

## PROTECTION APPLICATION FORM

Account Holder Name: \_\_\_\_\_ Contact Phone No: \_\_\_\_\_

Gas Account: \_\_\_\_\_ Electric Account: \_\_\_\_\_

Service Address: \_\_\_\_\_

**PLEASE SELECT WHICH PROTECTION PROGRAM YOU ARE APPLYING FOR:**

**Medical Protection- Serious or Chronic Illness:** someone in your household has a serious or chronic medical condition that requires your utilities to remain on. A letter from a qualifying professional is required for proof of protection along with Financial Hardship Form if you are not on a Discount Rate.

**Infant Protection-** a child under 12 months resides in your household. Your account will be protected until the child turns 1 year old. An official qualifying document submitted with this form is required along with Financial Hardship Form if you are not on a Discount Rate.

**You must submit proof along with this application to be approved for a protection claim.** See below for what is required:

**For Medical Protection:** the letter must be on Medical Professionals Letterhead, include a signature of a Doctor, Nurse Practitioner, Physician's Assistant, or member of local Board of Health. It must state the name and address of seriously ill person and whether the illness is serious (90 day protection) or chronic (180 day protection).

**For Infant Protection:** you must submit a document to prove the child is under 12 months old: a valid birth certificate, or a letter or official documents issued by a registered physician, physician's assistant, nurse practitioner, local board of health, hospital or government official, Dept of Transitional Assistance, clergyman, or Religious institution.

**NOTE:** If your account is NOT already on a Discount Rate, or you are unsure, please fill out the Financial Hardship Form located on the back of this application. You must list all members of your household (including children) and their incomes (even if \$0).

Return this form and proof required to:

**Electric Accounts:**

**Mail:**

National Grid  
PO Box 960  
Northborough, MA 01532-0960  
Attention: Protections

**Fax:** 1-866-460-8549

**Gas Accounts:**

**Mail:**

National Grid  
300 Erie Blvd W, D1  
Syracuse, NY 13202  
Attention: Protections

**Fax:** 1-866-713-0714

If you have both gas and electric service with National Grid, send your documents to one of the above fax numbers or addresses and it will be processed for both accounts.

## Financial Hardship Statement

**Account Holder Name:** \_\_\_\_\_ **Contact Phone No:** \_\_\_\_\_

**Gas Account:** \_\_\_\_\_ **Electric Account :** \_\_\_\_\_

**For Service at:** \_\_\_\_\_

**Please list ALL people living in your household (including children). If any person receives income, list the income source and amount.** (Use an additional sheet of paper for any additional household members.)

Name: _____ Date of Birth: _____ Income Amount: _____
Income Source: _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Name: _____ Date of Birth: _____ Income Amount: _____
Income Source: _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Name: _____ Date of Birth: _____ Income Amount: _____
Income Source: _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Name: _____ Date of Birth: _____ Income Amount: _____
Income Source: _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Name: _____ Date of Birth: _____ Income Amount: _____
Income Source: _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

<b>Total Number of People in Household:</b> _____
<b>Total Monthly Income of Household:</b> \$ _____

<p><b>I do hereby certify that the information above is true and correct to the best of my knowledge. (National Grid reserves the right to request documents to support this information.)</b></p> <p><b>Account Holder's Signature:</b> _____ <b>Date:</b> _____</p>
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National Grid offers Discount rates to customers who receive certain public benefits. Call the Customer Service number on your bill to learn more and to ask for an application.

## Customer Rights and Responsibilities

### **PAYMENT PLANS**

To help pay down overdue charges, call to discuss your eligibility for one of our payment plans. We also offer Budget Billing (also known as Balanced Billing) which averages your annual energy costs to avoid large fluctuations in your monthly bills. Please call us or visit [www.nationalgridus.com](http://www.nationalgridus.com) to find out more about this and other payment plans.

