

WEST GENESEE TEACHERS' ASSOCIATION



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Greetings WGTA Members,

The following pages contain all the information that I received from Donna Burns (High School) regarding the Verizon WIRELESS discount.

Lynn Davis
WGTA Newsletter Editor

West Genesee Central Schools

Career Center Memo



To: Lynn and Linda
From: Donna M. Burns
Date: 6/17/05
Subject: for your newsletters

Please see attached Cell Phone discount. You may want to draw this to the attention of your constituents.

Jan Cole the registrar found this offer. I faxed in my form and a pay stub with figures blacked out to prove my employment as a NYS employee. They do not notify you of acceptance. The discount just shows on your next bill.

I called about a week later because I also wanted to add a third line. I was informed that my 19% discount was already applied to my account on the PRIMARY line only. They are mailing me a Free phone for the additional line.

Let me know if you have questions.

Donna

The District's Mission is to create, support and maintain a progressive learning environment where all members of the high school community can reach their potential.



Verizon Wireless Employee End User Program

FAX

To:

| | |
|--------|---------------------------------------|
| Name: | <u>Employee Program Team (B2E)</u> |
| Fax #: | <u>1- 800-711-7788</u> |
| RE: | <u>Register for Employee Discount</u> |

From:

| | |
|-------------------|-------|
| Insert Your Name: | _____ |
| Insert Contact #: | _____ |
| Insert Date: | _____ |
| # of Pages: | _____ |

How to "Register-Your-Line"

Please complete the following steps to register your line for the employee discount:

1. Complete the Verizon Wireless Employee End User Enrollment Form.
2. Photo copy your current Employee Photo ID. If you do not possess or cannot fax an Employee Photo ID, please photo copy your current Pay Stub (delete account & salary info). ***This info is required for employee verification purposes.***
3. Fax the completed Cover Sheet, Enrollment Form & photo copy of Employee Photo ID or recent Pay Stub to **1-800-711-7788**.

*A price plan with the monthly access of \$34.99 or higher is required to be eligible for the employee discount. Family Share Primary Lines (\$34.99 or higher) are eligible. Family Share Secondary lines are NOT eligible. Visit My Account at www.verizonwireless.com or contact Verizon Wireless Customer Service at 1-800-922-0204 if a price plan change is required.



Employee User Enrollment Form**Contact Information:**

*Employer Name: _____
 *Last Name: _____ *First Name: _____
 *Work Phone: _____ *Home Phone: _____
 *Cellular Number: _____
 *E-mail Address: _____

Employee End User Agreement

I understand that by registering my line, I will receive a discount on my monthly access fee and will be able to activate future service and to obtain equipment at a special rate as a result of my employment with _____

_____ (Print your employer's name & address)

I further acknowledge and understand that I am receiving my calling plan rate based on my Employer's overall line attainment with Verizon Wireless. From time-to-time, my calling plan rates may be adjusted to those associated with the actual total line attainment of my Employer. I understand that I cannot terminate my service without an Early Termination Fee because of a rate adjustment to which my Employer agreed, notwithstanding anything to the contrary in the Customer Agreement.

I acknowledge and understand that certain information relating to the service, including name, mobile telephone number and monthly charge total, may be released to my Employer.

Verizon Wireless reserves the right to require proof of continued employment with my Employer from me. If a review of my employment status reveals that I am no longer an employee, Verizon Wireless reserves the right to adjust the calling plan rates for the period of time I was not a current employee and switch me to a commercially available calling plan or to a non-discounted calling plan for the remainder of my Customer Agreement term.

*By: _____
 (Employee Signature)
 *Name: _____
 (Employee Name Printed & Employee ID#)
 *Date: _____

*Indicates required field