

**Aviso importante. Faça favor de traduzir imediatamente.**  
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**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 **OR** if everyone on the residence is 65 years or older and has a minor also in the residence, 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)*

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 <i>(optional)</i>	
Customer Address			
City	State	Zip	
Number of People in Household	Total Annual Income <i>(all sources)</i>		
Signature			Date

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



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

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



### Third Party Notification Service Request Form *(certification required annually)*

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



### Doctor Certification Form *(re-certification quarterly for serious illness; every 6 months for chronic illness)*

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



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

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

\_\_\_\_\_  
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, Special Protections, P.O. Box 911, Fall River, MA 02722

**OFFICIAL USE ONLY** Qualifies for SSI: \_\_\_\_ Yes \_\_\_\_ No

## ARREARAGE MANAGEMENT PROGRAM (AMP)

New England Gas's Arrearage Management Program (AMP) provides financial assistance to eligible low-income customers with active accounts that have outstanding bills in arrears.

Under the AMP program, eligible low-income customers may qualify for forgiveness of past due utility bills and program participants receive monthly credits to their past due account once all the program requirements have been met (Some restrictions may apply). Participation in the Arrearage Management Program and forgiveness of the past due balance is extended only once.

### Eligibility

The following eligibility guidelines must be met to qualify for the Arrearage Management Program (AMP):

- Must be the customer of record at the premise (not a landlord account)
- The customer of record must reside at the location where the utility service is provided
- Must have outstanding bills with a minimum of \$ 300.00 in arrears and sixty (60) days past due
- Must be eligible for the company's low-income discount rate
- Must not be shutoff for non-payment

### How to Apply

You may apply for this program by calling the Contact Center at (800) 544-4944.

### AMP Benefit

The AMP program provides forgiveness of all past due bills of eligible low-income residential customers. AMP forgiveness credits are capped at \$1,200.00 annually and \$100.00 monthly.

### Program Requirements

Customers approved for the AMP program must:

1. Enter into a monthly payment plan that includes:
  - a. Current bill amount
  - b. Future projected bills for the term of the payment plan less any projected fuel assistance payments
2. Pay the monthly amount agreed to in order to receive the monthly AMP credit
3. Apply for, and agree to participate in, all other financial assistance programs available (e.g. fuel assistance, weatherization/conservation, etc.).

Failure to pay the monthly amount agreed to will result in termination of the payment agreement, and any remaining AMP benefit will be forfeited. The AMP payment plan may be reinstated if all missed payments along with the current payments are made.

# Special Protections

## 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](http://www.negasco.com)**

## Hours

New England Gas Company's customer service telephone hours are 8:00am to 4:30pm, Monday through Friday.

## Low Income Home Energy Assistance Program (LIHEAP) Agencies

### Fall River

Citizens for Citizens  
(508) 679-0041

### North Attleboro

Self Help  
(508) 226-4192