

# Medical Baseline Allowance Application

For Medical Baseline Enrollment and Re-Certification

STEP 1 Account and Custome	ar informatt	orr (steade stand	
PG&E CUSTOMER ACCOUNT NO			
CUSTOMER NAME (as it appears on PG&E bill)			
MEDICAL BASELINE RESIDENT'S NAME (III diffusion	t		
SERVICE ADDRESS		APT #	
NAMES .		912001612	
CITY	STATE	ZIP CODE	
		W-12-101	
CUSTOMER MAILING ADDRESS (# different)		APT #	
PITY	27475	200,000	
CITY	STATE	ZIP CODE	
		ant 14	
HOME PHONE #	WORK PHON	WORK PHONE #	
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### I understand that:

- If the doctor certifies the resident's medical condition is permanent, PG&E will require completion of a form self-certifying continued resident's eligibility for Medical Baseline every two years.
- 2. If the doctor certifies the resident's medical condition is not permanent, PG&E will require completion of a form self-certifying continued resident's eligibility for Medical Baseline each year and completion of a new application with a doctor's certification every two years.
- If the resident has a vision disability,
  I may contact PG&E to request special
  notification when either re-certification
  (to complete a new application with a
  doctor's certification) or selfcertification forms are mailed.
- PG&E cannot guarantee uninterrupted gas and electric service and I am responsible for making alternate arrangements in the event of a gas or electric outage.

## STEP 4 Signature

I certify that the above information is correct. I also certify that the Medical Baseline resident lives full-time at this address, and requires or continues to require the Medical Baseline Allowance. I agree to allow PG&E to verify this information. I also agree to notify PG&E promptly if the qualified resident moves or Medical Baseline Allowance is no longer needed by the resident.

### SIGN HERE

CUSTOMER SIGNATURE

#### DATE

The Standard Medical Baseline Allowance is 16.438 kWh of electricity and/or 0.82192 therms of natural gas per day, which is in addition to your daily standard Baseline Allocation. If this allowance does not meet your medical needs, please contact PG&E at 1-800-743-5000 to discuss additional amounts.