



Gas Sample Form No. 61-0502
Medical Baseline Allowance Self-Certification

**Please Refer to Attached
Sample Form**

Advice Letter No: 2396-G
Decision No. 02-04-026

Issued by
Karen A. Tomcala
Vice President
Regulatory Relations

Date Filed July 12, 2002
Effective August 21, 2002
Resolution No. _____



TO BE COMPLETED BY CUSTOMER (please print)

PG&E Customer Account No: _____

Customer Name (as it appears on your bill): _____

Medical Baseline Resident's Name (if different): _____

Service Address: _____

Customer Mailing Address (if different): _____

Home Phone: () _____ Work Phone: () _____

For Customers Billed by Someone Other Than PG&E

Name of Mobile Home or Apartment Complex: _____

Complex Address: _____

Complex Manager's Name: _____ Complex Phone: () _____

Name of Tenant: _____ Tenant's Phone: () _____

I understand that:

1. 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.
3. 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 self-certification forms are mailed.
4. 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.

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 promptly notify PG&E if the qualified resident moves or Medical Baseline Allowance is no longer needed by the resident.**

Customer Signature: _____ Date: _____

The Standard Medical Baseline Allowance is 16.438 kilowatt-hours 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.

FOR PG&E USE ONLY Date Received: _____ Medical Baseline Allocation: _____ Electric unit(s) _____ Gas unit(s) _____

Recertification: Self-certify every 2 years Self-certify annually; Doctor's certification every 2 years

Mail application to: **Pacific Gas and Electric Company, P.O. Box 8329, Credit & Records Center - Medical Baseline, Stockton, CA 95208**