



Application for Medical Waiver for Postponement of Electrical Service Disconnection

- A medical waiver may only be applied for in the use of life-sustaining medical equipment.
- A medical waiver may be applied for postponement of disconnect due to non-payment for not more than 30 days from due date.
- The life-sustaining medical equipment must be defined and certified by a licensed physician or licensed nurse practitioner in the State of Alabama.

MEMBER CERTIFICATION: (To be completed by Cullman Electric account holder)

Member Name: _____ Date: _____
 Address: _____
 Active telephone number: _____
 Name of **household** member(s) with medical emergency: _____
 Relationship to Member: _____

II. RELEASE: (To be completed by individual requiring life-sustaining equipment or his/her legal guardian)

I, _____, (circle one: resident/legal guardian) hereby grant my consent to the below-named licensed physician or nurse practitioner to release to Cullman Electric Cooperative such information as noted below, plus any supplemental information regarding critical medical equipment used at the residence.

Signature of Resident or Legal Guardian: _____ Date: _____

III. MEDICAL VERIFICATION: (To be completed and signed by a licensed physician or nurse practitioner)

I, _____, (Circle one:) a licensed physician or licensed nurse practitioner, in the state of Alabama, declare there is a medical emergency requiring electricity for a life-sustaining medical device for the above named member/household resident.

Type of medical equipment: _____
 Does equipment have battery back-up: _____
 How will the lack of electricity affect this individual: _____
 How long has patient condition existed: _____

Medical Authority's Signature: _____
 Address: _____
 Phone #: _____

(A phone number is required so we may contact you for potential clarification and/or verification.)

Chronic condition or critical care status does not guarantee an uninterrupted, regular, or continuous power supply. If electricity is a necessity for life sustainability, you must make other arrangements for on-site back-up capabilities or other alternative in the event of loss of electric service .

THIS EXEMPTION WILL EXPIRE MIDNIGHT:

Return this form to Cullman Electric Cooperative, P. O. Box 1168, Cullman, Alabama 35056.

For Cullman EC Use
 Date Received: _____ Date Exemption approved: _____ Initials: _____