



San Diego Gas & Electric Company
San Diego, California

Revised Cal. P.U.C. Sheet No. 22308-E

Canceling Revised Cal. P.U.C. Sheet No. 15555-E

SAMPLE FORMS

Sheet 1

FORM 132-150/1

Medical Baseline Allowance Self-Certification

(03/2011)

(See Attached Form)

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Advice Ltr. No. 2240-E

Decision No. _____

Issued by
Lee Schavrien
Senior Vice President
Regulatory Affairs

Date Filed Mar 30, 2011

Effective Apr 29, 2011

Resolution No. _____



A Sempra Energy utility®

Medical Baseline Allowance SELF-CERTIFICATION

TO BE COMPLETED BY CUSTOMER *(please print)*

SDG&E® Customer Account #:			
Customer Name <i>(as it appears on your bill):</i>			
Medical Baseline Resident's Name <i>(if different than customer name):</i>			
Service Address:			
Customer Mailing Address <i>(if different than service address):</i>			
Home Phone:	()	Alternate Phone:	()

FOR CUSTOMERS BILLED BY SOMEONE OTHER THAN SDG&E®:

Name of Mobile Home or Apartment Complex:			
Complex Address:			
Complex Manager's Name:		Complex Phone:	()
Name of Tenant:		Tenant's Phone:	()

I UNDERSTAND THAT:

- 1 If the doctor certifies the resident's medical condition is permanent, SDG&E will require completion of a form self-certifying resident's continued eligibility for Medical Baseline every two years.
- 2 If the doctor certifies the resident's medical condition is not permanent, SDG&E will require completion of a form self-certifying resident's continued eligibility for Medical Baseline each year and completion of a new application with a doctor's certification every two years.
- 3 If the resident has a vision disability, I may contact SDG&E to request special notification when either re-certification (to complete a new application with a doctor's certification) or self-certification forms are mailed.
- 4 SDG&E cannot guarantee uninterrupted gas and electric service and I am responsible for making alternate arrangements in the event of a gas or electric outage.

I certify that the above information is correct. I also certify that the Medical Baseline resident lives full-time at this address and requires or continues to require the Medical Baseline Allowance. I agree to allow SDG&E to verify this information. I also agree to promptly notify SDG&E if the qualified resident moves or Medical Baseline Allowance is no longer needed by the resident.

How would you like to be contacted in case of planned or rotating power outages?

Select only one:

- Call me at the number below OR Send me a text message at the number below OR
 Contact me by TDD/TTY at the number below OR E-mail me at the address below

Number OR e-mail:			
Customer Signature:		Date:	

The standard Medical Baseline Allowance is 16.5 kilowatt-hours of electricity and/or 0.822 therms of natural gas per day, which is in addition to your daily standard baseline allocation. If this allowance does not meet your medical needs, please contact SDG&E at 1-800-411-SDGE (7343) to discuss additional amounts. SDG&E offers TDD/TTY 24/7 at 1-877-889-7343.

MAIL APPLICATION TO: San Diego Gas & Electric
 Medical Baseline Program
 PO Box 129831
 San Diego, CA 92112-9831

Fax: 1-858-636-5749
 E-mail: medicalbaseline@sdge.com