



Application for Medical Essential Service

I certify that I have, or someone in my household has, a medical need for electricity. This condition is certified by a licensed physician. I understand that it is my responsibility to pay any outstanding utility bill to the Cooperative and that failure to do so will result in termination of utility services. I also understand that electricity served to my residence is subject to unscheduled interruptions and that it is my responsibility to report them to the Cooperative.

Medical Essential Service accounts are so identified to serve as a reference for determining priorities in the effort to restore service in the event of widespread or prolonged outages affecting the Cooperative’s system. The Cooperative cannot and does not express or imply that it provides uninterrupted electrical power. The Cooperative advises the patient or account holder to provide for an alternate source of care or electricity in the event electrical service to their location is interrupted.

Member Name: _____ Account # _____

Service Address: _____

Primary Phone #: _____ Secondary Phone #: _____

Text Alerts: Yes No E-Mail Alerts: Yes No E-mail Address: _____

Alternate Contact: _____ Alternate Contact Phone # _____

Member Signature: _____ Date: _____

By signing above the Member acknowledges responsibility to provide necessary accommodations during a service interruption, either through an alternate power source or location. The member also acknowledges this form must be resubmitted annually, the Cooperative must be notified if Medical Essential Service changes and the member has reviewed Cooperative Policy 602 (attached).

Physicians Statement of Certification

This is to certify that _____ has a medical need for electricity and could suffer life threatening conditions if without electricity for more than _____ hours. The patient has been advised of the effects of being without electricity as it pertains to their medical condition; alternate options for the patient in the event of an extended interruption in power have been reviewed.

Physician’s Name: _____ Physician’s Phone #: _____

Office Address: _____

Physician’s License or Certification # _____

Physician’s Signature: _____ Date: _____



Please review the following information on how to report an outage, how power is restored, and generator safety.

To Report Electrical Problems or Outages, Please Call:

850-973-2285

or

1-800-999-2285

24-HOUR SERVICE

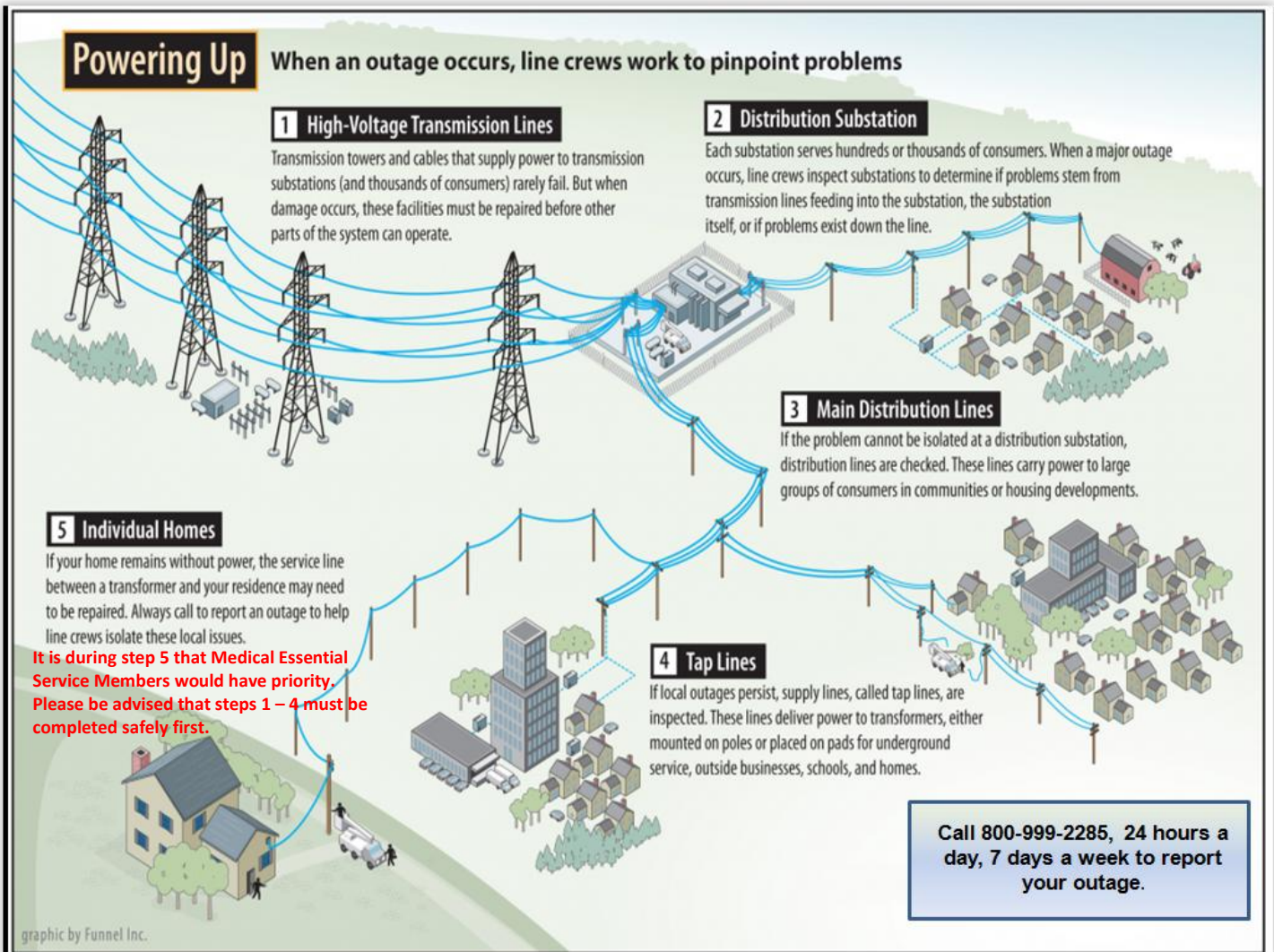
THANK YOU

✓ Emergency Kit Checklist +

Use this checklist of items suggested by the American Red Cross to put together a hurricane preparedness emergency kit.

- | | | |
|---|--|--|
|  <input type="checkbox"/> |  <input type="checkbox"/> |  <input type="checkbox"/> |
|  <input type="checkbox"/> |  <input type="checkbox"/> |  <input type="checkbox"/> |
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Layout by BRONWYN COFFEEN/Staff Artist





Generate Safely

Safe Generator Operation

Keep this card in your home's emergency kit or with your generator.

- Never connect a standby generator into your home's electrical system. There are only two safe ways to connect a standby generator to your equipment:

Stationary Generator: An approved generator transfer switch, which keeps your house circuits separate from the electric co-op, should be installed by a professional.

Portable Generator: Plug appliances directly into the outlet provided on the generator.

- Set up and run your generator in a well-ventilated area outside the home. Make sure it's out and away from your garage, doors, windows, and vents. The carbon monoxide generated is **DEADLY**.

- Use a heavy-duty extension cord to connect electric appliances to the outlet on the generator.

- Start the generator first **BEFORE** connecting appliances.



Source: SafeElectricity.org

Developed jointly by the Energy Education Council & Rural Electricity Resource Council

I. SUBJECT: MEDICALLY ESSENTIAL SERVICE ACCOUNTS

II. OBJECTIVE:

To establish a policy to define, identify, and affirm “Medically Essential Service” accounts as well as to outline criteria for the handling of these accounts.

III. POLICY:

A. For the purpose of this policy, Medically Essential means the medical dependence on electric-powered equipment that must be operated continuously or as circumstances require as specified by a physician to avoid the loss of life or immediate hospitalization of the member or another permanent resident at the residential service address.

1. To qualify for this status, the member must provide the Cooperative with a certificate from a licensed, practicing doctor of medicine, affirming that service to a specific service address is medically essential as described in III. A. above. The physician’s certificate shall certify that the member has a medical need for electricity.
2. Members with accounts that have been certified as MES accounts must renew such certification annually.

