



To Whom it May Concern:

This letter is to inform you that WG+E, in compliance with Department of Public Utilities regulations, has implemented a new procedure to protect customers from termination of services due to a serious medical condition. This procedure has been approved by the Department of Public Utilities. WG+E records do not contain a current Physician's certification of illness for you.

Enclosed is a "Physicians Certification of Illness" (PCI) form which must be completed by your physician every **3 to 6 months** depending on your illness. This form must be completed by your physician and faxed back to WG+E at 413-572-0104, along with proof of financial hardship, within **7 days** to continue protection from termination.

Upon receipt of the completed PCI form, WG+E shall inform you whether or not your claim has been appropriately certified. Although you may be certified for protection of termination, **your responsibility to pay your monthly bill remains in effect.**

In closing, copies of this form for future use will be available at our Elm Street office or call us if you would like a form mailed to you. This is your notification of the WG+E protection of service procedure. **It is your responsibility (without further notification from WG+E) to provide WG+E with an updated Physicians Certificate of Illness on a quarterly or bi-annual basis.**

If you or your physician has any questions, please do not hesitate to contact the WG+E Business Office at 572-0100.

Sincerely,

WG+E Customer Service Department



WESTFIELD GAS + ELECTRIC

Fax to: 413-572-0104

### PHYSICIAN'S CERTIFICATION OF ILLNESS

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

Residing Address of Patient (please print): \_\_\_\_\_

Our customer has applied to Westfield Gas and Electric for protection against the termination of his/her electric service because he or she or someone within their household is suffering from a **serious illness**. In compliance with M.G.L. c. 164 sec. 124A, Westfield Gas and Electric will enroll your patient in our medical protection plan provided you, as a registered physician, certify in writing that he/she is suffering from a **serious illness**. Your certification of this condition shall be conclusive evidence of the existence of the **serious illness** claimed unless, after review, the Massachusetts Department of Public Utilities determines otherwise. Therefore, it is necessary that you provide Westfield Gas and Electric with the following information **within seven (7) days of receipt** of this notice by your patient.

**Nature of Illness:**

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**Is this illness "chronic":** Yes\_\_\_ No\_\_\_

**Does the above patient require electricity:** Yes\_\_\_ No\_\_\_

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2016

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

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

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

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