



Please mail to:
Clear River Electric & Water District
PO Box 107, Pascoag, RI 02859

Serious Illness Protection Form

Please note: This is not a rate reduction.

I hereby state under oath that the following information is true and correct.

Customer Information:

(Please print.)

Account Holder Name: Electric Account Number:

Address: City/Town:

Email Address: Phone Number:

Name of Individual Who is Seriously Ill: Relation to Account Holder:

TO BE COMPLETED BY LICENSED PHYSICIAN:

Print Patient Name:

Please specify the nature of the illness and its likely duration:

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Print Licensed Physician's Name:

Physician's License Number:

Licensed Physician's Address:

Licensed Physician's Phone Number:

The above information is necessary to conform to the RI Public Utilities Commission's regulations in establishing a Serious Illness Protection. We require the business address, telephone number and licensed physician's signature.

"Seriously Ill" shall mean an illness that is life threatening that will cause irreversible adverse consequences to human health or that has a significant potential to become life threatening or to cause irreversible adverse consequences to human health.

I certify the above-mentioned individual at the address listed above, is seriously ill as defined above and all information provided regarding the patient's health is current and accurate.

Licensed Physician's Signature: Date:

Clear River Electric & Water District requires this form to be submitted annually to recertify the existence of the serious illness in order to maintain the protection.