



**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

June 19, 2019

**Advice 4111-G/5566-E**

(Pacific Gas and Electric Company ID U 39 M)

Public Utilities Commission of the State of California

**Subject: 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**

The purpose of this Advice Letter is to align the forms associated with the Medical Baseline program with PG&E's Public Safety Power Shutoff (PSPS)<sup>1</sup> activities. Specifically, PG&E is revising the forms to inform customer customers that PG&E may share their contact information with governmental and emergency first response agencies for the purposes of providing mutual assistance to PG&E during an extended outage.

**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.02-04-026 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

---

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

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 governmental and 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 may 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 governmental and emergency first response agencies for purposes of providing mutual assistance in the event of an extended outage that might may result from a Public Safety Power Shutoff event.
- 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 governmental and emergency first response agencies for purposes of providing mutual assistance in the event of an extended outage that might result from a Public Safety Power Shutoff event.
- 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 post the English as well as the Spanish and Chinese translated versions of the forms to the 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**

Anyone wishing to protest this submittal may do so by letter sent via U.S. mail, facsimile or E-mail, no later than July 9, 2019, which is 20 days after the date of this submittal. Protests must be submitted to:

CPUC Energy Division  
ED Tariff Unit  
505 Van Ness Avenue, 4<sup>th</sup> Floor  
San Francisco, California 94102

Facsimile: (415) 703-2200  
E-mail: EDTariffUnit@cpuc.ca.gov

Copies of protests also should be mailed to the attention of the Director, Energy Division, Room 4004, at the address shown above.

The protest shall also be sent to PG&E either via E-mail or U.S. mail (and by facsimile, if possible) at the address shown below on the same date it is mailed or delivered to the Commission:

Erik Jacobson  
Director, Regulatory Relations  
c/o Megan Lawson  
Pacific Gas and Electric Company  
77 Beale Street, Mail Code B13U  
P.O. Box 770000  
San Francisco, California 94177

Facsimile: (415) 973-3582  
E-mail: PGETariffs@pge.com

Any person (including individuals, groups, or organizations) may protest or respond to an advice letter (General Order 96-B, Section 7.4). The protest shall contain the following information: specification of the advice letter protested; grounds for the protest; supporting factual information or legal argument; name, telephone number, postal address, and (where appropriate) e-mail address of the protestant; and statement that the protest was sent to the utility no later than the day on which the protest was submitted to the reviewing Industry Division (General Order 96-B, Section 3.11).

### **Effective Date**

PG&E requests that this Tier 2 advice submittal become effective on regular notice, July 19, 2019 which is 30 calendar days after the date of submittal.

### **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/5566-E

Tier Designation: 2

Subject of AL: 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 #:

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 proposed<sup>1</sup>: N/A

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

<sup>1</sup>Discuss 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](mailto: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](mailto:PGETariffs@pge.com)

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

<b>Cal P.U.C. Sheet No.</b>	<b>Title of Sheet</b>	<b>Cancelling Cal P.U.C. Sheet No.</b>
44482-E	Electric Sample Form No. 61-0502 Medical Baseline Program Self-Certification Request Sheet 1	43275-E
44483-E	Electric Sample Form No. 62-3481 Medical Baseline Program Application Sheet 1	43276-E
44484-E	ELECTRIC TABLE OF CONTENTS Sheet 1	44479-E
44485-E	ELECTRIC TABLE OF CONTENTS Sheet 23	43309-E

<b>Cal P.U.C. Sheet No.</b>	<b>Title of Sheet</b>	<b>Cancelling Cal P.U.C. Sheet No.</b>
35087-G	Gas Sample Form No. 61-0502 Medical Baseline Program Self-Certification Request Sheet 1	34626-G
35088-G	Gas Sample Form No. 62-3481 Medical Baseline Program Application Sheet 1	34627-G
35089-G	GAS TABLE OF CONTENTS Sheet 1	35067-G
35090-G	GAS TABLE OF CONTENTS Sheet 8	34639-G



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

Sheet 1

(T)

**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 How do you want to be contacted in the event of a planned or an unplanned outage? (Check all that apply.)

