

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE



October 2, 2019

Advice Letter 4111-G-A/5566-E-A

Erik Jacobson
Director, Regulatory Relations
Pacific Gas and Electric Company
77 Beale Street, Mail Code B10C
P.O. Box 770000
San Francisco, CA 94177

SUBJECT: Proposed Modifications to Medical Baseline Allowance Application (Form 62-3481) and Medical Baseline Allowance Self-Certification Request Form (Form 61-0502)

Dear Mr. Jacobson:

Supplemental Advice Letter 4111-G-A/5566-E-A is effective as of July 19, 2019.

Sincerely,

A handwritten signature in cursive script that reads "Edward Randolph".

Edward Randolph
Deputy Executive Director for Energy and Climate Policy/
Director, Energy Division



Erik Jacobson
Director
Regulatory Relations

Pacific Gas and Electric Company
77 Beale St., Mail Code B13U
P.O. Box 770000
San Francisco, CA 94177

Fax: 415-973-3582

August 22, 2019

Advice 4111-G-A/5566-E-A
(Pacific Gas and Electric Company ID U 39 M)

Public Utilities Commission of the State of California

Subject: Supplemental: Proposed Modifications to Medical Baseline Allowance Application (Form 62-3481) and Medical Baseline Allowance Self-Certification Request Form (Form 61-0502)

Pacific Gas and Electric Company (PG&E) hereby submits for submittal revisions to its gas and electric tariffs. The affected tariff sheets are listed on the enclosed Attachment 1.

Purpose

On June 6, 2019, PG&E submitted a Tier 2 Advice Letter Advice 4111-G/5566-E to modify the Medical Baseline Allowance Application (Form 62-3481) and Medical Baseline Allowance Self-Certification Request Form (Form 61-0502) to align the forms with PG&E's Public Safety Power Shutoff (PSPS)¹ activities. As recommended by the Energy Division, PG&E is submitting this supplemental advice letter further revising the language on the forms as it pertains to the sharing of the information during PSPS events and to state that these forms will be available in the languages specified in Decision 19-07-015. This supplemental advice letter replaces the original advice letter in its entirety.

Background

In accordance with PG&E's Gas and Electric Rule 19, the Medical Baseline program is a financial assistance program offered to residential customers that have special energy needs due to certain qualifying medical conditions. Form 62-3481 - Declaration of Eligibility of Lifeline Rates for a Life-Support, was adopted with the approval of Advice 685-E in July 1978 in accordance with Decision (D.) 88651. In July of 2002, PG&E submitted Advice 2396-G/2254-E to revise Form 62-3481 in compliance with D.02-04-

¹ California Public Utilities Code (PU Code) Sections 451 and 399.2(a) and as authorized by California Public Utilities Commission (CPUC) Resolution ESRB-8.

026 that provided for development of a standardized medical baseline application and re-certification forms common to all utilities.

In response to the 2017 and 2018 wildfires and as part of PG&E's Community Wildfire Safety Program, PG&E has implemented additional precautionary measures to help reduce the risk of wildfires. For public safety, it may be necessary for PG&E to turn off electricity as a last resort when extreme fire danger conditions are forecasted. This is called a "Public Safety Power Shutoff." If needed, all customers who receive power from the line will be affected including customers with special medical conditions. PG&E will make every effort to notify customers on the medical baseline program and/or customers with special medical needs before the shutoff occurs.

PG&E is adding language to the Medical Baseline Allowance Application (Form 62-3481) and the Medical Baseline Allowance Self-Certification Request Form (Form 61-0502) to encourage account holders on the Medical Baseline Program to add/update their contract information and to select multiple means by which they may be contacted. Language is also being added to inform customers that their contact information may be shared with organizations such as state and local emergency first response agencies. The sharing of the customer contact information will only occur to support the customers' safety and well-being during an extended outage that might result from a Public Safety Power Shutoff event or planned/unplanned outage.

