



Clay Faber - Director
Regulatory Affairs
8330 Century Park Court
San Diego, CA 92123-1548

Tel: 858-654-3563
Fax: 858-654-1788
CFaber@semprautilities.com

March 30, 2011

ADVICE LETTER 2240-E/2021-G
(U 902-M)

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

SUBJECT: Revision of the Medical Baseline Forms

San Diego Gas & Electric Company (SDG&E) hereby submits for filing revisions to its electric and gas tariffs as reflected in Attachments A and B, respectively.

PURPOSE

The purpose of this filing is to submit revised electric and gas medical baseline forms in compliance with California Public Utilities Commission (Commission) Decision (D.) 08-07-046, Appendix 10, Section 5 of SDG&E's Settlement Agreement¹ for participation in the Utilities' Emergency Customer Communication System.

BACKGROUND

D.02-04-026 ordered Pacific Gas and Electric Company, Southern California Edison Company, Southern California Gas Company, SDG&E (the Joint Utilities), Disability Rights Advocates (DisabRA), and other interested organizations to develop standardized medical baseline application and re-certification forms that will be common to all Commission-regulated gas or electric utilities.

As agreed upon by the Joint Utilities and DisabRA, the medical baseline forms that will be used by the utilities are the "*Medical Baseline Allowance Application*" (Form No. 132-150) and the "*Medical Baseline Allowance Self-Certification*" (Form No. 132-150/1). The application will be completed by the customer and the medical professional for enrollment of medical baseline. In addition, the application will be used to re-certify eligible customers as necessary. In order to continue the customer's eligibility for medical baseline, the customer will be required to complete the self-certification form as necessary.

The Medical Baseline Application and Recertification forms are updated to support SDG&E's Emergency Notification Program to allow new medical baseline/life support customers to specify their preferred means of contact for emergency notifications at the time of enrollment.

The following section located right above the customer's signature box is added to the Medical Baseline Allowance Application and Medical Baseline Allowance Self-Certification forms:

¹ D.08-07-046, dated July 31, 2008, approved the Memorandum of Understanding with DisabRA in Application (A.) 06-12-009.

How would you like to be contacted in case of planned or rotating power outages?	
Select only one:	
<input type="checkbox"/> Call me at the number below OR	<input type="checkbox"/> Send me a text message at the number below OR
<input type="checkbox"/> Contact me by TDD/TTY at the number below OR	<input type="checkbox"/> E-mail me at the address below

EFFECTIVE DATE

SDG&E believes this filing is subject to Energy Division disposition and should be classified as Tier 2 (effective after staff approval) pursuant to GO 96-B. SDG&E respectfully requests that this filing be approved effective April 29, 2011, which is 30 days from the date filed.

PROTEST

Anyone may protest this Advice Letter to the California Public Utilities Commission. The protest must state the grounds upon which it is based, including such items as financial and service impact, and should be submitted expeditiously. The protest must be made in writing and received by April 19, 2011, which is 20 days of the date of this Advice Letter. There is no restriction on who may file a protest. The address for mailing or delivering a protest to the Commission is:

CPUC Energy Division
Attention: Tariff Unit
505 Van Ness Avenue
San Francisco, CA 94102

Copies of the protest should also be sent via e-mail to the attention of both Honesto Gatchalian (inj@cpuc.ca.gov) and Maria Salinas (mas@cpuc.ca.gov) of the Energy Division. A copy of the protest should also be sent via both e-mail and facsimile to the address shown below on the same date it is mailed or delivered to the Commission.

Attn: Megan Caulson
Regulatory Tariff Manager
8330 Century Park Court, Room 32C
San Diego, CA 92123-1548
Facsimile No. (858) 654-1788
E-Mail: mcaulson@semprautilities.com

NOTICE

A copy of this filing has been served on the utilities and interested parties shown on the attached list, including parties in R.01-05-047 and A.06-12-009, by either providing them a copy electronically or by mailing them a copy hereof, properly stamped and addressed.

Address changes should be directed to SDG&E Tariffs by facsimile at (858) 654-1788 or by e-mail at SDG&ETariffs@semprautilities.com.