Please make sure PG&E has your correct email address, landline and/or mobile phone number(s) so we can reach you in advance of a planned public safety power shutoff or other situation that may result in a planned or an unplanned outage. In certain situations, we may also send a letter.

### PLANNED OUTAGE CONTACT PREFERENCE

- Call me at phone number: \_\_\_\_\_
- Contact me by TTY at phone number: \_\_\_\_\_
- Send me a text message at phone number: \_\_\_\_\_
- Send me an email at: \_\_\_\_\_

### UNPLANNED OUTAGE CONTACT PREFERENCE

- Call me at phone number: \_\_\_\_\_
- Contact me by TTY at phone number: \_\_\_\_\_
- Send me a text message at phone number: \_\_\_\_\_
- Send me an email at: \_\_\_\_\_

## 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](http://pge.com/saveenergy).
6. PG&E may share my contact information with governmental and emergency first response agencies so that they can provide mutual assistance to PG&E and me to support my safety and well-being during an extended outage.
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](http://pge.com/medicalbaseline).

## Apply at [pge.com/selfcertify](http://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 Program Application

Sheet 1

(T)

**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.)

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

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 do you want to be contacted in the event of a planned or an unplanned outage? (Check all that apply.)

Please make sure PG&E has your correct email address, landline and/or mobile phone number(s) so we can reach you in advance of a planned public safety power shutoff or other situation that may result in a planned or an unplanned outage. In certain situations, we may also send a letter.

#### PLANNED OUTAGE CONTACT PREFERENCE

- Call me at phone number: \_\_\_\_\_
- Contact me by TTY at phone number: \_\_\_\_\_
- Send me a text message at phone number: \_\_\_\_\_
- Send me an email at: \_\_\_\_\_

#### UNPLANNED OUTAGE CONTACT PREFERENCE

- Call me at phone number: \_\_\_\_\_
- Contact me by TTY at phone number: \_\_\_\_\_
- Send me a text message at phone number: \_\_\_\_\_
- Send me an email at: \_\_\_\_\_

### 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](http://pge.com/saveenergy).
7. PG&E may share my contact information with governmental and emergency first response agencies so that they can provide mutual assistance to PG&E and me to support my safety and well-being during an extended outage.
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](http://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)<sup>†</sup> (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

<sup>†</sup>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**

<b>SCHEDULE</b>	<b>TITLE OF SHEET</b>	<b>CAL P.U.C. SHEET NO.</b>	
Title Page.....		<b>44484-E</b>	(T)
Rate Schedules.....	42793,43695,42795,43271,43643*,42798,44480,43322,41965-E		
Preliminary Statements.....	44456,35423,44458,37737,34373,37727,43021-E		
Rules.....	43022,43023,44481-E		
Maps, Contracts and Deviations.....	37960-E		
Sample Forms...40925*, <b>44485</b> ,41151*,41573*, 37632,41152*,41153,37769,43644,36059,37169-E			(T)

(Continued)

Advice 5566-E  
Decision

Issued by  
**Robert S. Kenney**  
Vice President, Regulatory Affairs

Submitted  
Effective  
Resolution

June 19, 2019



**ELECTRIC TABLE OF CONTENTS**

Sheet 23

<b>FORM</b>	<b>TITLE OF SHEET</b>	<b>CAL P.U.C. SHEET NO.</b>	
<b>Sample Forms</b>			
<b>Rules 19 Medical Baseline Quantities</b>			
61-0502	Medical Baseline Program Self-Certification Request.....	<b>44482-E</b>	(T)
62-3481	Medical Baseline Program Application.....	<b>44483-E</b>	(T)
<b>Sample Forms</b>			
<b>Rules 19.1, 19.2, and 19.3 California Alternative Rates for Energy</b>			
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 Decision 5566-E

Issued by  
**Robert S. Kenney**  
Vice President, Regulatory Affairs

Submitted  
Effective  
Resolution

June 19, 2019



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

Sheet 1

(T)

**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 How do you want to be contacted in the event of a planned or an unplanned outage? (Check all that apply.)