Tariff Revisions

PG&E proposes to make the following revisions to the tariffs:

Medical Baseline Allowance Application (Form 62-3481)

- Add language that states that the customer acknowledges that PG&E may share their contact information with organizations such as state and local emergency first response agencies, so that they can provide assistance to PG&E and to the customer during an extended outage to support the customer's safety and well-being.
- Add language that requests that the customer verify their contact information to assure that it is accurate, so that they can be reached in the event of a Public Safety Power Shutoff event or planned/unplanned outage.
- Reinserting "date field" in the customer's and physician's signature block area that was mistakenly deleted when the form was revised in 2018 with Advice 3998-G/5342-E.
- Corrections/revisions for grammar, clarity, consistency between forms and formatting for space.

Medical Baseline Allowance Self-Certification Request Form (Form 61-0502)

- Add language that states that the customer acknowledges that PG&E may share their contact information with organizations such as state and local emergency first response agencies, so that they can provide assistance to PG&E and to the customer during an extended outage to support the customer's safety and well-being.
- Add language that requests that the customer verify their contact information to assure that it is accurate, so that they can be reached in the event of a Public Safety Power Shutoff event or planned/unplanned outage.
- Add language to promote other energy savings programs.
- Corrections/revisions for grammar, clarity, consistency between forms and formatting for space.

Upon receiving approval of this advice letter, PG&E will move forward with translating the forms in the languages specified in Decision 19-07-015; Spanish, Chinese, Tagalog, Vietnamese, Korean and Russian, and will post these versions, along with the English version, on our website

For your convenience, redline revisions of the proposed changes to the tariffs are shown on a simplified formatted version of the forms in Attachment 2.

The submittal would not increase any current rate or charge, cause the withdrawal of service, or conflict with any rate schedule or rule.

Protests

Pursuant to GO 96-B, General Rule 7.5.1, PG&E requests to maintain the original protest and comment period designated in Advice 4111-G/5566-E and not reopen the protest period. The revisions made in this supplemental advice letter are minor and are being made at the request of the Energy Division.

Effective Date

PG&E requests that this Tier 2 advice submittal become effective concurrent with original Advice 4111-G/5566-E, which is July 19, 2019.

Notice

In accordance with General Order 96-B, Section IV, a copy of this advice letter is being sent electronically and via U.S. mail to parties shown on the attached list. Address changes to the General Order 96-B service list should be directed to PG&E at email address PGETariffs@pge.com. For changes to any other service list, please contact the

Commission's Process Office at (415) 703-2021 or at Process_Office@cpuc.ca.gov. Send all electronic approvals to PGETariffs@pge.com. Advice letter submittals can also be accessed electronically at: <http://www.pge.com/tariffs/>.

_____/S/

Erik Jacobson
Director, Regulatory Relations

Attachments



ADVICE LETTER SUMMARY

ENERGY UTILITY



MUST BE COMPLETED BY UTILITY (Attach additional pages as needed)

Company name/CPUC Utility No.: Pacific Gas and Electric Company (ID U39 M)

Utility type:

ELC GAS WATER
 PLC HEAT

Contact Person: Annie Ho

Phone #: (415) 973-8794

E-mail: PGETariffs@pge.com

E-mail Disposition Notice to: AMHP@pge.com

EXPLANATION OF UTILITY TYPE

ELC = Electric GAS = Gas WATER = Water
PLC = Pipeline HEAT = Heat

(Date Submitted / Received Stamp by CPUC)

Advice Letter (AL) #: 4111-G-A/5566-E-A

Tier Designation: 2

Subject of AL: Supplemental: Proposed Modifications to Medical Baseline Allowance Application (Form 62-3481) and Medical Baseline Allowance Self-Certification Request Form (Form 61-0502)

Keywords (choose from CPUC listing): Compliance, Forms

AL Type: Monthly Quarterly Annual One-Time Other:

