### nationalgrid

## **Elderly Protection Status**

Third Party Notification or 62 - Plus

#### **Dear Customer:**

Thank you for your recent inquiry. National Grid offers three programs to help our senior customers. The following information is a description of each of these programs:

PROTECTED STATUS: If you and all other adult residents in your home are 65 years of age or older, you are entitled to "protected status." This means that you are protected against termination of electrical service for failure to pay a past due bill. Your service may not be shut off without the approval of the Massachusetts Department of Telecommunications and Energy.

THIRD PARTY NOTIFICATION: This program allows you to select a friend, relative, member of the clergy or other person of your choice to act on your behalf should you receive a collection notice from us. We will send copies of any collection notices to this third party who will then be able to look into the situation and help to make payment arrangements. The third party is not responsible for, nor obligated to pay, your bill.

62-PLUS: Retired National Grid customers living on pension and/or Social Security checks can take advantage of our senior program called "62-Plus." We recognize that most retirees receive their income the first of each month. 62-Plus is designed to accept payment of your electric bill after the due date without placing your account in arrears.

If you are interested in signing up for any of these programs, please complete the enclosed form and return it to National Grid, Protections Team D-1, 300 Erie Blvd W, Syracuse, NY 13202. If you have any questions, please call Customer Service at 1-800-322-3223 for electric service or 1-800-233-5325 for gas service. You can also visit our website at:

**Electric Service**: ngrid.com/mae-specialprotection **Gas Service**: ngrid.com/mag-specialprotection

Sincerely,

National Grid Customer Service

**Enclosure** 

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# **Elderly Protection Status** Third Party Notification or 62 - Plus

Customer Name:			
Address:			
Account Number:		Phone Number : ()	
Social Security Number:		Date of Birth:	_/
box and provide the nece	essary information. Sig	d like to enroll by placing a	e and return this form to:
Email: NEProtections@	)nationalgrid.com		
Please complete the information members. If additional spa	mation below and provace is required, please	er residents in my household vide valid proof of age for all use the back of this form. V tary ID or Marriage Certificat	adult household alid proof includes copy o
Resident Name	Social Security No.	Social Security No.	Signature
I designate the following this designated person is Third Party Name:  Address:	not responsible for pay		ation." I understand that
Telephone Number: (  Enroll me in the "62-P source of income.		d on my pension and/or Soc	ial Security as my primary
Signature			 Date