B. Handling of Medically Essential Service Accounts.

1. The Billing Department shall maintain a master list of accounts that have been affirmed as MES Accounts. This list shall contain pertinent information necessary to identify the account to include account name, account number, meter number, service address, area and billing cycle.
2. The list of MES accounts will serve as a reference for determining priorities in the effort to restore service in the event of widespread or prolonged outages affecting the Cooperative’s system.
3. A list of MES accounts will be readily accessible to the appropriate personnel in all departments.

4. The list of MES accounts shall also serve as a reference in determining the appropriate course of action for the collection of these accounts should they become delinquent.
5. MES accounts that become delinquent in payment will be provided a limited extension of time to bring the account current. Such extension should not exceed thirty (30) days beyond the date service would normally be subject to disconnect for non-payment of bills. The Cooperative shall provide the member responsible for the MES account with written, verbal or electronic notice specifying the date of disconnection based on the limited extension.
6. The member responsible for the MES account shall be responsible for making arrangements satisfactory to the Cooperative to ensure payment within this additional extension of time, or to make other arrangements for meeting medically essential needs.
7. The Cooperative shall make a reasonable attempt to contact the MES member by telephone no later than 12 noon one day prior to the scheduled disconnect date to provide notice of the scheduled disconnect date.
8. If the MES member does not have a telephone number listed for the account, or if the Cooperative cannot reach the member or other adult resident of the premises by telephone within the specified time, a field representative will be sent to the service location to attempt to contact the MES member no later than 4 P. M. of the day prior to the scheduled disconnection. If contact is not made, written notification will be left in a conspicuous place at the residence advising the MES member of the scheduled disconnect date. Thereafter, service to the account may be disconnected on the specified date.
9. Members with MES accounts may be required to reimburse the Cooperative for all extra expenses incurred by the Cooperative due to violations of any agreements made or of the Cooperative's Rules and Regulations.
10. The Cooperative will attempt to notify the member responsible for the MES account that it is necessary for them to provide the Cooperative with a renewal of the MES certification every 12 months. Notification will be sent by mail to the current billing address for the account. If renewal of certification is not received within thirty days from the postmark of the initial notice, the Cooperative will send a second notice that renewal of MES certification is required. If the renewal of the MES certification is not received within thirty days of the second notice sent by the Cooperative, the account will be removed from MES status and notification to that effect sent to the account member.

11. Notwithstanding any other provision of this policy, the Cooperative may disconnect service to a residence whenever an emergency may threaten the health or safety of a person, the surrounding area, or the cooperative's distribution system. The Cooperative will restore the service as soon as feasible.
12. The Cooperative will call, contact, or otherwise advise such member of scheduled service interruptions.

IV. APPLICABILITY:

- A. This policy is applicable to residential members of Tri-County Electric Cooperative, Inc.


V. RESPONSIBILITY:

- A. Any member with an account that is certified as a Medically Essential Service account shall remain solely responsible for any backup equipment and/or power supply and a planned course of action in the event of interruption of service due to outages, disconnect for non-payment, etc. The Cooperative does not assume, and expressly disclaims, any obligation or duty to monitor the health or condition of the person requiring the Medically Essential Service, or to insure continuous service.
- B. Members are solely responsible for providing the Cooperative with certification, as outlined in this policy, that an account is subject to the terms of this policy. Members with MES accounts are responsible for providing the Cooperative with a renewal of said certification every twelve months.
- C. The Billing Department is responsible for maintaining a list of accounts that have been certified as Medically Essential Service Accounts in accordance with this policy.
- D. The Member Services Department is responsible for the review of the current list of MES accounts prior to working disconnects for non-payment for every billing cycle.
- E. Engineering/Operations and Dispatchers shall be responsible for having current lists of MES accounts available as a reference to those employees

responsible for coordinating the effort to restore service in the event of service disruptions.

- F. The Billing Supervisor is responsible for identifying/designating MES accounts on the Cooperative's data base.

Attested:



Secretary-Treasurer

Approved: January 14, 2002
Revised: November 14, 2011; February 9, 2015
Effective: January 14, 2002; November 14, 2011; February 9, 2015
Reference: Minutes, Board of Trustees' Meeting, January 14, 2002; November 14, 2011; February 9, 2015