If AL submitted in compliance with a Commission order, indicate relevant Decision/Resolution #: 19-07-015

Does AL replace a withdrawn or rejected AL? If so, identify the prior AL: No

Summarize differences between the AL and the prior withdrawn or rejected AL:

Confidential treatment requested? Yes No

If yes, specification of confidential information:

Confidential information will be made available to appropriate parties who execute a nondisclosure agreement. Name and contact information to request nondisclosure agreement/ access to confidential information:

Resolution required? Yes No

Requested effective date: 7/19/19

No. of tariff sheets: 8

Estimated system annual revenue effect (%): N/A

Estimated system average rate effect (%): N/A

When rates are affected by AL, include attachment in AL showing average rate effects on customer classes (residential, small commercial, large C/I, agricultural, lighting).

Tariff schedules affected: Gas Sample Form 62-3481, Electric Sample Form 62-3481, Gas Sample Form 61-0502, Electric Sample Form 61-0502

Service affected and changes proposed¹: N/A

Pending advice letters that revise the same tariff sheets: N/A

¹Discuss in AL if more space is needed.

Protests and all other correspondence regarding this AL are due no later than 20 days after the date of this submittal, unless otherwise authorized by the Commission, and shall be sent to:

CPUC, Energy Division
Attention: Tariff Unit
505 Van Ness Avenue
San Francisco, CA 94102
Email: EDTariffUnit@cpuc.ca.gov

Name: Erik Jacobson, c/o Megan Lawson
Title: Director, Regulatory Relations
Utility Name: Pacific Gas and Electric Company
Address: 77 Beale Street, Mail Code B13U
City: San Francisco, CA 94177
State: California Zip: 94177
Telephone (xxx) xxx-xxxx: (415)973-2093
Facsimile (xxx) xxx-xxxx: (415)973-3582
Email: PGETariffs@pge.com

Name:
Title:
Utility Name:
Address:
City:
State: District of Columbia Zip:
Telephone (xxx) xxx-xxxx:
Facsimile (xxx) xxx-xxxx:
Email:

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
44845-E	Electric Sample Form No. 61-0502 Medical Baseline Allowance Self-Certification Request Form Sheet 1	43275-E
44846-E	Electric Sample Form No. 62-3481 Medical Baseline Allowance Application Sheet 1	43276-E
44847-E	ELECTRIC TABLE OF CONTENTS Sheet 1	44785-E
44848-E	ELECTRIC TABLE OF CONTENTS Sheet 23	43309-E

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
35196-G	Gas Sample Form No. 61-0502 Medical Baseline Allowance Self-Certification Request Form Sheet 1	34626-G
35197-G	Gas Sample Form No. 62-3481 Medical Baseline Allowance Application Sheet 1	34627-G
35198-G	GAS TABLE OF CONTENTS Sheet 1	35191-G
35199-G	GAS TABLE OF CONTENTS Sheet 8	34639-G



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

Sheet 1

**Please Refer to Attached
Sample Form**



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



Electric Sample Form No. 62-3481
Medical Baseline Allowance Application

Sheet 1

**Please Refer to Attached
Sample Form**



Medical Baseline Program Application—Part A (To be completed by customer.)

For Medical Baseline Program Enrollment and Recertification

STEP 1 Account and Customer Information (Please print.)

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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. Both Part A and Part B of this form must be completed and submitted to PG&E, online or by mail, prior to PG&E processing the application.
6. 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.
7. 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.
8. 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.

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 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 resident no longer needs the Medical Baseline Program.**

SIGN

CUSTOMER SIGNATURE

DATE



Medical Baseline Program Application—Part B (To be completed by Medical Practitioner*)

Medical Practitioner's Certification for Medical Baseline Program Enrollment and Recertification

STEP 5 To be completed by a qualified medical practitioner

I certify that the medical condition and needs of my patient: (Please print.)

