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
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:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Is this illness “chronic”: Yes___ No___

Does the above patient require electricity: Yes___ No___

SIGNED THIS _______ DAY OF _______________, 20____

Physician’s Signature: ___________________________________________________________

Physician Name (please print): ____________________________________________________

Physician Address: __________________________________________________________________

Physician Phone Number: __________________________________________________________________