

Special Protections

FOR MASSACHUSETTS CUSTOMERS

Customer Service

It is the customer's responsibility to contact New England Gas Company to apply for protected status. To make a payment arrangement, or, for more information about the protections listed in this brochure, please contact us at **(800) 544-4944**.

Hearing & Speech Impaired

Dial 711

Gas Leak Emergency Number

(800) 936-7000

Web Site

www.negasco.com

Hours

New England Gas Company's customer service telephone hours are 8:30 AM to 4:30 PM, Monday through Friday. Beginning the weekend after Labor Day through the weekend preceding the Memorial Day holiday weekend, our Customer Contact Center will also be open on Saturdays from 7:30 AM to 4:00 PM.

Low Income Home Energy Assistance Program (LIHEAP) Agencies

Fall River

Citizens for Citizens
(508) 679-0041

North Attleboro

Self Help
(508) 226-4192

Aviso importante. Faça favor de traduzir imediatamente.
Avis important. Veuillez traduire immédiatement.
Aviso importante: por favor tradúzcalo inmediatamente.

Important Information and Enrollment Forms for Customers Requesting Protected Status

Age 65 and Older Protection

In Massachusetts, if you and everyone living in your home are 65 years old or older, you are eligible for special protection from the termination of your natural gas service as a result of an arrear on your natural gas account.

Other Protections

Your natural gas service cannot be shut off, or will be restored, if you provide certification to New England Gas Company that you are unable to pay any overdue bill because of financial hardship, and;

- Someone living in your home is seriously ill; or
- A child under 12 months old lives in your home; or
- Between November 15th and March 15th natural gas is used as your primary heating fuel and your service was not shut off for non payment before November 15th.

Third Party Notification Service

New England Gas Company offers customers a service known as “Third Party Notification.” This service allows New England Gas Company, with your permission, to notify a friend, relative or neighbor if your gas bill is overdue. This service is particularly helpful for those who would like a reminder to pay their bill or who may need help managing their bills. The person you select as your “third party” is not responsible for paying your bill, only for reminding you to pay it if it becomes overdue. To enroll in this service, please complete and mail the Third Party Notification Service request form (*see addresses, phone numbers and mailing instructions listed on each form*).



Financial Hardship Certification Request Form (certification required quarterly)

MA

Please check one:

- I am a Massachusetts resident with a financial hardship and there is a seriously ill resident living at the address listed below. *(please complete the Doctor Certification Form)*
- I am a Massachusetts resident with a financial hardship and there is a child under 12 months old who is a resident living at the address listed below. *(please include photocopy of child's birth certificate with this form)*
- I am a Massachusetts resident with a financial hardship and my service provides heat or operates the heating system and has not been shut off for nonpayment before November 15th. Protection applies for winter moratorium period. *(please complete the form below)*

If you are claiming "financial hardship" under Massachusetts General Law, Chapter 164, Section 124F, please provide the following information and return this form to the address listed below. Pursuant to 220 CMR Chapter 25.03(4), customers claiming financial hardship must recertify their eligibility with the Company on a quarterly basis.

Customer Name		Phone Number	
Account Number	Premise Number	Social Security Number (optional)	
Customer Address			
City		State	Zip
Number of People in Household		Total Annual Income (all sources)	
Signature			Date

Please mail completed form to: New England Gas Company, Special Protections, P.O. Box 911, Fall River, MA 02722-0911



Elderly (age 65 or older) Protection Certification Form (certification required annually)

MA

Customer Name		Birth Date	Phone Number
Account Number	Premise Number	Social Security Number (optional)	
Customer Address			
City		State	Zip
Names of other adult residents in household:			
Name	Social Security Number (optional)	Birth Date	
Name	Social Security Number (optional)	Birth Date	
Name	Social Security Number (optional)	Birth Date	

I hereby certify that my household meets the requirements for Elderly Protection and that all the information I've provided is true and accurate. I hereby certify that I am the customer of record for the account specified above, and that I, and every other resident of my household are 65 years of age or older.

