

PSC No: 17 - Gas
Rochester Gas and Electric Corporation
Initial Effective Date: June 1, 2003

Leaf No. 95
Revision: 0
Superseding Revision:

GENERAL INFORMATION

12. FORMS (Cont'd)

Life Support Equipment & Power

Does the patient have backup power (generator, battery pack, etc.) in the event of power failure? Yes

If YES, specify _____

Check the term that best describes the function of the life support equipment. ☐ Life Sustaining ☐ Health Sustaining

Life sustaining indicates that the electrically operated device is used continuously and is essential to support the patient's life. Health sustaining indicates the device monitors health, but does not sustain life and can be disconnected for several hours.

List any life support equipment used by the patient _____

Does the patient have backup equipment (equipment not requiring electricity to function) in the event of a power failure? Yes

If YES, explain _____

A medical certificate must be provided for a Life Support Customer. The certificate must be submitted on the stationery of the medical doctor, signed by the medical doctor, and include the doctor's State registration number, the name and address of the patient, the nature of the illness, and the type of life support equipment required by the patient. The certificate must be submitted with this form or may be mailed directly to RG&E within 10 business days this submittal. If a medical certificate for the patient has been provided to RG&E within the last 6 months, a new certificate is not required at this time.

Special Needs Customer Information

RG&E will code qualified accounts as blind, elderly, or disabled. To be afforded special protections by the utility under 16 NYCRR Part 11 Home Energy Fair Practices Act (HEFPA), a residential Customer must be identified to RG&E as blind, disabled, or 62 years of age or older and will qualify for such special protections only if all the remaining residents of the household are 62 years of age or older, 18 years of age or under, or blind or disabled.

The Customer is:

☐ Elderly – 62 years of age or older

☐ Blind

☐ Disabled

Nature of the disability: _____

And all remaining residents of the household are 62 years of age or older, 18 years of age or under, or blind or disabled.

Medical certification is not required for a Special Needs Customer.

Energy Supplier Representative Signature _____

_____ Date

Mail to: Rochester Gas and Electric Corporation
89 East Avenue
Rochester, New York 14649
Attention: Wholesale Operations Dept.

Telephone: 585-771-4602
or
Fax to: 585-771-4600

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