CLAY FABER
Director – Regulatory Affairs

CALIFORNIA PUBLIC UTILITIES COMMISSION

ADVICE LETTER FILING SUMMARY ENERGY UTILITY

MUST BE COMPLETED BY UTILITY (Attach additional pages as needed)

Company name/CPUC Utility No. **SAN DIEGO GAS & ELECTRIC (U 902)**

Utility type:

ELC GAS
 PLC HEAT WATER

Contact Person: Aurora Carrillo

Phone #: (858) 654-1542

E-mail: acarrillo@semprautilities.com

EXPLANATION OF UTILITY TYPE

ELC = Electric GAS = Gas
PLC = Pipeline HEAT = Heat WATER = Water

(Date Filed/ Received Stamp by CPUC)

Advice Letter (AL) #: 2240-E/2021-G

Subject of AL: Revisions to Medical Baseline Allowance Forms

Keywords (choose from CPUC listing): Forms

AL filing type: Monthly Quarterly Annual One-Time Other _____

If AL filed in compliance with a Commission order, indicate relevant Decision/Resolution #:

Does AL replace a withdrawn or rejected AL? If so, identify the prior AL _____

Summarize differences between the AL and the prior withdrawn or rejected AL¹: N/A

Does AL request confidential treatment? If so, provide explanation: _____

Resolution Required? Yes No

Tier Designation: 1 2 3

Requested effective date: April 29, 2011

No. of tariff sheets: 8

Estimated system annual revenue effect (%): N/A

Estimated system average rate effect (%): N/A

When rates are affected by AL, include attachment in AL showing average rate effects on customer classes (residential, small commercial, large C/I, agricultural, lighting).

Tariff schedules affected: Forms and TOC

Service affected and changes proposed¹: N/A

Pending advice letters that revise the same tariff sheets: N/A

Protests and all other correspondence regarding this AL are due no later than 20 days after the date of this filing, unless otherwise authorized by the Commission, and shall be sent to:

**CPUC, Energy Division
Attention: Tariff Unit
505 Van Ness Ave.,
San Francisco, CA 94102
mas@cpuc.ca.gov and jnj@cpuc.ca.gov**

**San Diego Gas & Electric
Attention: Megan Caulson
8330 Century Park Ct, Room 32C
San Diego, CA 92123
mcaulson@semprautilities.com**

¹ Discuss in AL if more space is needed.

General Order No. 96-B
ADVICE LETTER FILING MAILING LIST

cc: (w/enclosures)

Public Utilities Commission

DRA

D. Appling
S. Cauchois
J. Greig
R. Pocta
W. Scott

Energy Division

P. Clanon
S. Gallagher
H. Gatchalian
D. Lafrenz
M. Salinas

CA. Energy Commission

F. DeLeon
R. Tavares

Alcantar & Kahl LLP

K. Harteloo

American Energy Institute

C. King

APS Energy Services

J. Schenk

BP Energy Company

J. Zaiontz

Barkovich & Yap, Inc.

B. Barkovich

Bartle Wells Associates

R. Schmidt

Braun & Blaising, P.C.

S. Blaising

California Energy Markets

S. O'Donnell
C. Sweet

California Farm Bureau Federation

K. Mills

California Wind Energy

N. Rader

CCSE

S. Freedman
J. Porter

Children's Hospital & Health Center

T. Jacoby

City of Chula Vista

M. Meacham
E. Hull

City of Poway

R. Willcox

City of San Diego

J. Cervantes
G. Lonergan
M. Valerio

Commerce Energy Group

V. Gan

Constellation New Energy

W. Chen

CP Kelco

A. Friedl

Davis Wright Tremaine, LLP

E. O'Neill
J. Pau

Dept. of General Services

H. Nanjo
M. Clark

Douglass & Liddell

D. Douglass
D. Liddell
G. Klatt

Duke Energy North America

M. Gillette

Dynegy, Inc.

J. Paul

Ellison Schneider & Harris LLP

E. Janssen

Energy Policy Initiatives Center (USD)

S. Anders

Energy Price Solutions

A. Scott

Energy Strategies, Inc.

K. Campbell
M. Scanlan

Goodin, MacBride, Squeri, Ritchie & Day

B. Cragg
J. Heather Patrick

J. Squeri

Goodrich Aerostructures Group

M. Harrington

Hanna and Morton LLP

N. Pedersen

Itsa-North America

L. Belew

J.B.S. Energy

J. Nahigian

Luce, Forward, Hamilton & Scripps LLP

J. Leslie

Manatt, Phelps & Phillips LLP

D. Huard

R. Keen

Matthew V. Brady & Associates

M. Brady

Modesto Irrigation District

C. Mayer

Morrison & Foerster LLP

P. Hanschen

MRW & Associates

D. Richardson

OnGrid Solar

Andy Black

Pacific Gas & Electric Co.

