



Medical Baseline Program Self-Certification Request

STEP 1 Account and Customer Information (Please print.)

--	--	--	--	--	--	--	--	--	--

PG&E CUSTOMER ACCOUNT NUMBER

CUSTOMER FIRST AND LAST NAME (as it appears on PG&E bill)

RESIDENT WITH MEDICAL CONDITION FIRST AND LAST NAME
(the customer or a full-time resident in the service address)

SERVICE ADDRESS

APT NUMBER

CITY

STATE

ZIP CODE

CUSTOMER MAILING ADDRESS (if different than service address)

APT NUMBER

CITY

STATE

ZIP CODE

CUSTOMER HOME PHONE NUMBER

CUSTOMER MOBILE PHONE NUMBER

CUSTOMER EMAIL

continued

STEP 2 For customers billed by someone other than PG&E

NAME OF MOBILE HOME OR APARTMENT COMPLEX

COMPLEX ADDRESS

COMPLEX MANAGER'S NAME

COMPLEX PHONE NUMBER

TENANT'S NAME

TENANT'S PHONE NUMBER

STEP 3 Contact preferences for outages or other Medical Baseline communications (Check all that apply.)

Please make sure PG&E has your correct contact preferences so we can reach you in advance of a planned public safety power shutoff (PSPS) or other situations that may result in an outage. In certain situations, we may also send a letter. All contact methods will be used during a PSPS event.

CONTACT PREFERENCES

Phone number: _____

Text mobile number: _____

Email: _____

Contact for Deaf/hard of hearing customers using TTY at phone number:
(TTY is a specialized telecommunication device for the deaf and hard of hearing.)

continued

I understand and agree that:

1. If the qualified medical practitioner certifies the resident's medical condition is permanent, PG&E requires completion of a form every two years self-certifying the resident's continued eligibility for the Medical Baseline program.
2. If the qualified medical practitioner certifies the resident's medical condition is not permanent, PG&E requires completion of a form every year self-certifying the resident's continued eligibility for the Medical Baseline program and completion of a new application including a qualified medical practitioner's certification every two years.
3. Customers with a vision disability may contact PG&E to request notifications in alternate formats when notices are sent for certification.
4. PG&E cannot guarantee uninterrupted gas and electric service. I am responsible for making alternate arrangements in the event of a gas or an electric outage.
5. Customers may also benefit from energy savings programs such as Energy Upgrade California® Home Upgrade. The Energy Savings Assistance Program for income-qualified customers, provides improvements at no charge. For more information, please visit [pge.com/saveenergy](https://www.pge.com/saveenergy).
6. PG&E may share my contact information with organizations such as state and local emergency first response agencies, so that they can provide assistance to PG&E and to me personally during an extended outage to support my safety and well-being.
7. The standard Medical Baseline allowance provides extra energy at the lowest price. Medical Baseline allowances are added to your standard rate plan baseline allocation. For electricity, it is 16.438 kWh per day (approx. 500 kWh per month), an additional amount equal to the daily consumption of an average electric household. For gas, it is 0.82192 therms per day (approx. 25 therms per month), an additional amount equal to three-quarters of the daily consumption of an average gas household. **If these Medical Baseline allowances do not meet your medical energy needs, please contact PG&E at 1-800-743-5000.** More information about the Medical Baseline program can be found at [pge.com/medicalbaseline](https://www.pge.com/medicalbaseline).

continued

You can self-certify at pge.com/selfcertify. If you are applying for a new resident with medical condition please apply at pge.com/medicalbaseline. You can mail your paper application to: **PG&E Billing Center Medical Baseline**, P.O. Box 8329, Stockton, CA 95208.

STEP 4 Signature

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

SIGN

CUSTOMER SIGNATURE

DATE

Automated Document, Preliminary Statement, Part A

Information collected on this application is used in accordance with PG&E's Privacy Policy. The Privacy Policy is available at pge.com/privacy.

"PG&E" refers to Pacific Gas and Electric Company, a subsidiary of PG&E Corporation. ©2021 Pacific Gas and Electric Company. All rights reserved. These offerings are funded by California utility customers and administered by PG&E under the auspices of the California Public Utilities Commission.

61-0502 August 2021 CMB-0821-4014