

Medical Baseline Application

For Enrollment and Recertification

San Diego Gas & Electric® (SDG&E®) is dedicated to providing safe and reliable energy to those who depend on life support equipment or special environmental conditions. The Medical Baseline Allowance Program helps customers save every month on their energy bill.

What is the Medical Baseline Allowance Program?

The Medical Baseline Allowance Program provides an additional amount of gas and electricity at the lowest rates for residential customers. It is not a discount or rebate. In addition to your standard baseline allocation, the allowance received with the program is 16.5 kWh of electricity per day or 0.822 therms of natural gas per day, or both.

What qualifies as life support?

A qualifying life support device is any medical device used to sustain life or is relied upon for mobility. This device must run on gas or electricity supplied by SDG&E or a Community Choice Aggregator. It includes, but is not limited to, respirators (oxygen concentrators), iron lungs, hemodialysis machines, suction machines, electric nerve stimulators, pressure pads and pumps, aerosol tents, electrostatic and ultrasonic nebulizers, compressors, IPPB machines, kidney dialysis machines and motorized wheelchairs. Devices used for therapy rather than life support do not qualify.

Who is eligible?

Anyone with a qualifying medical need can apply for the allowance. You can also apply even if you pay for your energy through your landlord or property owner. If your landlord or property owner provides your energy bill, that bill will have the additional allowance.

Customer contact information

For your safety, it's important we have your correct contact information in case of an outage or emergency. To check or update your contact information visit **sdge.com/myaccount** (log into your My Account profile, on the home page click on your profile name in top right corner, then click on "My Profile") or call **1-800-411-7343**.

While we do our best to avoid outages, we cannot guarantee that the power will always be on. Outages happen. SDG&E will attempt to notify the patient in advance of a state-directed power outage. However, if the patient requires life support equipment, he/she should make arrangements for a backup power supply in case of an outage.

Contact us - TDD/TTY

If you'd like more information on the Medical Baseline Allowance Program or any of the services we offer, contact SDG&E at **1-800-411-7343** or by email at *medicalbaseline*@sdge.com. You can also visit us at **sdge.com/medicalbaseline**. For people with hearing impairments, SDG&E offers TDD/TTY at **1-877-889-7343**.

Mail the completed application to:

Medical Baseline Allowance Program San Diego Gas & Electric P.O. Box 129831 San Diego, CA 92112-9831

Learn more about other programs and services at *sdge.com/assistance*.

IMPORTANT: FORM INSTRUCTIONS

Kindly read all questions on the next page carefully before answering. Incomplete or missing information will prevent the application from being considered. For the application to be processed, **ANSWERS MUST BE PRINTED CLEARLY AND INSIDE each answer box and application MUST BE SIGNED**. Use black or dark blue pen or dark pencil. Fully erase or white out any mistakes. Crossed-out answers cannot be read. Please keep a completed copy of the application for your records.

TERMS AND CONDITIONS

By signing on the next page, you understand that:

- 1. If a licensed Medical Practitioner* certifies the resident's medical condition is **permanent**, SDG&E will require completion of a form self-certifying resident's continued eligibility for the Medical Baseline Allowance every **four years**.
- 2. If the licensed Medical Practitioner* certifies the resident's medical condition is **not permanent**, SDG&E will require completion of a renewal application with a licensed Medical Practitioner's certification every **two years**.
- 3. If the resident has a visual disability, you may contact SDG&E to request special notification when either a self-certification form or renewal application with a licensed Medical Practitioner's certification form is mailed.
- 4. SDG&E cannot guarantee uninterrupted gas and electric service and you are responsible for making alternate arrangements in the event of a gas or electric outage.

You authorize SDG&E to share your information regarding your participation in SDG&E's Medical Baseline Allowance Program, including, without limitation, your name, address, contact information, circuit data, Medical Baseline Allowance Program enrollment status and medical equipment needs as described in this form if requested by emergency services professionals and agencies at the city, county, state and federal level for the purposes of managing de-energizations and to allow such parties to plan for and manage emergency situations.



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PRINT ANSWERS CLEARLY, DARK AND INSIDE EACH ANSWER BOX. Failure to do so may lead to application errors. Fully erase or white out any mistakes. Mail back this form to the address printed on page 1. **Photocopies are not acceptable**.

PART 1 - TO	ВЕ СОМР	LETED BY	сиѕтомі	ER (ple	ease print)									
Account Number:							PI	ease provid	le first 12 o	ligits prin	ted on bill (inc	uding a	any lead	ding Os)
Account Holder First Or applicant name, if not bil					Account Holde Or applicant name, if									
Patient First Name If different from above	:	Patient Last Name: If different from above												
If not billed to SDG mobile home or apa		of												
Please provide the address below.	address you rece	ive your electric a	and/or gas servi	ce for b	elow. If you are bille	d by someone oth	her than	SDG&E, ple	ase provi	de your n	nobile home o	r apar	tment	complex
Service Address:							Unit:		City	r:				
agree to allow SDG	&E to verify this i	nformation and to	promptly notify	/ SDG&E	esident lives full-tin if the qualified resi age one of this form	dent moves or no				•				
Customer Signature	e:										Date:			
*A licensed Medical Doctor (M.D.), Doctor of Osteopathy (D.O.), Nurse Practitioner or Physician Assistant may Licensed Practitioner Name:							ify a pati	-	oility. License No	ımber:				
Office Address:						Phone Number:			-		-			
Please print YES	inside the box	ofor all electric-op Air Mattress or	DO N	•	d for the patient. Le	· <u></u>	•		icable to	he patie	nt.			
Apnea Monitor		Hospital Bed			Compressors		Cough Assist Vest				Defibrillator			
Electric Nebulizer		Electric Nerve Simulator			Feed Pump		Hemodialysis Machine				Infusion Pumps			
IPPB Machines		Kidney Dialysis			Motorized Wheelchair		Oxygen Concentrator (OC)				Pacemaker Monitor			
Pressure Pads		Pressure Pump	S		Respirator		Suction Machine				Ultrasonic Nebulizer			
Other Electronic Devices:														
Please clearly prin	t YES or	NO for all the	questions belo	<u>w</u> .										
Are any of th	ne devices above re	quired for life suppo	Can the patient survive more than 2 hours without using life support equipment?											
			Is add	litional h	eating necessary to s	ustain the patient's	s life or p	revent dete	rioration o	f the patio	ent's medical c	onditio	n?	
			is ad	ditional c	cooling necessary to s	ustain the patient's	s life or p	revent dete	rioration o	f the patio	ent's medical c	onditio	n?	
				Are any	y of the medical devic	es above and/or ad	ditional h	eating or co	ooling requ	ired for th	e patient pern	nanenti	ly?	
			-		our name below, you and signature must				ically. You	ı agree tl	nat your elect	ronic s	signatu	re is the
Signature of Licens	ed Practitioner*										Date:			
S2370108 1123 T	ariff: 132-150	SC XXXXX	XXXXX	NC	xxxx			OFFICE U	SE ONLY:					