

Customer Service

It is the customer's responsibility to contact National Grid to apply for protected status. To make a payment arrangement, or, for more information about the protections listed in this brochure, please contact us at **(800) 870-1664**.

Hearing & Speech Impaired **Dial 711**

Gas Leak Emergency Number
(800) 640-1595

Web Site
www.nationalgridus.com

Hours

National Grid's customer service telephone hours are 7:30 AM to 6:30 PM, Monday through Friday. Beginning the weekend after Labor Day through the weekend preceding the Memorial Day holiday weekend, our Customer Contact Center will also be open on Saturdays from 7:30 AM to 4:00 PM.

Low Income Home Energy Assistance Program (LIHEAP) Agencies

Blackstone Valley

Blackstone Valley Community Action
(401) 723-0227

Cranston

Comprehensive Community Action
(401) 467-7013

East Bay

East Bay Community Action
(401) 683-3322

Northeast

Tri-Town Community Action
(401) 351-2750

Providence

Providence Community Action
(401) 273-0882

Department of Elderly Affairs

(401) 462-3000

South County

South County Community Action
(401) 789-3016

West Bay

West Bay Community Action
(401) 732-4660

CN4396 (7/09)

Special Protections For Rhode Island Customers

Important Information and Enrollment forms for Customers Requesting Protected Status

Your natural gas service cannot be shut off without written approval from the Rhode Island Division of Public Utilities and Carriers if you meet the following requirements:

- ▶ All adult residents of your household are 62 or older; or,
- ▶ Any resident of your household is handicapped or seriously ill and you and your doctor have properly notified National Grid,
- ▶ You have a Financial Hardship, with or without additional Infant Protection (a resident of your household is under 24 months of age).

Annual Certification

Rhode Island customers seeking protected status must certify their status each year. (Please complete and mail the appropriate section(s) of this form (see addresses, phone numbers and mailing instructions listed).)

Third-Party Notification Service

National Grid offers customers a service known as "Third Party Notification." This service allows National Grid, with your permission, to notify a friend, relative or neighbor if your gas bill is overdue. This service is particularly helpful for those who would like a reminder to pay their bill or who may need help managing their bills. The person you select as your "third party" is not responsible for paying your bill, only for reminding you to pay it if it becomes overdue. To enroll in this service, please complete and mail the Third Party Notification Service request (see addresses, phone numbers and mailing instructions listed).

Note: Please read over all the sections on this form and fill out all that pertain to you. **Mail the appropriate forms to National Grid, Special Protections, PO Box 960, Northborough, MA 01532-0960**

Third-Party Notification Service Request Form

Customer Name _____ Phone Number _____

Natural Gas Account Number _____ Premises Number _____

Customer Address _____

City _____ State _____ Zip _____

Party to be notified: _____

Name _____ Phone Number _____

Relationship to Customer (optional) _____

Address _____

City _____ State _____ Zip _____

Signature of Customer _____ Date _____

Signature of
Party to be Notified _____ Date _____

By signing above, customer and party to be notified give consent to National Grid to arrange "Third Party Notification" service. **Please mail completed form to:** National Grid, Special Protections, PO Box 960, Northborough, MA 01532-0960.

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.

ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG
XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY

Questa è un'informazione importante,
Si prega di tradurla.

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

nationalgrid

Elderly (age 62 or older) Protection Certification

Customer Name _____

Birth Date _____ Phone Number _____

Natural Gas Account Number _____ Premises Number _____

Social Security Number (optional) _____

Customer Address _____

City _____ State _____ Zip _____

Names of other adult residents in household:

Name _____ Social Security _____ Birth Date _____
Number (optional)

Name _____ Social Security _____ Birth Date _____
Number (optional)

Name _____ Social Security _____ Birth Date _____
Number (optional)

I hereby certify that my household meets the requirements for Elderly Protection and that all the information I've provided is true and accurate. I hereby certify that I am the customer of record for the account specified below, and that I and every other resident of my household are 62 years of age or older.

