

## ELDERLY PROTECTION:

### PART A – ELDERLY STATUS

I am 65 years of age or older *and all the other ADULT* members of my home are 65 or older *(please note that minor children may also reside in the home)*.

Customer  
Name: \_\_\_\_\_

Service  
Address: \_\_\_\_\_

Account  
Number: \_\_\_\_\_

Email  
Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### PART B – THIRD PARTY NOTIFICATION

You, as a customer being 65 years of age or older, may appoint a third person to represent you concerning your account with MMED. If you so desire, MMED will send this third person your past due bills, notices of termination of service, and notices of your right to appeal.

I wish to establish the following person as the third party designate for the above account.

Third  
Party: \_\_\_\_\_

Relationship  
To Customer: \_\_\_\_\_

Street  
Address: \_\_\_\_\_

City/ Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

## CERTIFICATION OF SERIOUS ILLNESS

In compliance with Massachusetts General Law, Chapter 164, Section 124A, MMED may not terminate electric service to you provided that a registered physician, a physician's assistant, a nurse practitioner, or a local board of health official certifies in writing to MMED that you or someone living in your household is suffering from a serious illness. This certification of serious illness shall be conclusive evidence of the existence of the serious illness unless, after review, the Massachusetts Department of Public Utilities determines otherwise. **The certification must be received by MMED within seven (7) days of customer making us aware of the serious illness.**

The certification of serious illness shall be renewed every three (3) months unless the illness is chronic. Chronic illness certification shall be renewed every six (6) months. Your failure to renew such certification of serious illness may result in your service being terminated.

**Please ask your health professional to include the following information on their LETTERHEAD:**

- Patient/Customer's Name
- Patient/Customer's Home Address
- Nature of Illness
- Whether or not it is a medical necessity to have electricity

**Please have certification of serious illness sent within seven (7) days to:**

**Mansfield Municipal Electric Department  
Attention: Toni-Ann D'Ambra  
125 High Street; Unit # 1  
Mansfield, MA 02048  
Fax: 508-851-6544**

Phone: 508-261-7361 ext. 60306

**Email: tdambra@mansfieldma.com**



*Mansfield  
Municipal  
Electric  
Department*

Customer Financial Hardship  
and Elderly Protection Form

2024

**Please return the Financial Hardship  
or Elderly Protection Form to:**

**Mansfield Municipal Electric Department  
Attention: Toni-Ann D'Ambra  
125 High Street; Unit # 1  
Mansfield, MA 02048  
Fax: 508-851-6544**

Phone: 508-261-7361 ext. 60306

**Email: tdambra@mansfieldma.com**

## IMPORTANT RESIDENTIAL CUSTOMER INFORMATION

### YOU HAVE A RIGHT TO UTILITY SERVICE:

#### 1. IF YOU ARE SERIOUSLY ILL

You have the right to service anytime during the year if you or a member of your family has a serious illness **and** you cannot afford to pay overdue utility bills because you have a financial hardship. Have your physician notify MMED immediately at 508-261-7361. Within seven (7) days of the phone call, **your physician must certify in writing to MMED that a serious illness exists.** PLEASE SEE BACK PAGE FOR ADDITIONAL INFORMATION. The certification must be renewed every three (3) months or every six (6) months if the illness has been certified as chronic. Your failure to renew such certification of serious illness as explained may result in your service being terminated. ***A FINANCIAL HARDSHIP FORM IS ALSO REQUIRED.***

#### 2. IF YOU HAVE AN INFANT

You have the right to service anytime during the year if there is a child less than 12 months of age in your household **and** you cannot afford to pay overdue utility bills because you have a financial hardship. **You must provide a copy of the birth certificate of the child under 12 months who is living in the household.** ***A FINANCIAL HARDSHIP FORM IS ALSO REQUIRED.***

#### 3. WINTER PROTECTION

Between November 15 and March 15, if you certify that you have a financial hardship, your electric service cannot be shut off if it directly or indirectly supplies heat to your home. ***A FINANCIAL HARDSHIP FORM IS ALSO REQUIRED.***

#### 4. ELDERLY PROTECTION:

If you **and all adult members** of your household are 65 years of age or older (***please note that minor children may also reside in the home***), your utility company cannot discontinue your service for failure to pay a past due bill, unless it has the express approval of the Massachusetts Department of Public Utilities. **PLEASE FILL OUT PART A – ELDERLY STAUS ON THE BACK PAGE.**

A “Financial Hardship” exists when a customer is unable to pay an overdue bill and such customer meets certain income eligibility requirements.

If a financial hardship does exist, the Financial Hardship form must be renewed every 90 days. Your failure to submit a Financial Hardship form as required will result in termination of your service.

***PLEASE COMPLETE THE APPROPRIATE SIDE OF THE FORM AND RETURN ALL DOCUMENTATION TO:***

**Mansfield Municipal Electric Department  
Attention: Toni-Ann D’Ambra  
125 High Street; Unit # 1  
Mansfield, MA 02048  
Fax: 508-851-6544**

**Phone: 508-261-7361 ext. 60306  
Email: tdambra@mansfieldma.com**

## CUSTOMER FINANCIAL HARDSHIP FORM

If you are claiming a “Financial Hardship” under Massachusetts General Laws, Chapter 164, Section 124A or 124F, **please provide the following information and return the form to MMED within seven (7) days.** A customer must meet income eligibility requirements to qualify for a “Financial Hardship”.

Please check which condition applies to you:

☐ Winter Protection ☐ Serious Illness ☐ Infant

Customer  
Name: \_\_\_\_\_

Service  
Address: \_\_\_\_\_

Account  
Number: \_\_\_\_\_

Telephone  
Number: \_\_\_\_\_

Email  
Address: \_\_\_\_\_

Social Security  
Number: \_\_\_\_\_

Number of  
People in  
Household: \_\_\_\_\_

Annual  
Income: \$ \_\_\_\_\_  
(from all sources before taxes)

**I, the undersigned, do hereby certify that the information provided is complete and true, to the best of my knowledge.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_