



GUARDIAN

CUSTOMER INFORMATION

| | | |
|-----------------|-------|--------|
| Name | | |
| Address | | |
| Account Number | | |
| Daytime Contact | Name: | Phone: |

PROGRAM GUIDELINES

Guardian provides monthly bill discounts for customers with doctor prescribed electrically powered medical equipment and space conditioning needs. Discounts are not authorized for devices used for therapeutic purposes, such as whirlpool pumps, heating pads, vaporizers, humidifiers, pool or tank heaters, saunas, hot tubs, medical devices used outside the home, and non-electric powered medical devices. Equipment not listed above may be approved on a case by case basis.

The following eligibility requirements apply:

1. Must be a GWP electric customer.
2. Medical equipment must be electrically powered and prescribed by a doctor.
3. Participant must reapply each time they move and recertify eligibility annually or when requested.
4. Participant must notify GWP within thirty (30) days if they become ineligible for the program.
5. Must allow GWP access to the home to determine the manufacturer and ampere if requested by GWP.
6. Must acknowledge that GWP does not guarantee continuous power, and declare the number of hours of emergency backup arranged for by the customer.
7. Eligible medical equipment includes:

| | | |
|-----------------|------------------|-----------------------|
| Aerosol Tents | Extremity Pump | Kidney Dialysis |
| Apnea Monitors | Hemodialysis | Motorized Wheelchairs |
| Blood Pump | Heparin Pump | Nerve Stimulators |
| Nebulizers | Infusion Pump | Oxygen Concentrators |
| Reverse Osmosis | Suction Machines | Ventilators |
| Respirators | Iron Lung | Pressure Pumps |
8. Customers with special medically prescribed electric heat or air conditioning needs may also be eligible for the program on a case by case basis. Eligible conditions include households with paraplegic, quadriplegic, or hemiplegic members and/or households with members suffering from scleroderma and/or multiple sclerosis.

MUST COMPLETE AND SIGN REVERSE

MEDICAL EQUIPMENT INFORMATION

Information regarding the amperes, manufacturer, and model number can be found on the medal faceplate attached to the outside surface of the device.

| | | | |
|----|-------------------------------------|---------------------------|--------------------|
| 1. | Medical Equipment Name | Manufacturer/Model Number | |
| | Equipment Provider Telephone Number | Amperes | Hours Used Per Day |
| 2. | Medical Equipment Name | Manufacturer/Model Number | |
| | Equipment Provider Telephone Number | Amperes | Hours Used Per Day |
| 3. | Medical Equipment Name | Manufacturer/Model Number | |
| | Equipment Provider Telephone Number | Amperes | Hours Used Per Day |

I hereby apply for the Guardian discount, and certify under penalty of perjury that the information provided herein is truthful and accurate to the best of my knowledge. I understand that providing misinformation can disqualify me for this and other PBC programs, and that GWP CANNOT GUARANTEE CONTINUOUS ELECTRIC SERVICE. IT IS MY RESPONSIBILITY TO MAKE BACKUP ARRANGEMENTS IN CASE OF A POWER OUTAGE.

I HAVE MADE ARRANGEMENTS FOR _____ HOURS OF EMERGENCY COVERAGE.

SIGNATURE OF GWP ACCOUNT CUSTOMER

DATE

MEDICAL DOCTOR SECTION

This section is to be completed by the prescribing medical doctor of the person living in the household with the special medical equipment or space conditioning need

PATIENT'S NAME: _____

Patient has ***sclerodema multiple sclerosis*** (CIRCLE) requiring special space heating.

Patient is a ***paraplegic quadriplegic hemiplegic*** (CIRCLE) requiring special space cooling.

Patient suffers from _____ and requires the following medical equipment:

| | Name of Equipment | Hours Per Day | Months Equipment Needed |
|----|-------------------|---------------|-------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

ONE OR MORE OF THE ABOVE ITEMS OR CONDITIONS IS CONSIDERED NECESSARY FOR LIFE SUPPORT

Circle
YES NO

SIGNATURE OF THE PRESCRIBING DOCTOR

DATE

PRINT NAME, PHONE, AND MEDICAL LICENSE NUMBER