Please make sure PG&E has your correct email address, landline and/or mobile phone number(s) so we can reach you in advance of a planned public safety power shutoff or other situation that may result in a planned or an unplanned outage. In certain situations, we may also send a letter.

### PLANNED OUTAGE CONTACT PREFERENCE

- Call me at phone number: \_\_\_\_\_
- Contact me by TTY at phone number: \_\_\_\_\_
- Send me a text message at phone number: \_\_\_\_\_
- Send me an email at: \_\_\_\_\_

### UNPLANNED OUTAGE CONTACT PREFERENCE

- Call me at phone number: \_\_\_\_\_
- Contact me by TTY at phone number: \_\_\_\_\_
- Send me a text message at phone number: \_\_\_\_\_
- Send me an email at: \_\_\_\_\_

## 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](http://pge.com/saveenergy).
6. PG&E may share my contact information with governmental and emergency first response agencies so that they can provide mutual assistance to PG&E and me to support my safety and well-being during an extended outage.
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](http://pge.com/medicalbaseline).

## Apply at [pge.com/selfcertify](http://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 Program Application

Sheet 1

(T)

**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.)

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

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 do you want to be contacted in the event of a planned or an unplanned outage? (Check all that apply.)

Please make sure PG&E has your correct email address, landline and/or mobile phone number(s) so we can reach you in advance of a planned public safety power shutoff or other situation that may result in a planned or an unplanned outage. In certain situations, we may also send a letter.

#### PLANNED OUTAGE CONTACT PREFERENCE

- Call me at phone number: \_\_\_\_\_
- Contact me by TTY at phone number: \_\_\_\_\_
- Send me a text message at phone number: \_\_\_\_\_
- Send me an email at: \_\_\_\_\_

#### UNPLANNED OUTAGE CONTACT PREFERENCE

- Call me at phone number: \_\_\_\_\_
- Contact me by TTY at phone number: \_\_\_\_\_
- Send me a text message at phone number: \_\_\_\_\_
- Send me an email at: \_\_\_\_\_

### 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](http://pge.com/saveenergy).
7. PG&E may share my contact information with governmental and emergency first response agencies so that they can provide mutual assistance to PG&E and me to support my safety and well-being during an extended outage.
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](http://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)<sup>†</sup> (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

<sup>†</sup>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.	
Title Page .....	<b>35089</b> -G	(T)
Rate Schedules .....	35065,5061-G	
Preliminary Statements.....	34990,35068-G	
Preliminary Statements, Rules .....	34881-G	
Rules, Maps, Contracts and Deviations.....	35062-G	
Sample Forms .....	<b>35090</b> ,32986,32987,32886,34953,32888-G	(T)

(Continued)

*Advice* 4111-G  
*Decision*

*Issued by*  
**Robert S. Kenney**  
*Vice President, Regulatory Affairs*

*Submitted*  
*Effective*  
*Resolution*

June 19, 2019



**GAS TABLE OF CONTENTS**

Sheet 8

<b>FORM</b>	<b>TITLE OF SHEET</b>	<b>CAL P.U.C. SHEET NO.</b>
<b>Sample Forms</b>		
79-1088	Supplemental Agreement For Limited Gas Transmission Capacity .....	30317-G
<b>Sample Forms</b>		
<b>Rule 2 Description of Service</b>		
79-1049	Agreement to Install Applicant Requested Common Special Facilities .....	30035-G
<b>Sample Forms</b>		
<b>Rule 3 Application for Service</b>		
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
<b>Sample Forms</b>		
<b>Rule 13 Temporary Service</b>		
79-875	Rule 13 Temporary Service Agreement.....	30019-G
<b>Sample Forms</b>		
<b>Rules 15 and 16 Gas Main and Service Extensions</b>		
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
<b>Sample Forms</b>		
<b>Rule 19 Medical Baseline Quantities</b>		
61-0502	Medical Baseline Program Self-Certification Request.....	35087-G (T)
62-3481	Medical Baseline Program Application.....	35088-G (T)

(Continued)

Advice 4111-G  
Decision

Issued by  
**Robert S. Kenney**  
Vice President, Regulatory Affairs

Date Filed  
Effective  
Resolution

June 19, 2019

## **ATTACHMENT 2**

Advice 4111-G/5566-E

Redline Tariff Revisions

**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** (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 want to be contacted in the event of a planned and/or an unplanned outage?** (Check all that apply.)

