

# Jemez Mountains

## Electric Cooperative, Inc.

### Your Rights and Responsibilities Regarding Discontinuance of Services

Dear **Jemez Mountains Electric Cooperative, Inc.** Residential Customer,

This notice is to inform you that your utility payment is past due. Your service will be disconnected after the date printed on the enclosed bill if payment is not made by then. Upon request, we can provide outstanding charge information to you including the dates of service during which the outstanding charges were incurred and the date and amount of the last payment.

You can participate in a payment plan if you can demonstrate that you do not have the financial resources to pay the outstanding amount or if you are low income or are subject to other special circumstances.

IF YOU HAVE DIFFICULTY PAYING THIS BILL, AND FEEL YOU MAY QUALIFY FOR ASSISTANCE IN PAYING YOUR UTILITY BILL FROM THE LOW INCOME HOME ENERGY ASSISTANCE PROGRAM, OR ANOTHER ASSISTANCE PROGRAM IN YOUR COMMUNITY, CONTACT THE COMMUNITY ASSISTANCE SECTION OF THE HUMAN SERVICES DEPARTMENT AT 1-800-283-4465, THE TRIBAL OR PUEBLO ENTITY THAT ADMINISTERS A TRIBE'S OR PUEBLO'S LIHEAP, OR THE CUSTOMER SERVICE REPRESENTATIVE AT THIS UTILITY.

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) APPLICATION FORMS FOR THE LOW INCOME HOME ENERGY ASSISTANCE PROGRAM ARE AVAILABLE AT THE BILLING OFFICES OF THIS UTILITY, AT THE HUMAN SERVICES DEPARTMENT, AND AT THE TRIBAL OR PUEBLO ENTITY THAT ADMINISTERS A TRIBE'S OR PUEBLO'S LIHEAP. YOU SHOULD RETURN THE APPLICATION FORMS TO THE HUMAN SERVICES DEPARTMENT OR THE TRIBAL OR PUEBLO ENTITY THAT ADMINISTERS THE PROGRAM AND DETERMINES YOUR ELIGIBILITY TO RECEIVE ASSISTANCE.

If you believe that there is an error in your billing, contact us immediately for a review. After you pay the undisputed amount of your bill, we will postpone disconnection of your service until the dispute is resolved.

If you or someone in your household are seriously or chronically ill, we will not disconnect your service, if at least two days before the disconnection date, we receive an original of the **Jemez Mountains Electric Cooperative, Inc.** Medical and Financial Certification forms. The medical certification form must be completed by a licensed medical professional. An original of the attached financial certification form, stating that you qualify for financial assistance, must be completed by an agency providing assistance in or for the state of New Mexico; If your service has been disconnected, we will restore service within twelve hours after you have satisfied the certification requirements above. Your obligation to pay your bill is not relieved if service is continued or reestablished because we receive these certifications. Between November 15 through March 15, if you qualify for Low Income Home Energy Assistance Program (LIHEAP), you may be protected from having your services disconnected for non-payment. For more information, please call us at **1-888-755-2105**.

TO RESTORE SERVICE THAT HAS BEEN DISCONNECTED, A RECONNECT FEE MAY BE CHARGED.

We can put you in touch with other organizations in your community that might be able to help you. If you have a relative, friend, or agency that will assist in paying your bills, and you want us to notify them when disconnect notices are sent, contact us.

The budget bill program can help even out your payments throughout the year. You still pay for all of the energy you use. You can cancel your participation at any time. Upon cancellation, all amounts are due and become payable within 30 days. Any credits will be applied to your account.

See your bill for your local **Jemez Mountains Electric Cooperative, Inc.** payment locations.

To contact us, call **1-888-755-2105** from 8:30 a.m. to 4:30 p.m. Monday through Friday. Holiday hours vary.

If you are not satisfied with the arrangements that we provide, you have the right to file a complaint with the New Mexico Public Regulation Commission, 1120 Paseo de Peralta, Santa Fe, NM 87501. Telephone 505-827-6940 or 1-888-427-5772.

Special consideration will be given to a residential customer who meets the qualifications of LIHEAP, or has other special circumstances, in determining deposits and installment agreements. In making such determination, a utility shall accept documentation from the administering authority that such residential customer meets the qualifications of LIHEAP.

