

Protections Application

Account Holder Name: _____ Account Number: _____

Service Address: _____

Primary Phone Number: _____ Alternate Phone Number: _____

Life Support or Medical Emergency

Life Support — Someone in the household relies on electrically operated life-sustaining medical equipment and would require immediate hospitalization if electric service is interrupted.

Medical Emergency — Someone in the household suffers from a serious illness or medical condition that would be worsened by the loss of service.

Patient Name: _____ **Patient Date of Birth:** _____

Relationship to Account Holder: _____

Doctor Name: _____

Doctor Phone Number: _____ **Doctor Fax Number:** _____

Elderly, Blind and/or Disabled

You may qualify for Elderly, Blind and/or Disabled (EBD) protection if your entire household includes residents who are any combination of the following:

- **Elderly** — 62 years of age or over and if anyone else is in the home, they are 18 years of age or younger
- **Blind** — The person has central visual acuity of 20/200 or less in the better eye with the use of a correcting lens or an eye which is accompanied by a limitation in the fields of vision that the widest diameter of the visual field subtends an angle no greater than 20 degrees.
- **Disabled** — Receiving social security disability (SSD), supplemental security income (SSI), or Military benefits due to a service-related disability

Supporting documentation MUST accompany this application in order to be considered.

Valid proof includes:

- **Elderly** — Copy of Driver's License, Birth Certificate, Passport, Military ID or Marriage Certificate
- **Blind** — Medical letter signed by physician
- **Disabled** — Copy of SSI or SSD award letter or proof of receiving Military Benefits due to a service-related disability

		PLEASE CHECK ALL THAT APPLY			
Please List Names of ALL Household Members <i>(If more room is needed attach a separate sheet)</i>	Date of Birth	62 Plus	18 or under	Blind	Permanently Disabled

I hereby certify that the information above is true and correct to the best of my knowledge.

Account Holder's Signature

Date

Please complete this application and return to:

Fax: 1-315-460-9343

Email: Life.Support@nationalgrid.com

Mail: National Grid
Credit & Collections
Residential Protections Team / D-1
300 Erie Blvd West
Syracuse, NY 13202