Please make sure PG&E has your correct email address, landline and/or mobile phone number(s) so we can reach you in advance of a planned public safety power shutoff or other situation that may result in a planned or an unplanned outage. In certain situations, we may also send a letter. 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**

Call me by at phone number: \_\_\_\_\_

Contact me by TTY at phone number: \_\_\_\_\_

Send me a text message at phone number: \_\_\_\_\_

Send me an email at: \_\_\_\_\_

**UNPLANNED OUTAGE CONTACT PREFERENCE**

Call me by at phone number: \_\_\_\_\_

Contact me by TTY at phone number: \_\_\_\_\_

Send me a text message at phone number: \_\_\_\_\_

Send me an email at: \_\_\_\_\_

**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 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](http://pge.com/saveenergy) for more information.
- PG&E may share my contact information with governmental and emergency first response agencies so that they can provide mutual assistance to PG&E and me to support my safety and well-being during an extended outage.
- 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 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 Allowances 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](http://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](http://pge.com/medicalbaseline)  
For Internal Use Only:

**PG&E** **Medical Baseline Allowance Program Application—Part B** (To be completed by Medical Practitioner\*)  
 Medical Practitioner's Certification For Medical Baseline Program Enrollment and Re-Certification

**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 a life-support device(s)† (Check one.)**

Yes  No

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

Device: \_\_\_\_\_  Electricity  Gas  
 Device: \_\_\_\_\_  Electricity  Gas  
 Device: \_\_\_\_\_  Electricity  Gas

†A qualifying life-support device is any medical device used to sustain life or is 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 person's-patient's life or prevent deterioration of the person's-patient's medical condition.

Requires Standard Medical Baseline Allowance for Additional heating is medically necessary:  Yes  No  
 Requires Standard Medical Baseline Allowance for Additional cooling is medically necessary:  Yes  No  
 (Check one.)

**3. I certify that the life support device(s) and/or additional heating or cooling will be required for approximately: (complete 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 HERE** \_\_\_\_\_ **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  
 Credit and Records 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

## **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 want to be contacted in the event of a planned and/or an unplanned outage? (Check all that apply.)

Please make sure PG&E has your correct email address, landline and/or mobile phone number(s) so we can reach you in advance of a planned public safety power shutoff or other situation that may result in a planned or an unplanned outage. In certain situations, we may also send a letter. 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

- Call me by at phone number: \_\_\_\_\_
- Contact me by TTY at phone number: \_\_\_\_\_
- Send me a text message at phone number: \_\_\_\_\_
- Send me an email at: \_\_\_\_\_

### UNPLANNED OUTAGE CONTACT PREFERENCE

- Call me by at phone number: \_\_\_\_\_
- Contact me by TTY at phone number: \_\_\_\_\_
- Send me a text message at phone number: \_\_\_\_\_
- Send me an email at: \_\_\_\_\_

## I understand and agree that:

- If the doctor-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 doctor-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 Program each year 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.
- 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](http://pge.com/saveenergy).
- PG&E may share my contact information with governmental and emergency first response agencies so that they can provide mutual assistance to PG&E and me to support my safety and well-being during an extended outage.
- 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](http://pge.com/medicalbaseline).

Apply @ [PG&E.COM/selfcertify](http://PG&E.COM/selfcertify)  
Or mail Application to:  
PG&E Billing Center Medical Baseline  
P.O. Box 8329, Stockton, CA 95208

<b>UTILITY USE ONLY</b>	Date Received: _____
<b>Medical Baseline Allocation</b>	
<input type="checkbox"/> Electric unit(s)	<input type="checkbox"/> Gas unit(s)
<b>Recertification:</b>	
<input type="checkbox"/> Self-certify every 2 years	<input type="checkbox"/> 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.

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