PATIENT'S LAST NAME _____

PATIENT'S FIRST NAME _____

1. Requires use of life support device(s)[†] (Check one.)

Yes No

The following life-support device(s) is/are used in the above-named patient's residence:

Device: _____ Electricity Gas

Device: _____ Electricity Gas

Device: _____ Electricity Gas

[†]A qualifying life support device is any medical device used to sustain life or relied upon for mobility. This device must run on gas or electricity delivered by PG&E. It includes, but is not limited to, respirators (oxygen concentrators), iron lungs, hemodialysis machines, suction machines, electric nerve stimulators, pressure pads and pumps, aerosol tents, electrostatic and ultrasonic nebulizers, compressors, IPPB machines, kidney dialysis machines and motorized wheelchairs. **Devices used for therapy rather than life support do not qualify.**

2. Requires heating and/or cooling:

Standard Medical Baseline allowances are available for heating and/or cooling if the patient is a paraplegic, quadriplegic, hemiplegic, has multiple sclerosis or scleroderma. Standard Medical Baseline allowances are also available if the patient has a compromised immune system, life-threatening illness, or any other condition for which **additional heating or cooling is medically necessary to sustain the patient's life or prevent deterioration of the patient's medical condition.**

Additional **heating** is medically necessary: (Check one.) Yes No

Additional **cooling** is medically necessary: (Check one.) Yes No

3. I certify that the life support device(s) and/or additional heating or cooling will be required for approximately: (Select one.)

Number of Years: _____ or Permanently

MEDICAL PRACTITIONER'S NAME _____

PHONE # _____

OFFICE ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

MEDICAL STATE LICENSE OR MILITARY LICENSE NUMBER _____

SIGN

DATE

*A licensed physician, person licensed pursuant to the Osteopathic Initiative Act, nurse practitioner or physician assistant may certify a patient eligibility as having a life-threatening condition or illness.

Mail application to:

PG&E Billing Center
Medical Baseline
 P.O. Box 8329
 Stockton, CA 95208



ELECTRIC TABLE OF CONTENTS

Sheet 1

TABLE OF CONTENTS

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Maps, Contracts and Deviations.....	37960-E		
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(Continued)

Advice 5566-E-A
Decision

Issued by
Robert S. Kenney
Vice President, Regulatory Affairs

Submitted
Effective
Resolution

August 22, 2019
July 19, 2019



ELECTRIC TABLE OF CONTENTS

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62-3481	Medical Baseline Allowance Application	44846-E	(T)
Sample Forms			
Rules 19.1, 19.2, and 19.3 California Alternative Rates for Energy			
01-9077	CARE/FERA Program Application for Residential Customers	42176-E	
01-9285	CARE/FERA Program Application for Sub-Metered Residential Customers.....	42177-E	
62-0156	CARE Program Application for Nonprofit Group Living Facilities	42179-E	
62-1198	CARE Program Application for Agricultural Employee Housing Facilities	42187-E	
62-1477	CARE/FERA Program Income Guidelines	42188-E	
61-0535	CARE Program Application for Migrant Farm Worker Housing Centers	42178-E	

(Continued)

Advice 5566-E-A
Decision

Issued by
Robert S. Kenney
Vice President, Regulatory Affairs

Submitted
Effective
Resolution

August 22, 2019
July 19, 2019



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

Sheet 1

**Please Refer to Attached
Sample Form**



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



Gas Sample Form No. 62-3481
Medical Baseline Allowance Application

Sheet 1

**Please Refer to Attached
Sample Form**



Medical Baseline Program Application—Part B (To be completed by Medical Practitioner*)

Medical Practitioner's Certification for Medical Baseline Program Enrollment and Recertification

STEP 5 To be completed by a qualified medical practitioner

I certify that the medical condition and needs of my patient: (Please print.)