J. Clark

M. Huffman

S. Lawrie

E. Lucha

Pacific Utility Audit, Inc.

E. Kelly

R. W. Beck, Inc.

C. Elder

School Project for Utility Rate
Reduction

M. Rochman

Shute, Mihaly & Weinberger LLP

O. Armi

Solar Turbines

F. Chiang

Sutherland Asbill & Brennan LLP

K. McCrea

Southern California Edison Co.

M. Alexander

K. Cini

K. Gansecki

H. Romero

TransCanada

R. Hunter

D. White

TURN

M. Florio

M. Hawiger

UCAN

M. Shames

U.S. Dept. of the Navy

K. Davoodi

N. Furuta

L. DeLacruz

Utility Specialists, Southwest, Inc.

D. Koser

Western Manufactured Housing
Communities Association

S. Dey

White & Case LLP

L. Cottle

Interested Parties in:

R.01-05-047

A.06-12-009

ATTACHMENT A
ADVICE LETTER 2240-E

Cal. P.U.C. Sheet No.	Title of Sheet	Canceling Cal. P.U.C. Sheet No.
Revised 22307-E	SAMPLE FORMS, FORM 132-150, Sheet 1	Revised 15554-E
Revised 22308-E	SAMPLE FORMS, FORM 132-150/1, Sheet 1	Revised 15555-E
Revised 22309-E	TABLE OF CONTENTS, Sheet 1	Revised 22303-E
Revised 22310-E	TABLE OF CONTENTS, SAMPLE FORMS, Sheet 9	Revised 22227-E



San Diego Gas & Electric Company
San Diego, California

Revised Cal. P.U.C. Sheet No. 22307-E

Canceling Revised Cal. P.U.C. Sheet No. 15554-E

SAMPLE FORMS

Sheet 1

FORM 132-150

Medical Baseline Allowance Application

(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 _____

Resolution No. _____



Medical Baseline Allowance

To help people with special health needs, SDG&E offers Medical Baseline Allowances, which bill some energy use at the lowest residential rate.

San Diego Gas & Electric® is dedicated to providing safe and reliable energy. For people who depend on life support equipment or special environmental conditions, energy is essential. To help people with special health needs, SDG&E® offers Medical Baseline Allowances that provide additional regulated utility charges at the baseline rate, which can help keep energy costs down.

Here are the basics about Medical Baseline, what it is and how to apply for it. You'll also find a Medical Baseline application enclosed. To apply for the Medical Baseline Allowance, simply complete the form, have your doctor sign it and mail it to us at the address shown.

What is Medical Baseline Allowance?

Medical Baseline Allowance provides additional regulated utility charges at the baseline rate, which is the lowest rate for residential customers. It is not a discount or rebate.

The allowance received with Medical Baseline is 16.5 kWh per day and 0.822 therms per day.

Who Can Get Medical Baseline Allowance?

Anyone with a qualifying medical need can apply for Medical Baseline Allowance. To qualify, you or a full-time resident of your home must meet one of the following requirements:

- ▶ Require permanent space heating or air conditioning as a paraplegic, quadriplegic, hemiplegic, multiple sclerosis, scleroderma patient, or have a compromised immune system or a life threatening illness.

▶ Require one of the following devices:

- Aerosol tents
- Apnea monitors
- Hemodialysis machines
- Kidney dialysis machines
- Suction machines
- IPPB machines
- Electrostatic nebulizers
- Ultrasonic nebulizers
- Pressure pumps
- Pressure pads
- Compressors
- Electric nerve stimulators
- Motorized wheelchairs
- Iron lungs
- Respirators
- Oxygen concentrators

Some equipment does not qualify for Medical Baseline allowances, including whirlpool pumps, heating pads, vaporizers, humidifiers, pool or tank heaters, saunas or hot tubs.

How Do I Apply?

Applying for Medical Baseline is easy. First, complete the form. Next, have your doctor verify your medical condition, the need for the equipment, or both and then sign the form. Return it to SDG&E at the address on the form. Once we receive your application we'll review the information and if you qualify you'll have the additional Medical Baseline Allowance on your next bill.

If you move, your Medical Baseline Allowance can be transferred to your new address. Just give us a call and let us know.

(Continued inside)



Medical Baseline Allowance Application

(Used for Medical Baseline Enrollment and Re-Certification)

What If I Pay My Landlord for My Energy?

You can apply for Medical Baseline even if you pay for your energy through your landlord or property owner. If your landlord or property owner provides a bill for energy, that bill will have the additional Medical Baseline Allowance.