Signature	Date
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Please mail completed form to: New England Gas Company, Special Protections, P.O. Box 911, Fall River, MA 02722-0911



Third Party Notification Service Request Form (certification required annually)

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Customer Name _____ Phone Number _____

Account Number _____ Premise Number _____

Customer Address _____

City _____ State _____ Zip _____

Party to be notified:

Name _____ Phone Number _____

Relationship to Customer (optional) _____ Address _____

City _____ State _____ Zip _____

Signature of Customer _____ Date _____

Signature of Party to be Notified _____ Date _____

By signing above, customer and party to be notified give consent to New England Gas Company to arrange "Third Party Notification" service.

Please mail completed form to: New England Gas Company, Special Protections, P.O. Box 911, Fall River, MA 02722-0911



Doctor Certification Form (re-certification monthly for serious illness; quarterly for chronic illness)

MA

In order to qualify for protected status due to your illness, you are required to have your doctor certify your status by completing the form below. Mail or bring this form to your doctor. Both you and your doctor must sign this form and he or she must return it to us according to the mailing instructions at the bottom of this form.

Instructions to Doctor:

Your patient has requested protected status (he or she has a serious illness) as a customer of New England Gas Company. After obtaining the patient's signature (see below), please provide the following information including your signature:

Nature of Illness _____ Chronic / Non-chronic _____

Doctor's Name (please print) _____ Doctor's Signature _____ Date _____

Doctor's Address _____

Name and Age(s) of Child(ren) under 12 Months of Age _____

Customer's (Patient's) Name (please print) _____ Customer's (Patient's) Signature _____

Customer's (Patient's) Address _____

Please mail completed form to: New England Gas Company, Special Protections, P.O. Box 911, Fall River, MA 02722-0911



Supplemental Security Income (SSI) Recipients (certification required annually)

MA

New England Gas Company offers a low-income discount rate to customers who qualify and receive Supplemental Security Income (SSI) as administered by the Social Security Administration. (This is not the same as Social Security Income.)

___ I am presently a customer of record of New England Gas Company (your name appears on the bill)

___ I am presently receiving Supplemental Security Income (SSI)

Customer Name

Phone Number

Account Number

Premise Number

Social Security Number (optional)

Customer Address

City

State

Zip

I authorize the Social Security Administration to disclose to New England Gas Company that I am currently a recipient of Supplemental Security Income (SSI) benefits. This information is to be used solely to determine my eligibility for New England Gas Company's SSI discount rate.

Signature of Customer

Date

Please mail completed form to: New England Gas Company, Attn: SSI, P.O. Box 911, Fall River, MA 02722-0911

OFFICIAL USE ONLY Qualifies for SSI: ___ Yes ___ No

Massachusetts HEAT Credit Program

In November, 2005, the Massachusetts State Legislature passed *An Act Relative to Heating Energy Assistance and Tax Relief* and directed the Department of Telecommunications Energy (DTE) to develop standards for arrearage management programs for low-income customers of natural gas and electric distribution companies. As a result of the Order in DTE 05-86, New England Gas Company now offers the HEAT Credit Program for qualified customers.

Under the terms of the HEAT Credit Program, any residential customer, heating or non-heating, receiving natural gas service who is on the low-income discount rate (income eligibility requirements apply) may participate in the HEAT Credit Program if the customer:

- Has a minimum of \$300 arrears on their gas account;
- Pays 25% down payment on the gas account arrearage;
- Enrolls in a 12-month budget plan;
- Obtains a home energy audit within 12 months of enrollment, if they have not already had a home energy audit at their current address within the previous 24 months; and
- Provided that the customer has not participated in the HEAT Credit Program with the previous 24 months (renegotiation of payment plans will be permitted).

If the customer successfully completes the 12 monthly payments, the Company will apply a \$150 credit to the customer's New England Gas Company Account.