Protections Application

nationalgrid

| Account Holder Name: | Account Number: | | | |
|--|---|--|--|--|
| Service Address: | | | | |
| | Alternate Phone Number: | | | |
| Medical Emergency | | | | |
| Medical Emergency — Someone in the horby the loss of service. | ousehold suffers from a serious illness or medical condition that would be worsened | | | |
| Patient Name: | Patient Date of Birth: | | | |
| Relationship to Account Holder: | | | | |
| Doctor Name: | | | | |
| Doctor Phone Number: | Doctor Fax Number: | | | |

Elderly, Blind and/or Disabled

You may qualify for Elderly, Blind and/or Disabled (EBD) protection if your entire household includes residents who are any combination of the following:

- Elderly 62 years of age or over and if anyone else is in the home, they are 18 years of age or younger
- **Blind** The person has central visual acuity of 20/200 or less in the better eye with the use of a correcting lens or an eye which is accompanied by a limitation in the fields of vision that the widest diameter of the visual field subtends an angle no greater than 20 degrees.
- **Disabled** Receiving social security disability (SSD), supplemental security income (SSI), or Military benefits due to a service-related disability

Supporting documentation MUST accompany this application in order to be considered. Valid proof includes:

- Elderly Copy of Driver's License, Birth Certificate, Passport, Military ID or Marriage Certificate
- **Blind** Medical letter signed by physician
- **Disabled** Copy of SSI or SSD award letter or proof of receiving Military Benefits due to a service-related disability

PLEASE CHECK ALL THAT APPLY

| Please List Names of ALL Household Members (If more room is needed attach a separate sheet) | Date of Birth | 62 Plus | 18 or under | Blind | Permanently Disabled | |
|--|---------------|------------|----------------|-------|-------------------------|--|
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| | | | | | | |

I hereby certify that the information above is true and correct to the best of my knowledge.

Account Holder's Signature

Date

Please complete this application and return to:

Fax: 1-315-460-9084

Email: box.NYCMedProof@nationalgrid.com

Mail: National Grid Collections (Protections) 2 Hanson Place Brooklyn, NY 11217