Do I Have to Renew My Application?

Occasionally we may ask that you renew and update your Medical Baseline Allowance application. When we do this, we'll mail you a renewal notice.

Do I Have Other Responsibilities?

If you have Medical Baseline Allowance, you have some responsibilities.

While we do our best to avoid outages, we cannot guarantee that the power will always be on. Outages happen. SDG&E will attempt to notify you in advance of a state-directed power outage. However, if you require life support equipment, you should make arrangements for a back-up power supply in case of an outage. If you will be using a generator in case of an outage, state law requires that you call and notify us that you have a generator.

You are responsible for paying your SDG&E bill within 19 days of the date it is mailed to you. Call our Customer Service Center immediately if you think you may have difficulty paying your bill. If you do not pay your SDG&E bill on time or make suitable payment arrangements, your service could be shut off.

You also are responsible for notifying us if the medical equipment is no longer needed, or if the person using it no longer lives at the address where the allowance is given.

Other Helpful Services

SDG&E provides a variety of services that can help you with bill payments:

Third Party Reminder

If you or someone you know needs an extra reminder to pay the SDG&E bill, use our Third Party Notification service. With this service, we'll notify another person of your choice if your payment is late. This can help avoid any interruption in service.

Payment Options

In addition to paying your bill by mail, you can use Automatic Pay or SDG&E Pay-By-Phone. Both of these options debit your checking account to pay your SDG&E bill.

Payment Offices

You can also pay your bill at any of our offices or one of our many independent bill payment locations throughout the area. Just look for the SDG&E logo in the window.

California Alternate Rates for Energy (CARE)

You may qualify for savings of up to 35% every month on your SDG&E bill if your household meets the requirements. Call **1-877-646-5525** or visit sdge.com/care to apply. You will need your account number.

Energy Savings Assistance Program

Save money and live more comfortably with free services and appliances from this program, which is open to renters and home owners. Visit sdge.com/energyassistance or call **1-866-597-0597**.

Contact Us

If you'd like more information on Medical Baseline or any of the services we offer, contact SDG&E at **1-800-411-7343** or by e-mail at medicalbaseline@sdge.com. You can also visit us at sdge.com/medicalbaseline. Medical Baseline applications are available to download from our website in English, Spanish, Vietnamese and large type.

Para recibir más información acerca de la tarifa médica inicial o cualesquiera de los servicios que ofrecemos, comuníquese a SDG&E al **1-800-411-7343**. Las solicitudes para tarifa médica inicial también están disponibles en nuestro sitio Web en sdge.com/medicainicial

Nếu bạn cần chi tiết về chương trình giúp đỡ khách hàng có nhu cầu về y tế hoặc những chương trình khác, xin vui lòng liên lạc với chúng tôi số **1-800-411-7343**. Nếu xin gia tăng ngôn ngữ hoặc trợ giúp vì lý do sức khỏe cũng có trên mạng lưới liên toàn của chúng tôi, hãy truy cập sdge.com/lang/vietnamese.

TDD/TTY

For people with hearing impairments, SDG&E offers TDD/TTY 24 hours per day, seven days per week. Simply call us at **1-877-889-7343**



1-800-411-SDGE (7343)
sdge.com

Part 1: To Be Completed By Customer (please print)

SDG&E Customer Account #:	
Customer Name (as it appears on your bill):	
Medical Baseline Resident's Name (if different):	
Service Address:	
Customer Mailing Address (if different):	
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:

- 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.
- 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.
- 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.
- 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.

Part 2: To Be Completed by a Licensed Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.)

I certify that the medical condition and needs of my patient (please print):

Last Name: _____	First Name: _____
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1. Requires use of a life-support device * (check one) **Yes** **No**

The following life-support device(s) is(are) used in the above-named patient's home:

Device: _____	<input type="checkbox"/> Electricity	<input type="checkbox"/> Gas
Device: _____	<input type="checkbox"/> Electricity	<input type="checkbox"/> Gas
Device: _____	<input type="checkbox"/> Electricity	<input type="checkbox"/> Gas

*A qualifying life-support device is any medical device used to sustain life or is relied upon for mobility. This device must run on gas or electricity supplied by SDG&E. It includes, but is not limited to, respirators (oxygen concentrators), iron lungs, hemodialysis machines, suction machines, electric nerve stimulators, pressure pads and pumps, aerosol tents, electrostatic and ultrasonic nebulizers, compressors, IPPB machines, kidney dialysis machines, and motorized wheel-chairs. **Devices used for therapy rather than life-support do not qualify.**

