

Handicapped and Serious Illness Documentation

Dear Customer:

It is our understanding that there is a person residing in your household who may be **seriously ill or handicapped**.

Seriously ill: The Rhode Island Public Utilities Commission's regulations provide specific protections to seriously ill customers. "Seriously ill" means an illness that is life-threatening or that will cause irreversible adverse consequences to human health or that has a significant potential to become life threatening or to cause irreversible adverse consequences to human health.

To qualify as "seriously ill," a licensed physician must complete the serious illness protection form or contact National Grid by telephone at (800) 322-3223 and provide all necessary information regarding the patient's illness. If you qualify, the serious illness protection will be removed after three (3) weeks and your account will be subject to collection activity, including termination of service, unless you arrange for payment of your bill including by contacting National Grid at (888) 211-1313 if you dispute liability for any part of the bill or dispute the terms or conditions of payment, OR request a hearing with the Rhode Island Division of Public Utilities and Carriers to seek an extension of this protection OR enroll in a residential payment plan or other payment arrangement. National Grid will not terminate your service during this three week period or as otherwise extended by the Rhode Island Division of Public Utilities and Carriers.

Handicapped: The Rhode Island Public Utilities Commission's regulations also provide specific protections to handicapped customers. For the purpose of determining whether any resident is handicapped, National Grid requires that the customer, in whose name the service is listed, submit the enclosed affidavit attesting that "residing permanently at this address is (name), (date of birth), who is related to me as (state relationship) (or who is not related to me), and who has a physical or mental impairment (state impairment with particularity) which substantially limits one or more of such person's major life activities, and which would ordinarily prove a serious hindrance to obtaining employment. This impairment is material, rather than slight, relatively static as distinguished from definitely active or rapidly progressive, and relatively permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means."

To qualify as "handicapped," you must, in addition to completing the affidavit, either provide a copy of your Award Letter for proof of receiving Social Security Disability (SSD) OR have your licensed physician complete the Handicapped Protection Form enclosed regarding your impairment. The Handicapped Protection Form is required to be notarized. National Grid will not terminate service to handicapped customers without written approval by the Division of Public Utilities and Carriers.

Please have your licensed physician return the completed information to the address listed on this letter OR you may provide proof of SSD in addition to completing the affidavit on the Handicapped Protection Form. We will notify you in writing whether your completed information was either accepted or rejected. Failure to pay current bills or make an arrangement on past-due balances will subject you to collections activity.

mail: National Grid
Accounts Maintenance & Operations
PO Box 960
Northborough, MA 01532-0960

fax: 866-460-8549

email: RISeriousIllnessandHandicap@nationalgrid.com

We appreciate the opportunity to service your account. If you have any questions regarding Serious Illness or Handicap protected status please contact our Customer Service Contact Center at (800) 322-3223, available Monday-Friday between the hours of 7:00 AM – 5:00 PM. To discuss a payment arrangement, please contact Credit and Collections Department at (888) 211-1313 Monday through Friday between the hours of 7:00 AM – 9:00 PM, or Saturday from 7:00 AM – 5:00 PM.

Sincerely,

National Grid
Credit and Collections

This is an important notice. Please have it translated.

Este é um aviso importante. Quiera mandá-lo traduzir.

Este es un aviso importante. Sirvase mandarlo traducir.

Avis important. Veuillez traduire immédiatement.

Questa è un'informazione importante,

Si prega di tradurla.

ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG

XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY

Это очень важное сообщение.

Пожалуйста, попросите чтобы
вам его перевели.

Serious Illness Protection Form - RI

Account Holder: _____
 Account Number: _____
 Service Address: _____

 Telephone Number: _____
 Name of Individual Who is Seriously Ill: _____
 Relationship to Account Holder: _____

*It is important that the account information listed above is correct. **Please Print.***

This form below must be completed in full by the Patient's Licensed Physician.

Patient Name: _____

Please specify the nature of the illness and its likely duration:

Thank you for your cooperation.

Print Licensed Physician's Name: _____ **License Number:** _____

Licensed Physician's Address: _____

Licensed Physician's Telephone Number: _____-_____-_____

Above information is necessary to conform to the Public Utilities Commission's regulations in establishing a Serious Illness protection.

"Seriously ill" shall mean an illness that is life-threatening or that will cause irreversible adverse consequences to human health or that has a significant potential to become life threatening or to cause irreversible adverse consequences to human health. We also require the business address, telephone number and licensed physician's signature.

I certify the above-mentioned individual, at the address listed above, is seriously ill as defined above and all information provided regarding the patient's health is current and accurate.

Licensed Physician Signature: _____ **Date:** _____

Please return this form **Via Fax:** 866-460-8549 **OR Via Mail:** National Grid, PO Box 960, Northborough, MA 01532-0960
OR Via Email: RISeriousIllnessandHandicap@nationalgrid.com

Handicapped Protection Form - RI

I hereby state under oath that the following information is true and correct:

Account Holder: _____

Account Number: _____

Service Address: _____

Telephone Number: _____

Name of Individual Who Is Handicapped: _____

Relationship to Account Holder: _____

It is important that the account information listed above is correct. Please Print.

To qualify for handicapped protection you may either have the licensed physician complete this section of the Handicapped Protection Form OR submit proof of receiving Social Security Disability (SSD). The customer affidavit below **must** be completed to receive protection.

TO BE COMPLETED BY LICENSED PHYSICIAN:

Print Patient Name: _____

Print Impairment: _____

Print Licensed Physician's Name: _____ **License Number:** _____

Licensed Physician's Address: _____

Licensed Physician's Telephone Number: _____-_____-_____

The Rhode Island Public Utilities Commission defines a handicap "as a physical or mental impairment which substantially limits one or more of such person's major life activities, and which would ordinarily prove a serious hindrance to obtaining employment. This impairment is material, rather than slight, relatively static as distinguished from definitely active or rapidly progressive, and relatively permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means."

I certify the above-mentioned individual, at the address listed above, is handicapped as defined above and all information provided regarding the patient's health is current and accurate.

Licensed Physician Signature: _____ **Date:** _____

AFFIDAVIT TO BE COMPLETED BY CUSTOMER:

Residing permanently at this address is someone who has a physical or mental impairment which substantially limits one or more of such person's major life activities, and which would ordinarily prove a serious hindrance to obtaining employment. This impairment is material, rather than slight, relatively static as distinguished from definitely active or rapidly progressive, and relatively permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

Customer Signature: _____ **Date:** _____

The person whose signature appears above personally appeared before me and swore that the statements contained herein are true.

Notary Public Signature: _____ **Date:** _____

Notary Number: _____ **Notary Expiration Date:** _____

National Grid will require you periodically to recertify the existence of the handicap to maintain the protection.

Please return this form **Via Fax:** 866-460-8549 **OR Via Mail:** National Grid, PO Box 960, Northborough, MA 01532-0960
OR Via Email: RISeriousIllnessandHandicap@nationalgrid.com