



Medical Baseline Program Self-Certification Request

STEP 1 Account and Customer Information (Please print.)

PG&E CUSTOMER ACCOUNT NO.

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

MEDICAL BASELINE RESIDENT'S NAME (if different than customer name)

SERVICE ADDRESS

APT #

CITY

STATE

ZIP CODE

CUSTOMER MAILING ADDRESS (if different than service address)

APT #

CITY

STATE

ZIP CODE

HOME PHONE #

WORK PHONE #

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 #

TENANT'S NAME

TENANT'S PHONE #

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

- Call phone number 1: _____
- Call phone number 2: _____
- Text mobile number 1: _____
- Text mobile number 2: _____
- Email 1: _____
- Email 2: _____
- Contact by TTY at phone number: _____

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. Residents with a vision disability may contact PG&E to request special notification when notices are sent for either recertification (completion of a new application including a qualified medical practitioner certification) or self-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.
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.

Apply at pge.com/selfcertify

Or mail 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