

Explanation of General Billing Terms

For Rhode Island Customers

KWH

Kilowatt-hour, a basic unit of electricity used.

Off-Peak

Period of time when the need or demand for electricity on the distribution system is low, such as late evenings, weekends and holidays.

Peak

Period of time when the need or demand for electricity on the distribution system is high, normally during the day, Monday through Friday, excluding holidays.

Estimated Bill

A bill which is calculated based on your typical monthly usage rather than on an actual meter reading. It is usually rendered when we are unable to read your meter.

Meter Constant

A number by which the usage on certain meters must be multiplied to obtain the total usage.

Demand Charge

The cost of providing electrical transmission and distribution equipment to accommodate your largest electrical load.

Gross Earnings

A tax imposed by Rhode Island general law. Calculated as follows: (Total Delivery Charges + Energy Charges - Misc. Charges) divided by 24. Misc. Charges include deposits and interest.

Delivery Service Charges are comprised of the following components:

LIHEAP Enhancement Charge

This monthly charge is billed to all customers as required by Rhode Island law. The amounts collected through this charge will be used to provide funding for the Low-Income Home Energy Assistance Program ("LIHEAP") Enhancement Plan, created to supplement the Federal LIHEAP funding being received by customers of Rhode Island electric and natural gas distribution companies. LIHEAP assists low-income households primarily in meeting their home energy needs. The charge will not be more than \$10 per year for each electric or natural gas service account. The charge is subject to change on an annual basis after review and approval by the Rhode Island Public Utilities Commission.

Customer Charge

The cost of providing customer related services such as metering, meter reading and billing. These fixed costs are unaffected by the actual amount of electricity you use.

Renewable Energy Growth Program Charge

This charge recovers the cost of the Renewable Energy Growth Program, established by R.I. law, that supports the development of eligible renewable energy resources.

Distribution Service

The cost of delivering electricity from the beginning of the Company's distribution system to your home or business.

Transmission Charge

The charge recovers the cost of delivering electricity from the generation company to the beginning of the Company's distribution system.

Transition Charge

Company payments to its wholesale supplier for terminating its wholesale arrangements.

Energy Efficiency Programs

The cost of energy efficiency programs offered by the Company.

Renewable Energy Distribution Charge

The cost of programs required by R.I. law that provide support for the development of renewable energy.

Supply Service Charges are comprised of:

Energy Charge

The charge to provide electricity and other services to the customer by the supplier. This charge also includes the Renewable Energy Standard Charge which is being collected for the purpose of acquiring a portion of Rhode Island's energy supply from renewable energy resources, as required by R.I. General Laws section § 39-26-1.

Right to Dispute Your Bill and to an Impartial Hearing

If you believe your bill is inaccurate or for any reason payment may be withheld, you should first contact our Customer Service Department at **1-800-322-3223**. If a mutually satisfactory settlement of this matter cannot be made, you have the right to submit this matter to: Reviewing Officer, Division of Public Utilities and Carriers, 89 Jefferson Blvd, Warwick, Rhode Island 02888, Telephone: **401-780-9700**. National Grid will not disconnect your service pending proceedings before a reviewing officer appointed by the Public Utilities Administrator.

Right To Electric Service During Serious Illness

If you or anyone presently and normally living in your home is seriously ill, a licensed physician (MD, DO, LP), Physician's Assistant (PA), or Registered Nurse Practitioner (RNP) must complete the serious illness protection form or contact National Grid by telephone at **1-800-322-3223**. This certification must be received within seven (7) days from the date that your licensed physician initially contacts National Grid. If you qualify,

Elderly and Handicapped Certification Form

Account Holder:	
Account Number:	
Service Address:	
Telephone Number:	

ELDERLY PROTECTION

I qualify for the Elderly Protection Program on my account. Enclosed is proof of age that all adult household members are 62 or older. Valid proof includes copy of Driver's License, Birth Certificate, Passport, Military ID or Marriage Certificate.

Please provide ALL household members' information:

Names of ALL Household Members	Social Security Number	Date of Birth

THIRD PARTY NOTIFICATION

I designate the following person to be contacted for Third Party Notification. I understand the contact person is not responsible for paying my electric and/or gas bill. A copy of the collection notice is sent to the designated third party who can look into the situation and help make payment arrangements.

Third Party Name:	
Address:	
Telephone Number:	

HANDICAPPED PROTECTION

Handicapped Individual:	
Relationship to Account Holder:	

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In addition to **completing the affidavit and having it notarized**, either provide a copy of your Award Letter for proof of receiving SSDI / SSI **or** have your licensed physician (MD, DO, LP), Physician's Assistant (PA), or Registered Nurse Practitioner (RNP) complete the certification section below.

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:	

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 the following 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 signed this document in my presence, and is either personally known to me or is identified to me through satisfactory evidence of his/her identity.

Notary Public Signature:	
Date:	
Notary Number:	
Notary Expiration Date:	

Please return forms to:

Fax: 1-866-460-8549 OR

**Mail: National Grid, PO Box 960
Northborough, MA, 01532-0960**

This is an important notice.

Please have it translated.

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

Este es un aviso importante. Sírvase 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.

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. Please contact our Credit Department at **1-888-211-1313**.

Termination of Service to Elderly or Handicapped Persons

If all residents in your household are 62 years of age or older or if any resident in your household has an impairment or disability and is handicapped, the Company will not terminate your service for failure to pay the past due bill without written approval from the Division of Public Utilities and Carriers. If you cannot pay your bill all at once, you may be able to work out a payment plan with the Company. The Elderly or Handicapped Forms that must be filled out are attached and also available from the Company and on the National Grid website at **www.nationalgridus.com**. The Forms also enable you to participate in "Third Party Notification." If you have any questions or want further information, call the Credit Department at **1-888-211-1313**.

If You Have a Child Under 24 Months and a Financial Hardship

If you or anyone presently and normally living in your house has a child under 24 months old, we will not terminate your service, provided you also have a financial hardship. Please call our Credit Department at **1-888-211-1313** immediately if this applies to you.

National Grid

40 Sylvan Road

Waltham, MA 02451

1-800-322-3223

CustomerService@us.ngrid.com

www.nationalgridus.com