# Jemez Mountains

## Electric Cooperative, Inc.

### Aviso de sus Derechos e Obligaciones de la Terminación del Servicio

Estimado Cliente Residencial de **Jemez Mountains Electric Cooperative, Inc.**,

Este aviso le informe que su pago de luz ya está vencido. Su servicio se desconectará después de la fecha indicada en la cuenta adjunta, al menos que recibamos su pago antes de la fecha indicada. Si usted nos lo pide, le damos una copia de su cuenta con los cargos pendientes, las fechas del servicio, la fecha y la cantidad del último pago. Si tiene dificultades para pagar esta factura, y siente que puede calificar para asistencia en el pago de su bil de utilidad desde el programa de asistencia de energía de bajo ingreso o de otro programa de su comunidad, comuníquese con La Asistencia de la Comunidad del Departamento de Servicios Humanos al 1-800-283-4465. También se puede comunicar con la entidad tribal o al pueblo que administra el LIHEAP tribal, o con el representante del servicio al cliente de esta utilidad.

Las aplicaciones de bajo ingreso – programa de asistencia de energía LIHEAP están disponibles en las oficinas de facturación de esta utilidad, en el Departamento de Servicios Humanos, e en la entidad tribal o al pueblo que administra el LIHEAP tribal. Usted debería de devolverle la aplicación al Departamento de Servicios Humanos, o a la entidad tribal o al pueblo que administra el LIHEAP tribal, para averiguar su elegibilidad para recibir asistencia. No nos los devuelva a esta utilidad.

Si usted considera que ha ocurrido un error, comuníquese inmediatamente con nosotros para que le hagamos una revisión de su cuenta. Si usted paga la cantidad de la cuenta que NO está en disputa, se pospondrá la desconexión del servicio, hasta que se resuelva la disputa. Si usted o alguien en su casa donde vive, tiene una enfermedad grave o crónica, **Jemez Mountains Electric Cooperative, Inc.** no le desconectamos su servicio, si usted cumple con los 2 requisitos siguientes:

1. nos entrega la copia original del certificado médico adjunto, por lo menos 2 días antes de la fecha de desconexión y
2. nos entrega la copia original del certificado económico adjunto, por lo menos 2 días antes de la fecha de desconexión
- 3.

La copia del certificado médico se tiene que llenar por un médico profesional.

**Jemez Mountains Electric Cooperative, Inc.** tiene que recibir la copia original del certificado económico adjunta que declara que usted califica para asistencia económica según la determinación del Departamento de Servicios Humanos de Nuevo México.

Si su servicio ya se desconectó, **Jemez Mountains Electric Cooperative, Inc.** restaurará dentro de las 12 horas después de que se haya cumplido con los requisitos de los certificados. Los certificados médicos son válidos por 30 días y los certificados económicos son válidos por 90 días. Su obligación de pagar su cuenta se mantiene aunque el servicio de energía eléctrica se continúe o se vuelva a conectar debido al recibo de los certificados médicos e económicos.

Entre el 15 de noviembre y el 15 de marzo, usted se puede calificar para el programa de asistencia de energía LIHEAP. Se puede proteger de la desconexión del servicio eléctrico por falta de pagar. Por más información, favor de llamarnos a **1-888-755-2105**

Para restaurar el servicio desconectado, se puede cobrar un cargo.

Le ponemos en contacto con organizaciones de la comunidad que le puede ayudar. Si hay una tercera persona (un pariente, un amigo o una agencia) que le ayude a pagar sus cuentas, y si usted desea que **Jemez Mountains Electric Cooperative, Inc.** le notifique cuando le envíe un aviso de desconexión, por favor llámenos.

El programa de pagos de presupuesto le ayuda a establecer gastos regulares por el año. Usted todavía paga por toda la energía que usa. Se puede cancelar su participación cuando quiera. Cuando se cancela el programa, todas las cantidades debidas se cobran y se tienen que pagar adentro de los 30 días. Los créditos se aplican a su cuenta.

Revise su cuenta para ver las localidades de entregar el pago para **Jemez Mountains Electric Cooperative, Inc.**

Comuníquese con nosotros al **1-888-755-2105**, desde las 8:30 am hasta el 4:30 pm lunes a viernes. Se varían las horas durante los días festivos.

