Elderly Protection Form

Rhode Island Energy®
a PPL company

If you and all other adult residents in your home are 62 years of age or older, you are entitled to "protected status."

Please complete the information on both sides of this form and include proof that all adult household members are 62 or older. Valid proof includes copy of Driver's License, Birth Certificate, Passport, Military ID or Marriage Certificate. Please return to Rhode Island Energy using one of the following methods:

Online: Visit us online at RIEnergy.com/Protections to securely upload this completed form and proof.

Fax: 401-955-6617

Mail: Rhode Island Energy
PO Box 25215
Lehigh Valley, PA 18002-5215

Account Holder's Name	**Electric Account Number:** **Gas Account Number:** **(Account numbers must be at the same premise)**
Service Address	**Phone**
	Email
Account Holder's Signature	**Date**
I qualify for the Elderly Protection Program on my account. Enclosed is proof of age that all adult household members are 62 or older. Valid proof includes copy of Driver's License, Birth Certificate, Passport, Military ID or Marriage Certificate.	

Please also fill out: Household Member Information

Name	Social Security Number (SSN)	Date of Birth

Elderly Protection Form

Rhode Island Energy®
a PPL company

Third-Party or Another Person for Notification

This program allows you to select a person to act on your behalf if you receive a collection notice from us. We send a copy of the collection notice to this other person who can review the situation and help make payment arrangements. This other person can be a friend, relative, or member of the clergy. However, the that person is not responsible for nor obligated to pay your bill.

I designate the following person to be contacted for Third-Party or Another Person for Notification. I understand the contact person is not responsible for paying my electric and/or gas bill.

Third-Party Name	Address	Phone Number
Account Holder's Signature		**Date**