



Medical Baseline Allowance Application

(Self-Certification)

PART I: TO BE COMPLETED BY CUSTOMER *(please print)*

SCE Customer Account No.:		Service Account No.:	
Customer's Name <i>(as it appears on your bill):</i>			
Name of Medical Baseline Patient at Residence <i>(if different):</i>			
Service Address:			
Customer's Mailing Address <i>(if different):</i>			
Home Phone:	()	Alternate Phone:	()

FOR CUSTOMERS BILLED BY SOMEONE OTHER THAN SCE:

Name of Mobile Home or Apartment Complex:			
Complex Address:		Unit/Space:	
Complex Manager's Name:		Complex Phone:	()
Tenant's Name:		Tenant's Phone:	()

SCE MEDICAL BASELINE ALTERNATE CONTACT INFORMATION:

Upon completion of this application, we will automatically notify you of planned, unplanned, and rotating outages by phone. We also have the capability of notifying you of outages by e-mail or text messaging. If you already receive outage notifications from us and want to continue, or if you are not currently receiving outage notifications but would like to, please indicate your preferred method of receiving outage information below:

<input type="radio"/> Phone <i>(please indicate telephone number):</i>	()
<input type="radio"/> Text message <i>(please indicate cell telephone number):</i>	()
<input type="radio"/> E-mail <i>(please indicate e-mail address):</i>	

CUSTOMER UNDERSTANDS THAT:

- ① If a Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA) or Nurse Practitioner (NP) certifies the resident's medical condition is permanent, the Medical Baseline resident must complete a form self-certifying the continued eligibility for Medical Baseline every four years.
- ② If a Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA) or Nurse Practitioner (NP) certifies the resident's medical condition is not permanent, the Medical Baseline resident must submit a new application with a doctor's certification every two years.
- ③ If the resident is visually impaired, the customer may contact SCE to request special notification when either re-certification (to complete a new application with a doctor's certification) or self-certification forms are mailed.
- ④ SCE cannot guarantee uninterrupted gas and electric service and customers are responsible for making alternate arrangements in the event of a gas or electric outage.

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. I agree to allow SCE to verify this information. I also agree to promptly notify SCE if the qualified resident moves or no longer requires the Medical Baseline Allowance.

Customer Signature:		Date: mm/dd/yy	
---------------------	--	----------------	--

The Standard Medical Baseline Allowance is 16.5 kilowatt-hours of electricity per day (0.822 therms of natural gas per day), which is in addition to your standard Baseline Allocation. If you are on an electric rate without a baseline, you may be eligible to receive a flat 11% discount. If this allowance does not meet your medical needs, please contact SCE at 1-800-655-4555 to discuss additional amounts.

MAIL APPLICATION TO:

Southern California Edison Company
 Medical Baseline Department
 P.O. Box 9527
 Azusa, CA 91702-9954