

The purpose of this letter is to outline the Company's senior assistance discount which will be made available to qualified Saugus subscribers within two (2) months of the effective date of the upcoming Renewal License and which will run concurrent with that License. Comcast reserves the right to modify such program at its sole discretion.

While the Company offers a Standard Service that it feels is affordable, we are pleased to be able to offer a discount to certain, qualified senior citizens residing in Saugus. To that end, the Company will voluntarily offer a discount equaled to \$2.00 off its monthly price for Standard Service. This discount will be available to cable customers aged sixty-five (65) or older, who are heads of households and who are receiving SSI or Medicaid benefits under Social Security. The following represents the qualifications required by individuals who would like to take advantage of the aforementioned discount:

- Proof of age: 65 years, or older (driver's license, birth certificate or passport);
- Head of Household status (lease, deed or tax bill); and
- Proof of income eligibility (SSI, Medicaid)

In the event that Comcast adopts and offers a state-wide senior citizen discount program, Comcast reserves the right to implement such program in Saugus.

Sincerely,

Jane M. Lyman
Sr. Manager of Government and Community Relations

SAUGUS SENIOR CITIZEN DISCOUNT FORM

Comcast offers a \$2.00 discount on the Standard Cable level of service

NAME _____

ADDRESS _____

PHONE # _____

ACCOUNT# _____

PLEASE PROVIDE PROOF OF ELIGIBILITY - one item from each lettered box (A, B & C)

A

65 years of age	
<input type="checkbox"/>	copy of MA drivers license
<input type="checkbox"/>	copy of birth certificate

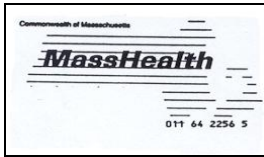
+

B

Head of Household	
<input type="checkbox"/>	copy of utility bill
<input type="checkbox"/>	copy of tax bill

+

C

Medicaid/SSI Eligible	
<input type="checkbox"/>	copy of Mass Health Card
	

The undersigned hereby states that he/she is a "Head of Household" and age sixty-five (65) or older who is also Medicaid or SSI eligible.

SIGNED _____

DATE _____

PLEASE RETURN ONE COPY TO:

**Comcast
Box 6505
Chelmsford, MA 01824-0905
ATTN: Discount Dept.**

For office use only

effective date _____ representative's initials _____