

LIFE THREATENING SITUATIONS

As a member of the Cooperative, if you or a permanent resident of your household are dependent upon continued electric service to the extent that any interruption, suspension, or other loss of electric service will create a dangerous or life-threatening condition, you must notify the Cooperative in writing that a life-threatening situation will occur if the member's residence is without electric service.

"*Life Threatening Situation*" means a situation in which the discontinuance of service will give rise to a **substantial risk of death** or a **grave impairment** of the health of the member or other permanent resident of the premises where the service is rendered. If you have received a notice of disconnection of service and you are seeking to avoid the disconnection under this section, you must accomplish one of the following **before** the date stated on the notice of disconnection:

1. Submit to the Cooperative a completed *Life-Threatening Certificate*, signed by a licensed medical physician. The *Life-Threatening Certificate* must identify the medical emergency, specify the effect of discontinuance of service, and specify the time period during which the discontinuance of service will give rise to a substantial risk of death or a grave impairment to the health of the member or permanent residence of the member's household.
2. Pay any past due and current electric bill and/or enter into a deferred payment plan to keep your regular electric bill current.

If your service has been disconnected and you are seeking reconnection because the interruption of electric service will result in a life-threatening condition to you or a permanent resident of the premises where the service is rendered, you must accomplish one of the following within seventy-two **(72) hours** of the disconnection:

1. Submit to the Cooperative a completed *Life-Threatening Certificate*, signed by a licensed medical physician. The *Life-Threatening Certificate* must identify the medical emergency, specify the effect of discontinuance of service, and specify the time period during which the discontinuance of service will give rise to a substantial risk of death or a grave impairment to the health of the member or permanent residence of the member's household.
2. Pay any past due and current electric bill, reconnection fee, and/or enter into a deferred payment plan to keep your regular electric bill current.

A *Life-Threatening Certificate* is only effective for **one (1) monthly** billing period and cannot be for an indefinite period. To renew the *Life-Threatening Certificate*, you must:

1. Notify the Cooperative before the end of the billing period you intend to renew the *Certificate*.
2. Submit a current *Life-Threatening Certificate* completed by a physician.
3. Comply with the terms of the deferred payment plan.

A *Life Threatening Certificate* does not relieve the member of liability for their electric bill. Current bills must be paid as they come due and the member is expected to honor the terms of any deferred payment plan.



LIFE THREATENING CERTIFICATE

PLEASE PRINT

THIS FORM CONTAINS CONFIDENTIAL MEDICAL INFORMATION AND THE COOPERATIVE WILL MAINTAIN SUCH INFORMATION IN CONFIDENTIAL MANNER, WITH ONLY DESIGNATED PERSONS HAVING ACCESS.

Life-Threatening Certificate Request: To Be Completed By Member

Name: _____ Date: _____

Service Address _____ City _____ Zip Code _____

I am a member of the Cooperative and I receive electric service at the residence identified above. I am notifying the Cooperative that in my opinion, if electric service at this location is interrupted suspended, or disconnected (or not reconnected), a life-threatening situation will occur due to the following:

- ☐ Because of my own medical condition; or
☐ Because of the medical condition of a permanent member of my household.

I understand that a life-threatening condition **only** occurs when discontinuance of service will give rise to a **substantial risk of death** or a **grave impairment** of the health of the member or other permanent resident of the premises where the service is rendered.

Describe medical emergency: _____

If the Life Threatening Situation is because of a medical condition of an individual other than myself, I certify to the Cooperative that the individual has resided at the residence listed above for _____ (months/years) before today; and is a permanent member of my household.

I understand that this *Life Threatening Certificate* does not relieve me of any liability whatsoever for my electric bill; but can provide me with a method to delay payment.

I understand that this *Life Threatening Certificate* is only valid for one monthly billing period and not for an indefinite period. If I intend to renew this *Certificate*, I must provide the Cooperative with notice of my intent to renew before the end of the (30) day period and: (1) I must submit a current *Certification* signed by a physician; and (2) I must be in compliance with any deferred payment plan.

I state under penalty of perjury under the laws of Oklahoma that the foregoing information provided by me is true and correct.

Signature of Member: _____

Acknowledgment of Receipt by the Cooperative

RECEIVED:	EXPIRES:	
<p>I have reviewed the Cooperative's policy concerning Life-Threatening Situations with the member identified above; and on the date marked by me above, I received the <i>Life Threatening Certificate and Verification of Medical Provider</i>. I have explained to the member that this <i>Life Threatening Certificate and Verification of Medical Provider</i> is only valid for one billing period.</p>		
Signature _____		Title _____



***LIFE THREATENING
CERTIFICATE - VERIFICATION
OF MEDICAL PROVIDER***

(Only Valid for One Billing Period)

Patient's Name: _____

Date: _____

Nature of Medical Problem

Notice: Southeastern Electric Cooperative, Inc., has received notice that a life-threatening situation may occur due to a medical condition of the person identified above. A "*Life Threatening Situation*" means a situation in which the discontinuance of service will give rise to a **substantial risk of death** or a **grave impairment** of the health of the Cooperative member or other permanent resident of the premises where the service is rendered.

Please be advised that your action in this matter may result in this person being permitted to use electric services without immediate payment if their financial situation so warrants. We appreciate your willingness to participate and verify the information requested. We want to assure that those individuals who have a genuine life-threatening condition in the home are not mistaken for those who would abuse this privilege at the expense of other customers.

Is the situation life-threatening without electric service?

☐ Yes

☐ No

Please identify the medical emergency: _____

Please specify the effect that discontinuance of electric service will have on the individual identified above: _____

Specify any electrical equipment, which required because of the medical problem: _____

MEDICAL PROVIDER VERIFICATION:

Name **Phone**

Address **City** **State** **Zip Code**

Signature **Date**