PATIENT'S LAST NAME _____

PATIENT'S FIRST NAME _____

1. Requires use of life support device(s)[†] (Check one.)

Yes No

The following life-support device(s) is/are used in the above-named patient's residence:

Device: _____ Electricity Gas

Device: _____ Electricity Gas

Device: _____ Electricity Gas

[†]A qualifying life support device is any medical device used to sustain life or relied upon for mobility. This device must run on gas or electricity delivered by PG&E. It includes, but is not limited to, respirators (oxygen concentrators), iron lungs, hemodialysis machines, suction machines, electric nerve stimulators, pressure pads and pumps, aerosol tents, electrostatic and ultrasonic nebulizers, compressors, IPPB machines, kidney dialysis machines and motorized wheelchairs. **Devices used for therapy rather than life support do not qualify.**

2. Requires heating and/or cooling:

Standard Medical Baseline allowances are available for heating and/or cooling if the patient is a paraplegic, quadriplegic, hemiplegic, has multiple sclerosis or scleroderma. Standard Medical Baseline allowances are also available if the patient has a compromised immune system, life-threatening illness, or any other condition for which **additional heating or cooling is medically necessary to sustain the patient's life or prevent deterioration of the patient's medical condition.**

Additional **heating** is medically necessary: (Check one.) Yes No

Additional **cooling** is medically necessary: (Check one.) Yes No

3. I certify that the life support device(s) and/or additional heating or cooling will be required for approximately: (Select one.)

Number of Years: _____ or Permanently

MEDICAL PRACTITIONER'S NAME _____

PHONE # _____

OFFICE ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

MEDICAL STATE LICENSE OR MILITARY LICENSE NUMBER _____

SIGN

DATE

*A licensed physician, person licensed pursuant to the Osteopathic Initiative Act, nurse practitioner or physician assistant may certify a patient eligibility as having a life-threatening condition or illness.

Mail application to:

PG&E Billing Center
Medical Baseline
 P.O. Box 8329
 Stockton, CA 95208



GAS TABLE OF CONTENTS

Sheet 1

TITLE OF SHEET	CAL P.U.C. SHEET NO.	
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(Continued)

Advice 4111-G-A
Decision

Issued by
Robert S. Kenney
Vice President, Regulatory Affairs

Submitted
Effective
Resolution

August 22, 2019
July 19, 2019



GAS TABLE OF CONTENTS

Sheet 8

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Sample Forms		
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79-1049	Agreement to Install Applicant Requested Common Special Facilities	30035-G
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Rule 3 Application for Service		
02-2590	Continuous Service Agreement	33170*-G
62-3282	Request for Service	30756-G
62-0683	Application for Service-Residential Single Family Dwelling.....	30308-G
62-0684	Application for Service-Residential Subdivision/Development	29982-G
62-0685	Application for Service-Commercial/Industrial Development.....	29983-G
62-0686	Application for Service-Agricultural Service	29984-G
62-0687	Application for Service – Existing Service Relocate / Change Service	29985-G
79-255	Agreement for Installation or Allocation of Special Facilities	29991-G
79-1099	Property Management Authorization Agreement	30590-G
Sample Forms		
Rule 13 Temporary Service		
79-875	Rule 13 Temporary Service Agreement.....	30019-G
Sample Forms		
Rules 15 and 16 Gas Main and Service Extensions		
62-0980	Distribution and Service Extension Agreement - Declarations	29986-G
62-0982	Distribution Service and Extension Agreement, Option 2-Competitive Bidding.....	29987-G
79-716	General Terms and Conditions for Gas and Electric Extension and Service Construction by Applicant	29280-G
79-1003	Statement of Applicant's Contract Anticipated Costs	30316-G
79-1004	Distribution and Service Extension Agreement Exhibit A Cost Summary	30329-G
79-1018	Residential Rule 16 Electric/Gas Single Service Extensions	30763-G
Sample Forms		
Rule 19 Medical Baseline Quantities		
61-0502	Medical Baseline Allowance Self-Certification Request Form.....	35196-G (T)
62-3481	Medical Baseline Allowance Application	35197-G (T)

(Continued)

Advice 4111-G-A/5566-E-A
August 22, 2019

Attachment 2

Redline Tariffs

Redline

Medical Baseline Allowance
Self-Certification Request Form
(Form 61-0502)



Medical Baseline Allowance Program Self-Certification Request Form

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 How would you prefer to be contacted in the event of a planned and/or unplanned outage? 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. Please check your PREFERRED method(s) for being contacted below and provide all of the relevant information next to your selection. (Select up to two methods). You will also continue to receive a letter by mail in certain outage situations.