2. Requires heating and cooling:

Standard Medical Baseline Allowances are available for heating and/or cooling if patient is paraplegic, quadriplegic, hemiplegic, has multiple sclerosis or scleroderma. Standard Medical Baseline Allowances are also available if patient has a compromised immune system, life threatening illness, or any other condition for which **additional heating or cooling is medically necessary to sustain the person's life or prevent deterioration of the person's medical condition.**

Requires standard Medical Baseline Allowance for heating: (check one) **Yes** **No**

Requires standard Medical Baseline Allowance for cooling: (check one) **Yes** **No**

3. I certify that the life-support device(s) and/or additional heating or cooling will be required for approximately:

(check one) **No. of Years** _____ or **Permanently**

Doctor's Name: _____	Phone No.: () _____
Office Address: _____	
MD/DO California State License or Military License Number: _____	
Signature of Doctor: _____	Date: _____

FOR SDG&E USE ONLY

Date Received: _____ Medical Baseline Allocation: _____ Electric unit(s) _____ Gas unit(s) _____

Recertification: Self-certify every 2 years Self-certify annually; doctor's certification every 2 years

MAIL APPLICATION TO: Medical Baseline Program Manager
 San Diego Gas & Electric
 P.O. Box 129831
 San Diego, CA 92112-9831
 Fax: 1-858-636-5749
 E-mail: *medicalbaseline@sdge.com*



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)

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(See Attached Form)

1P6

Advice Ltr. No. 2240-E

Decision No. _____

Issued by
Lee Schavrien
Senior Vice President
Regulatory Affairs

Date Filed Mar 30, 2011

Effective _____

Resolution No. _____



A Sempra Energy utility®

Medical Baseline Allowance SELF-CERTIFICATION

TO BE COMPLETED BY CUSTOMER (please print)

SDG&E® Customer Account #:			
Customer Name (as it appears on your bill):			
Medical Baseline Resident's Name (if different than customer name):			
Service Address:			
Customer Mailing Address (if different than service address):			
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 CR	Send me a text message at the number below CR
Contact me by TDD/TTY at the number below CR	E-mail me at the address below
Number CR 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



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Sheet 1

The following sheets contain all the effective rates and rules affecting rates, service and information relating thereto, in effect on the date indicated herein.

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(Continued)

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Advice Ltr. No. <u>2240-E</u>	Issued by Lee Schavrien	Date Filed <u>Mar 30, 2011</u>
Decision No. _____	Senior Vice President Regulatory Affairs	Effective _____
		Resolution No. _____



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SAMPLE FORMS

Sheet 9

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Lee Schavrien

Effective

Senior Vice President
Regulatory Affairs

Resolution No. _____

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ATTACHMENT B
ADVICE LETTER 2021-G

Cal. P.U.C. Sheet No.	Title of Sheet	Canceling Cal. P.U.C. Sheet No.
Revised 18719-G	SAMPLE FORMS, FORM 132-150, Sheet 1	Revised 12433-G
Revised 18720-G	SAMPLE FORMS, FORM 132-150/1, Sheet 1	Revised 12434-G
Revised 18721-G	TABLE OF CONTENTS, Sheet 1	Revised 18710-G
Revised 18722-G	TABLE OF CONTENTS, Sheet 6	Revised 18568-G



San Diego Gas & Electric Company
San Diego, California

Revised Cal. P.U.C. Sheet No. 18719-G

Canceling Revised Cal. P.U.C. Sheet No. 12433-G

SAMPLE FORMS

Sheet 1

FORM 132-150

Medical Baseline Allowance Application

(03/2011)

(See Attached Form)

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Advice Ltr. No. 2021-G

Decision No. _____

Issued by
Lee Schavrien
Senior Vice President
Regulatory Affairs

Date Filed Mar 30, 2011

Effective _____

Resolution No. _____

Medical Baseline Allowance

To help people with special health needs, SDG&E offers Medical Baseline Allowances, which bill some energy use at the lowest residential rate.

San Diego Gas & Electric[®] is dedicated to providing safe and reliable energy. For people who depend on life support equipment or special environmental conditions, energy is essential. To help people with special health needs, SDG&E[®] offers Medical Baseline Allowances that provide additional regulated utility charges at the baseline rate, which can help keep energy costs down.

Here are the basics about Medical Baseline, what it is and how to apply for it. You'll also find a Medical Baseline application enclosed. To apply for the Medical Baseline Allowance, simply complete the form, have your doctor sign it and mail it to us at the address shown.