### **RIGHTS TO UTILITY SERVICE FOR RESIDENTIAL CUSTOMERS DURING FINANCIAL HARDSHIP**

If you cannot pay your utility bill because of a financial hardship and there exists a serious illness, or there is an infant under the age of 12 months, or all adults living in the home are over the age of 65 and there is a minor child in the residence, or if it is between November 15 and March 15 if your service is heat related, we will not shut off your utility service. To protect yourself, call us immediately and we will send you a financial statement, which you must complete and return. In addition, you must provide the necessary documentation outlined below within seven (7) days.

#### **Serious Illness and Financial Hardship**

Initially, your registered physician, physician assistant, nurse practitioner or local Board of Health official must call us to let us know of a serious medical condition. Within seven days of this phone call, you must return the financial statement and your registered physician, physician assistant, nurse practitioner or local Board of Health official must write to us and confirm the name and address of the seriously ill person and certify that the medical condition is acute or chronic and provide the business address and telephone number of the doctor or agency. The statement must be renewed quarterly or semi-annually if certified to be chronic.

#### **Winter Protection and Financial Hardship**

If you heat your home with electricity or gas and cannot pay your overdue heating bill between November 15 and March 15 because of financial hardship, we will not shut off your heating service. Contact us by phone immediately and send in a financial statement.

#### **Infant Under the Age of 12 Months and Financial Hardship**

To qualify, please contact us by phone immediately. Within seven days of the call, you must return the financial statement and send us the name, address, and birthdate of the child and one of the following:

- Birth certificate
- Documentation showing that the child is directly related to the customer of record
- Official records or letter from a registered physician, physician assistant, nurse practitioner, or local Board of Health, hospital, or government official
- Letter from the Department of Transitional Assistance
- Letter from a clergyman, or religious institution

#### **Adults Over 65 Plus Minor Child and Financial Hardship**

To qualify, please contact us by phone immediately. Within seven days of the call, you must return the financial hardship form and send us the name, address, and birthdate of the adults over 65 and the name and birthdate of the minor.

### **NOTICE TO ELDERLY CUSTOMERS**

If all residents in your household are 65 or older we won't shut off your utility service without the prior consent of the Massachusetts Department of Public Utilities (DPU). If you cannot pay your bill in full, you may be able to work out a payment plan with us. If you have any questions, or want further information, call us at the number printed on the front of your bill. To protect yourself, please call the company immediately if all residents in your home are 65 years of age or older.

### **RIGHT TO DISPUTE YOUR UTILITY BILL**

If you believe your bill is not correct or wish to dispute it, or if you have a service quality problem or dispute, please contact National Grid at 1-800-322-3223 (electric service) or 1-800-233-5325 (gas service). You may also write us at the address printed below or listed in your local telephone directory. We will investigate the dispute and tell you what we find. If, after our investigation, you still think the bill is not correct, or continue to dispute the time over which your arrearage is to be paid, or the service quality problem has not been addressed, you have the right to appeal by calling the Massachusetts Department of Public Utilities (DPU) at (617) 737-2836 or 1-877-886-5066 or TTY (for the hearing impaired only) 1-800-439-2370, by writing to the DPU, Consumer Division, One South Station, Boston, MA 02110, or by visiting the DPU's web site [www.mass.gov/dpu](http://www.mass.gov/dpu).

### **NON-RESIDENTIAL CUSTOMERS**

All unpaid balances more than 30 days in arrears are subject to late payment charges at the rate equal to the rate paid on 2-year United States Treasury notes for the preceding 12 months ending December 31, plus 10%. Non-residential customers will be notified of the late payment charge percentage with their February bill.

### **PRIVACY NOTICE**

The DPU requires us to cross reference our residential customer database against a database of Transitional Assistance recipients to determine eligibility for our discounted delivery rate. If you do not want to be included in the automated matching process, please call Customer Service at 1-800322-3223 (electric service) or 1800-233-5325 (gas service) to discuss.

### **ARREARAGE MANAGEMENT PROGRAM**

The Arrearage Management Program (AMP) provides arrears forgiveness to income qualified residential customers. Participants must accept and stay current with monthly Budget Billing payments. For complete details, visit [www.nationalgridus.com](http://www.nationalgridus.com).

**Esta informacion se puede obtener en Espanol.**