MEDICAL BASELINE ALLOWANCE
Self-Certification

TO BE COMPLETED BY CUSTOMER (please print)

Liberty Account #: _____

Customer Name (*as it appears on your bill*): _____

Medical Baseline Resident's Name (*if different*): _____

Service Address: _____

Customer Mailing Address (*if different*): _____

Home Phone: ( ) _____ Work Phone: ( ) _____

For Customers Billed by Someone other than Liberty

Name of Mobile Home Park or Apartment Complex: _____

Complex Address: _____

Complex Manager's Name: _____ Complex Phone: ( ) _____

Name of Tenant: _____ Tenant's Phone: ( ) _____

I understand that:

1. If the doctor certifies the resident's medical condition is permanent, Liberty Utilities (CalPeco Electric) LLC ("Liberty") will require completion of a form self-certifying that the resident continues to be eligible for Medical Baseline every two years.
2. If the doctor certifies the resident's medical condition is not permanent, Liberty will require the completion of a form self-certifying the resident's eligibility for Medical baseline each year and completion of a new application with a doctor's certification every two years.
3. If the resident has a vision disability, I may contact Liberty 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. Liberty cannot guarantee uninterrupted electric service and I am responsible for making alternate arrangements in the event of an 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 Liberty to verify this information.

I also agree to promptly notify Liberty if the qualified moves or Medical Baseline Allowance is no longer needed by the resident.

Customer Signature: _____ Date: _____

FOR LIBERTY USE ONLY Date Received: _____ Medical Baseline Allocation: _____

Recertification: ☐ Self-certify every 2 years ☐ Self-certify annually; Doctor's certification every 2 years

Mail To: Liberty Utilities (CalPeco Electric) LLC, Attn: Medical Baseline, 933 Eloise Ave., South Lake Tahoe CA 96150