

CHOCTAW ELECTRIC

Cooperative

Annual Life Support Registration Form

A life-threatening situation is defined as one where the member or other permanent resident of the household is dependent upon equipment that is prescribed by a doctor, operated on electricity and is necessary to sustain the person's life. Choctaw Electric Cooperative (CEC) attempts to maintain a record of members dependent upon electrical life support systems in order to prioritize the maintenance and restoration of electrical service to such members as soon as the situation permits.

TO BE COMPLETED BY THE MEMBER

CEC Member Name _____ CEC Account # _____
Physical Address _____
Mailing Address (if different) _____
Patient Name _____ Relationship to Member _____
Phone Number(s) of CEC Member _____
Phone Number(s) of Critical Care Person or live-in caregiver, if different than above _____
Do you have a backup generator? Yes _____ No _____

TO BE COMPLETED BY PATIENT'S PHYSICIAN

Patient Name _____
Physician's Name (Printed) _____ Physician's Phone Number _____
Physician's Office Address _____
Nature of Medical Problem _____

Description of life-support equipment required _____
Is this situation considered life-threatening without electric service? Yes _____ No _____
How long can patient sustain without electrical service? (Number of hours) _____

I certify that the above information is true and correct, and the above-named patient qualifies for life support dependent status under the definition above.

Physician's Signature _____ Date _____

MEMBER AGREEMENT

I agree that the information provided is accurate. I understand that CEC cannot and does not guarantee uninterrupted electric service and that some interruptions of electric service are inevitable. I also understand that it is my responsibility to provide a battery or other backup power source in the event of a power outage and I am not relying on CEC for alternate or emergency electric power in the event of a power outage.

I understand that being placed on the Life Support Registry does not relieve me of my responsibility to pay my electric bill or receive preferential service and that my electric services may be subject to cutoff, according to policy, should I fail to pay my monthly bill.

I understand that this information must be provided to CEC each year. I also understand that if the equipment is no longer needed, I will notify Choctaw Electric Cooperative to update my account and discontinue the request for annual verification.

Member Signature _____ Date _____