer impacted by disability]

Licensed health practitioner or organization representative office information:

Date completed by practitioner or organization representative (mm/dd/yyyy):

Practitioner or organization representative name (please print):

Practitioner or organization representative signature:

Name of organization:

Office address and telephone number:

License no. of practitioner (if applicable):

Office stamp if applicable:



Section Three: Consent and Authorization (customer)

Consent for Release of Information:

I (print or type name): _____ hereby authorize the BCE group of companies to collect, use, disclose, and store the information on this form, or the information shared by another means (for example, telephone, email/electronically, TTY, VRS, IP Relay) to determine my eligibility for accessibility plans and discounts and to better serve me in accordance with Bell's Privacy Policy here - bell.ca/privacy.

I (print or type name) _____ certify that the above information is correct, and give permission for my licensed health practitioner(s) or organization representative to provide BCE with this information in order to determine my eligibility for accessibility plans and discounts and to better serve me in accordance with Bell's Privacy Policy here - bell.ca/privacy.

Signature: _____

How to Submit this Form:

The completed form may be submitted to the Bell Accessibility Services Centre using either of the following methods:

1. **Email:** accessible@bell.ca

2. **By Mail:**

Accessibility Services Centre
P.O. Box 8787
Downtown Station
Montréal, Québec
H3C 4R5

If you have not heard from us in **7 business days** please email or call us at:

Email: accessible@bell.ca

Telephone: 1-800-268-9243

TTY: 1-800-268-9242