Serious Illness Protection Form

Rhode Island Energy®
a PPL company

Please complete the information on this form and return it to Rhode Island Energy using one of the following methods:

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

Fax: 401-955-6617

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

I hereby state under oath the following information is true and correct. **PLEASE PRINT.**

Account Holder's Name	**Electric Account Number:** **Gas Account Number:** **(Account numbers must be at the same premise)**
Service Address	**Phone Number**
	Email Address
Seriously Ill Individual's Name	**Relationship to Account Holder**

This Section to Be Completed By A Licensed Physician (LP), Medical Doctor (MD) Or Doctor Of Osteopathic Medicine (DO), Nurse Practitioner (NP), Physician Assistant (PA), or Registered Nurse (RN) only. Specify the nature of the illness and the duration of the illness. PLEASE PRINT.

Patient's Name	**Patient's Illness & Duration of Illness**
Physician's Name	**Physician's License Number**
Name & Address of Practice	

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The above information is necessary to conform to the Rhode Island Public Utilities Commission's regulations, as modified by court order, in establishing a Serious Illness protection. "Seriously ill" shall mean a condition that carries a high risk of mortality, negatively affects quality of life and daily function, and/or is burdensome in symptoms, treatments, or caregiver stress; provided, however, for purposes of this definition, a serious illness may not exceed six (6) months in duration. A serious illness that exceeds six (6) months in duration is deemed a "disability." We also require the business address, telephone number and licensed physician's signature.

I certify the above-mentioned individual, at the address above, is seriously ill as defined above, and all information provided regarding the patient's health is current and accurate.	**Licensed Physician's Signature & Title**
	Date (must be dated within the past 30 days)