Elderly Protection Documentation

Rhode Island Energy™
a PPL company

This is an important notice. Please have it translated.

Đây là một thông báo quan trọng. Xin vui lòng dịch thông báo này.

此为重要通知。请加以翻译。

Este é um aviso importante. Quiera mandá-lo traduzir.
Este es un aviso importante. Sírvase mandarlo traducir.
Avis important. Veuillez traduire immediament.
Questa è un'informazione importante. Si prega di tradurla.

Это очень важное сообщение. Пожалуйста, попросите чтобы вам его перевели.

إن هذا إخطار مهم. يُرجى ترجمته.

Dear Customer:

We are in receipt of your recent claim that all residents in your household are 62 years of age or older. You must complete the form along with proof of age that all adult household members are 62 or older. Valid proof includes copy of Driver's License, Birth Certificate, Passport, Military ID or Marriage Certificate.

Rhode Island Energy offers many programs to help our senior customers. On the **attached form** there are descriptions of each of the programs. Please answer the few short questions, provide any supporting documentation and return the letter and documentation to **one** of the following:

Mail: Rhode Island Energy
Accounts Maintenance & Operations
PO Box 960
Northborough, MA 01532-0960

Fax: 1-866-460-8549

Email: rielderlydocuments@rienergy.com

If you have additional questions regarding Elderly protection please contact Credit and Collections Department at 1-855-RIE-1103 (Gas) and 1-855-RIE-1104 (electric), Monday through Friday between the hours of 7:00 AM – 9:00 PM, or Saturday from 7:00 AM – 5:00 PM.

Thank you for helping us provide the best possible service for you.

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RESIDENTIAL CUSTOMER RIGHTS

YOU MAY AVOID TERMINATION
Your utility service will not be terminated before the termination date listed on the front of this letter, if satisfactory arrangements are made to pay this balance. National Grid makes available residential payment plans as described by the Rules and Regulations Governing Termination of Residential Electric, Gas and Water Utility Service. As a first step, you should call our Credit Department at 1-855-RIE-1103 (Gas) and 1-855-RIE-1104 (electric) as soon as possible to arrange a payment plan that will allow you to spread out your payments.

If a satisfactory arrangement cannot be agreed upon, you have the right to submit this matter to the Reviewing Officers of the Rhode Island Division of Public Utilities and Carriers at 89 Jefferson Boulevard, Warwick, RI 02888 (401) 780-9700. If you are unable to reach a satisfactory arrangement over the telephone, you have the right to a hearing, which you must request, on whether termination is justified. National Grid will not disconnect your service pending proceedings before a reviewing officer appointed by the Administrator of the Division of Public Utilities and Carriers.

PROTECTION AGAINST TERMINATION
The Public Utilities Commission has Rules and Regulations that provide protection from termination of service for the seriously ill, handicapped, and households in which all residents are at least 62 years of age. Please call our Customer Service Department to determine eligibility.

Under certain circumstances, a customer may be protected from termination of service during the period between 12:01 AM November 1st and 11:59 PM April 15th. Please contact our Credit Department at 1-855-RIE-1103 (Gas) and 1-855-RIE-1104 (electric) to determine eligibility.

If you or anyone currently and normally living in your house has a child under two (2) years old, we will not terminate service provided you also have a financial hardship. Please call our Customer Service Department to determine eligibility.

LOW INCOME HEATING ASSISTANCE PROGRAM (LIHEAP)
LIHEAP provides eligible customers with public energy assistance aid. Customers who may qualify should contact their local Community Action Program.

RULES AND REGULATIONS
A copy of the Rules and Regulations Governing Termination of Residential Electric, Gas and Water Utility Service is available for review at the office of the Division of Public Utilities and Carriers located at 89 Jefferson Boulevard, Warwick, Rhode Island, Monday through Friday, 8:30 AM to 4:00 PM. A copy of the Rules and Regulations may also be obtained via the Internet at www.ripuc.org.

NON-RESIDENTIAL CUSTOMERS
Questions: If you have general questions, please contact Customer Service at 1-800-870-1664 (gas) and 1-855-RIE-1101 (electric).

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Name of Account Holder: _____

Bill Account Number: _____ Contact Phone Number: _____

Service Address: _____

ELDERLY PROTECTED STATUS: If you and all other adult residents in your home are 62 years of age or older, you are entitled to "protected status."

☐ I qualify for the **Elderly Protection Program** on my account. Enclosed is proof of age that all adult household members are 62 or older. Valid proof includes copy of Driver's License, Birth Certificate, Passport, Military ID or Marriage Certificate.

THIRD PARTY NOTIFICATION: This program allows you to select a person to act on your behalf if you receive a collection notice from us. We send a copy of the collection notice to your designated third party who can look into the situation and help make payment arrangements. The third party can be a friend, relative, or member of the clergy. However, the third party is not responsible for nor obligated to pay your bill.

Please list names of ALL household members	Social Security No.	Date of Birth

☐ I designate the following person to be contacted for Third Party Notification. I understand the contact person is not responsible for paying my electric and/or gas bill.

Third Party Name: _____

Address: _____

_____

Telephone Number: (_____) _____ - _____

62-PLUS: Retired Rhode Island Energy customers living on pension and/or Social Security checks can take advantage of our senior program called 62-Plus. We recognize that most retirees receive their income the first of each month. 62-Plus is designed to accept your bill payment after the due date without placing your accounts in arrears.

☐ Enroll me in the "62-Plus" program. I depend on a Pension/Social Security as my primary source of income.

Account Holder's Signature _____ Date: _____