Si usted no quedó satisfecho con los arreglos que **Jemez Mountains Electric Cooperative, Inc.** proporciona, usted tiene el derecho, según las reglas de la NMPRC, de entregar una reclamación con la Comisión de Regulación Pública de Nuevo México ["New Mexico Public Regulation Commission", NMPRC, las siglas en inglés], 1120 Paseo del Peralta, Santa Fe, NM 87501, P.O. Box 1269, Santa Fe, NM 87504, teléfono (505) 827-6940 o al 1-888-427-5772.

Las consideraciones especiales se darán al cliente residencial que cumple con las calificaciones de LIHEAP, o que tenga otras circunstancias especiales, y cuando se determina la cantidad del depósito y los acuerdos de pagar en instalaciones. Cuando se hacen la determinación, la utilidad le acepta la documentación de la autoridades que muestran que el cliente cumple con las calificaciones de LIHEAP.

**FINANCIAL CERTIFICATION (VALID FOR 90 DAYS ONLY)**

BY SIGNING BELOW, I, THE ACCOUNT HOLDER, ACKNOWLEDGE THAT THIS CERTIFICATE DOES NOT RELIEVE ME OF MY RESPONSIBILITY TO PAY MY CURRENT AND PAST BILLS WITH JEMEZ MOUNTAINS ELECTRIC COOP, INC.

- For Administering Authority (Human Services Department (HSD) or Tribal Authority) certification: complete Sections I and II.

OR

- For self certification: complete Section III and attach a copy of the primary account holder's current Medicaid eligibility.

*(Even when Extended Medical Certification is authorized, Financial Recertification is required every 90 days for the Account Holder.)*

**SECTION I : AUTHORIZATION TO RELEASE INFORMATION - PRIMARY UTILITY ACCOUNT HOLDER**

I, \_\_\_\_\_, authorize Administering Authority to release to Jemez Mountains Electric Coop, Inc. **PRINTED NAME OF PRIMARY ACCOUNT HOLDER** information from my file as deemed necessary for the purpose of qualifying for the Medical Certification program.

**I certify the information provided is true and correct. I understand that if I provide false information, I can be denied continued medical emergency gas or electric utility service.**

<b>PRIMARY ACCOUNT HOLDER'S SIGNATURE</b>	<b>UTILITY ACCOUNT NUMBER</b>	<b>PRIMARY ACCOUNT HOLDER'S SOCIAL SECURITY NUMBER</b>		
<b>PRIMARY ACCOUNT HOLDER'S TELEPHONE NUMBER</b>	<b>SERVICE ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>

**SECTION II - ADMINISTERING AUTHORITY (HSD OR TRIBAL) USE ONLY**

I \_\_\_\_\_, an authorized representative of \_\_\_\_\_ hereby certify that **NAME OF AGENCY REPRESENTATIVE** **ADMINISTERING AUTHORITY**

\_\_\_\_\_, the primary account holder named in Section I currently meets the income guidelines as defined by the Administering Authority (such as Low Income Home Energy Assistance Program (LIHEAP) assistance).

<b>AGENCY REPRESENTATIVE SIGNATURE</b>	<b>CONTACT NUMBER AND FAX NUMBER</b>	<b>DATE</b>
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**- OR -**

**SECTION III —SELF CERTIFICATION - PRIMARY ACCOUNT HOLDER - ATTACH COPY OF CURRENT NEW MEXICO MEDICAID ELIGIBILITY FOR PRIMARY ACCOUNT HOLDER**

I, \_\_\_\_\_ hereby certify that I am the person responsible for the charges for gas or electric **PRINTED NAME OF PRIMARY ACCOUNT HOLDER**

utility service at \_\_\_\_\_ and that a seriously or chronically ill person (as defined by Rule 17.5.410.7 **SERVICE ADDRESS**

NMAC) \_\_\_\_\_ resides there. **PATIENT'S NAME**

**I certify the information provided is true and correct. I understand that if I provide false information, I could be denied continued medical emergency gas or electric utility service.**

<b>PRIMARY ACCOUNT HOLDER SIGNATURE</b>	<b>DATE</b>	<b>PRIMARY ACCOUNT HOLDER'S SOCIAL SECURITY NO.</b>	
<b>SERVICE ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>

It is in the account holder's best interest to make regular payments toward current and past due balances; the account holder is encouraged to contact Jemez Mountains Electric Coop, Inc. to make payment arrangements.

