

**VERIFICATION OF LIFE THREATENING CONDITION**

**TO VERIFIERS OF UTILITY CUSTOMERS HAVING LIFE THREATENING CONDITIONS**

The Kansas Corporation Commission requires electric and gas utilities under its jurisdiction to honor certificates which attest to the fact that a utility customer or a permanent member of the household has a medical condition such that discontinuance of service will give rise to a substantial risk of death or a grave impairment of the health of the utility customer or other permanent resident of the premises where service is rendered. The respective customer may initially certify the condition, but further verification is valid for 30 days and renewal or re-verification will be required every 30 days. You are being asked to provide verification that the stated condition still exists and will continue to exist for a specified period of time.

**Please be advised that your actions in this matter may result in this person being permitted to use utility services without immediate payment if their financial condition so warrants. However, full restitution is required when the life threatening condition ceases to exist.**

We appreciate your willingness to participate as verifier and trust you will do so advisedly considering the fact that energy consumed during this period must eventually be paid for by the utility customer.

We want to assure that those utility customers having a genuine life-threatening condition in their homes are not mistaken for those who would abuse this privilege at the expense of other customers.

*(To be completed by medical doctor, doctor of osteopathy, or county medical director.)*

**CUSTOMER INFORMATION**

Name of Customer		Account Number		
Service Address	Apt. No.	City	State	Zip Code
Home Telephone	Place of Employment			
Name of impaired individual, if other than customer			Relationship if other than customer	

**HEALTH CONDITION VERIFICATION**

Name of Patient	
Nature of Medical Problem	
Is this situation considered life threatening without electric service? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the estimated duration of the life threatening condition?
Specify the effect service discontinuance will have upon the health of the impaired individual.	
SPECIFY ANY ELECTRIC EQUIPMENT WHICH IS NECESSITATED BY THE MEDICAL PROBLEM	

**VERIFIER INFORMATION**

Name		Phone Number		
Title & Agency (if applicable)				
Address	City	State	Zip Code	
Signature of Verifier			Date	

Please Submit to: **Bluestem Electric Cooperative, Inc.**  
P.O. Box 5, Wamego, KS 66547  
P.O. Box 513, Clay Center, KS 67432