



# Nueces Electric Cooperative

Your Touchstone Energy® Cooperative 

NEC maintains a “residential critical care list” that includes consumers who have a member of the household on life sustaining equipment and for whom a power interruption may be dangerous and life-threatening. For those who qualify, when possible and reasonable, NEC makes an effort to notify these individuals in advance of a planned outage or known pending emergency situation. This notification is made so that you may secure other arrangements for the power supply needs for the life sustaining equipment or may relocate the individual for whom the power interruption would be dangerous and life threatening.

Our records show that your NEC account (number provided above) is for electric service at a location where someone in the home uses (or has in the past used) life sustaining equipment. In order to continue to be eligible for the “critical care” designation, the attached *Critical Care Eligibility Determination Form* must be completed and submitted **annually**. The form we have on file for your location was submitted greater than one year ago and we require a new form in order for you to remain on our “Critical Care” list. **Please ask your physician to complete the attached form and return it either by e-mail or fax to us immediately** (these are on the attached form). While you may submit the form at any time, **to avoid an interruption to your status on this list you must return the form by deadline date. If this form is not received in our office by this date, you will be removed from our residential critical care list until the required documentation is submitted to NEC.**

If you pursue continued designation as a critical care consumer, NEC encourages you to also notify your chosen retail electric provider (REP) of your qualification for this designation. This qualification/designation will remain in effect for one year, contingent upon NEC’s verification of the eligibility form which may take up to one month following NEC’s receipt of the eligibility form. You will be notified if there is a problem with verification of your submitted form.

**Please note that designation as a “residential critical care” consumer DOES NOT guarantee an uninterruptible power supply. This designation also DOES NOT relieve you of the obligation to pay a retail power provider or NEC for services rendered. However, a critical care residential customer may qualify for deferral of disconnection by following the procedures set forth in NEC Tariff 307.7 as provided on the back of this letter.**

No further action is required of you unless you wish to retain designation as a “critical care residential consumer” for your electric service. In such case, please have your physician return the attached form. Thank you for your time, attention and consideration of this matter. As always, it is an honor to serve you as a member-owner of Nueces Electric Co-op.

Sincerely,

Sonia Stout  
Member Care Services

## 307.7 Postponements of Disconnection

### A. Medical

The Cooperative will not discontinue service to a delinquent permanent residential Member residing in an individually metered dwelling unit when that Member establishes that discontinuance of service will result in some person residing at that residence becoming seriously ill or more seriously ill if service is disconnected. Each time a Member seeks to avoid termination of service under this rule, the Member must have the attending physician call or contact the Cooperative within 16 days of issuance of the bill. A written statement must be received by the Cooperative from the physician or health care provider within twenty-six (26) days of the issuance of the Cooperative's bill. The prohibition against discontinuance of service provided by this rule shall last sixty-three (63) days from the issuance of the Cooperative's bill or such lesser period as may be agreed upon by the Cooperative and the Member. The Member who makes such request shall enter into a deferred payment plan.

*This qualification requires renewal one year from the date you are qualified. The information on this form may be subject to verification and additional information may be required from you or your physician.*

**Qualification pursuant to this form does not guarantee an uninterrupted power supply, and if electricity is a necessity, you may need to make other arrangements.**



# Public Utility Commission of Texas

## Residential Critical Care Eligibility Determination Form

### Completion by Nueces Electric Cooperative, Inc.

ESI ID: \_\_\_\_\_ NEC Account #: \_\_\_\_\_

Customer Name associated with ESI ID: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address (if different than Service Address): \_\_\_\_\_

Date Form Sent to Customer: \_\_\_\_\_

### Completion by Customer

Patient Name (please print): \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number for Secondary Contact \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Completion by Patient's Physician

Physician Name: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_

#### Medical Equipment Information

Type of Electric, Life Sustaining Equipment Used: \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_

Does customer require on-site back-up capabilities or other alternatives for loss of normal electrical service?  
(please mark one) Yes  No

If Yes, please describe: \_\_\_\_\_

How long can patient sustain without electrical service? (number of hours) \_\_\_\_\_

Is condition life threatening without electrical service? (please mark one) Yes  No

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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