**SEE OPPOSITE SIDE FOR MEDICAL CERTIFICATION**

### MEDICAL CERTIFICATION

NOTE: In order to continue to receive gas or electric service from Jemez Mountains Electric Coop, Inc., a complete Medical and a complete Financial Certification Form must be submitted. This certification is valid for ninety (90) days from the signature date of medical professional.

#### PATIENT OR LEGAL GUARDIAN

I certify the information provided is true and correct. I understand that if I provide false information, I could be denied continued medical emergency gas or electric utility service from Jemez Mountains Electric Coop, Inc.

I, \_\_\_\_\_, hereby authorize the medical professional signing this certification to disclose to Jemez Mountains Electric Coop, Inc. the information contained in this Medical Certification Form.

\_\_\_\_\_  
PATIENT OR LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

#### PRIMARY UTILITY ACCOUNT HOLDER

I certify the information provided is true and correct. I understand that if I provide false information, I could be denied continued medical emergency gas or electric utility service from Jemez Mountains Electric Coop, Inc.

I, \_\_\_\_\_, hereby certify that I am the person responsible for the charges for gas or electric utility service at \_\_\_\_\_ and that a seriously or chronically ill person (as defined by Rule 17.5.410.7 NMAC) resides there.

\_\_\_\_\_  
SERVICE ADDRESS

I further certify that I will immediately notify Jemez Mountains Electric Coop, Inc. or arrange to have such notification provided, if there is a change in the status of the seriously or chronically ill person residing at the Service Address, including relocation or a change in the physical condition of such person which renders continued medical emergency gas or electric utility service unnecessary.

\_\_\_\_\_  
PRIMARY ACCOUNT HOLDER SIGNATURE

\_\_\_\_\_  
DATE

#### DOCTOR'S USE ONLY --

I, \_\_\_\_\_, certify that: I am (1) a licensed physician or physician's assistant licensed or accepted by the New Mexico Medical Board and practicing under the New Mexico Medical Practice Act, (2) an osteopathic physician or osteopathic physician's assistant practicing under the New Mexico Osteopathic Physician's Practice Act or (3) a certified nurse practitioner licensed by the New Mexico Board of Nursing and practicing under the New Mexico Nursing Practice Act; I hold license number/NPI Number \_\_\_\_\_; and that on \_\_\_\_\_

\_\_\_\_\_  
DATE

I examined \_\_\_\_\_ who I am informed resides at \_\_\_\_\_

\_\_\_\_\_  
NAME OF PATIENT

\_\_\_\_\_  
SERVICE ADDRESS

I certify that the said person has the following condition in which loss of electric would give rise to substantial risk of death or gravely impair health:

\_\_\_\_\_  
DESCRIBE CONDITION AND REASONS FOR CONTINUED ELECTRIC UTILITY SERVICE (IF APPLICABLE, LIST MEDICALLY NECESSARY EQUIPMENT)

and that this condition qualifies as a serious or chronic illness pursuant to Rule 17.410.7 NMAC.

**DEFINITION OF SERIOUS OR CHRONICALLY ILL PER RULE 17.5.410.7 NMAC: AN ILLNESS OR INJURY THAT RESULTS IN A MEDICAL PROFESSIONAL'S DETERMINATION THAT THE LOSS OF GAS OR ELECTRIC UTILITY SERVICE WOULD GIVE RISE TO A SUBSTANTIAL RISK OF DEATH OR GRAVELY IMPAIR HEALTH.**

\_\_\_\_\_  
SIGNATURE OF MEDICAL PROFESSIONAL

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OFFICE ADDRESS OF MEDICAL PROFESSIONAL

\_\_\_\_\_  
TELEPHONE NUMBER, AND FAX NUMBER OF MEDICAL PROFESSIONAL

**ONLY for patients meeting the requirements for extended medical certification, also complete the additional certification below if it applies to this patient:**

#### DOCTOR'S USE ONLY - EXTENDED MEDICAL CERTIFICATION (VALID FOR 1 YEAR)

I \_\_\_\_\_ certify that the above mentioned patient's medical condition \_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME OF MEDICAL PROFESSIONAL

\_\_\_\_\_ is permanent and will not improve within 12 months from \_\_\_\_\_ (today's date.)

\_\_\_\_\_  
DESCRIPTION OF APPROVED CONDITION

**SEE OPPOSITE SIDE FOR FINANCIAL CERTIFICATION**