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: _____

PLANNED OUTAGE CONTACT PREFERENCE

Call me by phone _____

Contact me by TTY at phone _____

Send me a text message at phone _____

Send me an email at _____

UNPLANNED OUTAGE CONTACT PREFERENCE

Call me by phone _____

Contact me by TTY at phone _____

Send me a text message at phone _____

Send me an email at _____

I understand and agree that:

1. If the ~~doctor-qualified medical practitioner~~ certifies the resident's medical condition is permanent, PG&E ~~will~~ requires completion of a form every two years self-certifying ~~the continued~~ resident's continued eligibility for the Medical Baseline Program ~~every two years~~.
2. If the ~~doctor-qualified medical practitioner~~ certifies the resident's medical condition is not permanent, PG&E ~~will~~ requires completion of a form every year self-certifying ~~the continued~~ resident's continued eligibility for the Medical Baseline Program ~~each year~~ and completion of a new application with-including a qualified medical practitioner's certification every two years.
3. ~~If the resident has with~~ a vision disability, I may contact PG&E to request special notification when notices are sent for either recertification (~~to completion of~~ a new application with-including a qualified medical practitioner 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 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 (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 (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 @ PG&E.COM/selfcertify
Or mail Application to:
PG&E Billing Center Medical Baseline
P.O. Box 8329, Stockton, CA 95208

UTILITY 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

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 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 Allowance Program is no longer needed by the resident.

SIGN

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.

Redline

Medical Baseline Allowance Application
(Form 62-3481)



Medical Baseline Allowance Program Application—Part A (To be completed by patient/customer.)

For Medical Baseline Program Enrollment and Re-Certification

STEP 1 Account and Customer Information <small>(Please print.)</small>	
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 How would you prefer to be contacted preferences in the event of a planned and/or for unplanned outages or other Medical Baseline communications? <small>(Check all that apply.)</small>	
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. Please check your PREFERRED method(s) for being contacted below and provide all of the relevant information next to your selection. (Select up to two methods). You will also continue to receive a letter by mail in certain outage situations.	
PLANNED OUTAGE CONTACT PREFERENCE CONTACT PREFERENCES	
<input type="checkbox"/>	Call me by phone number 1:
<input type="checkbox"/>	Call phone number 2:
<input checked="" type="checkbox"/>	Contact me by TTY at phone
<input type="checkbox"/>	Send me a text mobile message at phonenumber 1:
<input type="checkbox"/>	Text mobile number 2:
<input type="checkbox"/>	Send me an email at:
<input type="checkbox"/>	Email 2:
UNPLANNED OUTAGE CONTACT PREFERENCE	
<input checked="" type="checkbox"/>	Call me by phone
<input type="checkbox"/>	Contact by TTY at phone number:

I understand and agree that:

- If the qualified medical practitioner certifies the resident's medical condition is permanent, PG&E will require completion of a form every two years self-certifying the continued-resident's continued eligibility for the Medical Baseline Program every two years.
- If the qualified medical practitioner certifies the resident's medical condition is not permanent, PG&E will require completion of a form every year self-certifying the continued-resident's continued eligibility for the Medical Baseline each-year Program and completion of a new application with-including a qualified medical practitioner's certification every two years.
- If the resident has with a vision disability, I may contact PG&E to request special notification when notices are sent for either recertification (to completion of a new application with-including a qualified medical practitioner certification) or self-certification 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 an electric outage.
- Both Part A and Part B of this form needs to must be completed and submitted to PG&E, either online or by mail, prior to PG&E processing the application.
- Customers may also benefit by participating in from energy savings programs such as Energy Upgrade California® Home Upgrade. The Energy Savings Assistance Program for income-qualified customers, the Energy Savings Assistance Program provides improvements at no charge. For more information, please visit pge.com/saveenergy for more information.
- 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.
8. The Standard Medical Baseline Allowance provides extra energy at the lowest price. Medical baseline-Baseline allowances are added to your standard rate plan Baseline-baseline allocation. For electricity, it is 16.438 kWh per day (approx. 500 kWh per month), an - This additional amount is 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 - This additional amount is equal to three-quarters of the daily consumption of an average gas household. If these Medical Baseline aAllowances do not meet your medical energy needs, please contact PG&E at 1-800-743-5000. More information about increasing medical-baseline-the Medical Baseline Program quantities can be found at pge.com/medicalbaseline.

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 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 resident no longer needs the Medical Baseline Allowance Program is no longer needed by the resident.	
SIGN	
CUSTOMER SIGNATURE	
DATE	

For more information go to: pge.com/medicalbaseline
For Internal Use Only:

**PG&E Gas and Electric
Advice Submittal List
General Order 96-B, Section IV**

AT&T	Downey & Brand	Pioneer Community Energy
Albion Power Company	East Bay Community Energy	Praxair
Alcantar & Kahl LLP	Ellison Schneider & Harris LLP	
	Energy Management Service	
Alta Power Group, LLC	Engineers and Scientists of California	Redwood Coast Energy Authority
Anderson & Poole	Evaluation + Strategy for Social Innovation	Regulatory & Cogeneration Service, Inc.
	GenOn Energy, Inc.	SCD Energy Solutions
Atlas ReFuel	Goodin, MacBride, Squeri, Schlotz & Ritchie	
BART	Green Charge Networks	SCE
	Green Power Institute	SDG&E and SoCalGas
Barkovich & Yap, Inc.	Hanna & Morton	
P.C. CalCom Solar	ICF	SPURR
California Cotton Ginners & Growers Assn	International Power Technology	San Francisco Water Power and Sewer
California Energy Commission	Intestate Gas Services, Inc.	Seattle City Light
California Public Utilities Commission	Kelly Group	Sempra Utilities
California State Association of Counties	Ken Bohn Consulting	Southern California Edison Company
Calpine	Keyes & Fox LLP	Southern California Gas Company
	Leviton Manufacturing Co., Inc. Linde	Spark Energy
Cameron-Daniel, P.C.	Los Angeles County Integrated Waste Management Task Force	Sun Light & Power
Casner, Steve	Los Angeles Dept of Water & Power	Sunshine Design
Cenergy Power	MRW & Associates	Tecogen, Inc.
Center for Biological Diversity	Manatt Phelps Phillips	TerraVerde Renewable Partners
City of Palo Alto	Marin Energy Authority	Tiger Natural Gas, Inc.
	McKenzie & Associates	
City of San Jose	Modesto Irrigation District	TransCanada
Clean Power Research	Morgan Stanley	Troutman Sanders LLP
Coast Economic Consulting	NLine Energy, Inc.	Utility Cost Management
Commercial Energy	NRG Solar	Utility Power Solutions
County of Tehama - Department of Public Works		Utility Specialists
Crossborder Energy	Office of Ratepayer Advocates	
Crown Road Energy, LLC	OnGrid Solar	Verizon
Davis Wright Tremaine LLP	Pacific Gas and Electric Company	Water and Energy Consulting Wellhead Electric Company
Day Carter Murphy	Peninsula Clean Energy	Western Manufactured Housing Communities Association (WMA)
		Yep Energy
Dept of General Services		
Don Pickett & Associates, Inc.		
Douglass & Liddell		