Signature _____ Date _____

Please mail completed form to: National Grid, Special Protections, PO Box 960, Northborough, MA 01532-0960

Doctor Certification

In order to qualify for special protected status for your illness or handicap, you are required to have your doctor certify your medical condition by completing the form below. Mail or bring this form to your doctor. Both you and your doctor must sign this form and he or she must return it to us according to the mailing instructions at the bottom of this form.

Instructions to Doctor:

Your patient has requested protected status due to illness or handicap as a customer of National Grid. The Rhode Island Division of Public Utilities and Carriers defines a handicapped person in the following manner: **“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 progressive and relatively permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.”** After obtaining the patient’s signature (*see below*), please provide the following information including your signature:

Nature of Illness/Handicap _____

Likely Duration of Illness (specify number of months or weeks) _____

Is recovery dependent on use of natural gas? (please circle one) Yes* No

*If yes, please explain how: _____

Doctor’s Name (please print) _____

Doctor’s Signature _____ Date _____

Doctor’s Address _____

Customer’s (Patient’s) Name (please print) _____

Customer’s (Patient’s) Signature _____

Customer’s (Patient’s) Address _____

Please mail completed form to: National Grid, Special Protections, PO Box 960, Northborough, MA 01532-0960

Other Protections Certification Request

Please check one:

I am a Rhode Island resident and there is a seriously ill full-time resident living at the address listed below.

I am a Rhode Island resident and there is a handicapped full-time resident living at the address listed below.

Customer Name _____ Phone Number _____

Natural Gas Account Number _____ Premises Number _____

Customer Address _____

City _____ State _____ Zip _____

Please complete the “Doctor Certification Form,” which requires your doctor to certify and/or provide a description of the handicap, medical condition and any other information that is required including the doctor’s name, address, phone number and signature. National Grid reserves the right to contact your doctor to confirm this information.

Please mail completed form to: National Grid, Special Protections, PO Box 960, Northborough, MA 01532-0960

Financial Hardship Statement (including Infant Protection)

Customer Name _____ Phone Number _____ Date _____

Natural Gas Account Number _____ Premises Number _____

Customer Address _____

City _____ State _____ Zip _____

Financial Hardship customers are protected from termination during the moratorium only (November 1 to April 15). Customers with additional Infant Protection (an infant(s) under 24 months of age resides in your household), are protected from termination until the child is 24 months of age.

If you are claiming Financial Hardship under the Rules and Regulations Governing the Termination of Residential Gas Service, the combined gross income of your household must be equal to or less than seventy-five percent (75%) of the Rhode Island median income, which is updated annually. If you are claiming additional Infant Protection, you must meet the Financial Hardship requirements (complete both sections below), provide a copy of the child’s birth certificate, and your service must not have been previously terminated for non-payment prior to the child’s birth.

Please answer the following questions and return this form along with income verification to the address shown below.

Income Information / Source of Gross Income:

Work Yes ___ No ___ Amount _____ Week ___ Month ___

SSI (Supplemental Security Income) Yes ___ No ___ Amount _____ Per Month

FIP (Family Independence Program Welfare/AFDC) Yes ___ No ___ Amount _____ Per Semi-Month

TDI (Temporary Disability Insurance) Yes ___ No ___ Amount _____ Per Week

Unemployment Yes ___ No ___ Amount _____ Per Week

LIHEAP (Low Income Home Energy Assistance Program) Yes ___ No ___ Amount _____

Food Stamps Yes ___ No ___ Amount _____

Retirement Benefits (Pensions etc) Yes ___ No ___ Amount _____

Other (Specify) _____ Yes ___ No ___ Amount _____ Per Two Weeks

Infant Protection (if applicable):

Name of Infant(s) in Household:

Name _____ Birth Date _____

Name _____ Birth Date _____

(A copy Birth Certificate(s) must be included with this form.)

I, the undersigned, do hereby certify that the information provided is complete and the truth to the best of my knowledge.

Signature _____

Please mail completed form to: National Grid, Special Protections, PO Box 960, Northborough, MA 01532-0960.