What is Medical Baseline Allowance?

Medical Baseline Allowance provides additional regulated utility charges at the baseline rate, which is the lowest rate for residential customers. It is not a discount or rebate.

The allowance received with Medical Baseline is 16.5 kWh per day and 0.822 therms per day.

Who Can Get Medical Baseline Allowance?

Anyone with a qualifying medical need can apply for Medical Baseline Allowance. To qualify, you or a full-time resident of your home must meet one of the following requirements:

- ▶ Require permanent space heating or air conditioning as a paraplegic, quadriplegic, hemiplegic, multiple sclerosis, scleroderma patient, or have a compromised immune system or a life threatening illness.

▶ Require one of the following devices:

- Aerosol tents
- Apnea monitors
- Hemodialysis machines
- Kidney dialysis machines
- Suction machines
- IPPB machines
- Electrostatic nebulizers
- Ultrasonic nebulizers
- Pressure pumps
- Pressure pads
- Compressors
- Electric nerve stimulators
- Motorized wheelchairs
- Iron lungs
- Respirators
- Oxygen concentrators

Some equipment does not qualify for Medical Baseline allowances, including whirlpool pumps, heating pads, vaporizers, humidifiers, pool or tank heaters, saunas or hot tubs.

How Do I Apply?

Applying for Medical Baseline is easy. First, complete the form. Next, have your doctor verify your medical condition, the need for the equipment, or both and then sign the form. Return it to SDG&E at the address on the form. Once we receive your application we'll review the information and if you qualify you'll have the additional Medical Baseline Allowance on your next bill.

If you move, your Medical Baseline Allowance can be transferred to your new address. Just give us a call and let us know.

(Continued inside)



Medical Baseline Allowance Application

(Used for Medical Baseline Enrollment and Re-Certification)

What If I Pay My Landlord for My Energy?

You can apply for Medical Baseline even if you pay for your energy through your landlord or property owner. If your landlord or property owner provides a bill for energy, that bill will have the additional Medical Baseline Allowance.

Do I Have to Renew My Application?

Occasionally we may ask that you renew and update your Medical Baseline Allowance application. When we do this, we'll mail you a renewal notice.

Do I Have Other Responsibilities?

If you have Medical Baseline Allowance, you have some responsibilities.

While we do our best to avoid outages, we cannot guarantee that the power will always be on. Outages happen. SDG&E will attempt to notify you in advance of a state-directed power outage. However, if you require life support equipment, you should make arrangements for a back-up power supply in case of an outage. If you will be using a generator in case of an outage, state law requires that you call and notify us that you have a generator.

You are responsible for paying your SDG&E bill within 19 days of the date it is mailed to you. Call our Customer Service Center immediately if you think you may have difficulty paying your bill. If you do not pay your SDG&E bill on time or make suitable payment arrangements, your service could be shut off.

You also are responsible for notifying us if the medical equipment is no longer needed, or if the person using it no longer lives at the address where the allowance is given.

Other Helpful Services

SDG&E provides a variety of services that can help you with bill payments:

Third Party Reminder

If you or someone you know needs an extra reminder to pay the SDG&E bill, use our Third Party Notification service. With this service, we'll notify another person of your choice if your payment is late. This can help avoid any interruption in service.

Payment Options

In addition to paying your bill by mail, you can use Automatic Pay or SDG&E Pay-By-Phone. Both of these options debit your checking account to pay your SDG&E bill.

Payment Offices

You can also pay your bill at any of our offices or one of our many independent bill payment locations throughout the area. Just look for the SDG&E logo in the window.

California Alternate Rates for Energy (CARE)

You may qualify for savings of up to 35% every month on your SDG&E bill if your household meets the requirements. Call **1-877-646-5525** or visit sdge.com/care to apply. You will need your account number.

Energy Savings Assistance Program

Save money and live more comfortably with free services and appliances from this program, which is open to renters and home owners. Visit sdge.com/energyassistance or call **1-866-597-0597**.

Contact Us

If you'd like more information on Medical Baseline or any of the services we offer, contact SDG&E at **1-800-411-7343** or by e-mail at medicalbaseline@sdge.com. You can also visit us at sdge.com/medicalbaseline. Medical Baseline applications are available to download from our website in English, Spanish, Vietnamese and large type.

Para recibir más información acerca de la tarifa médica inicial o cualesquiera de los servicios que ofrecemos, comuníquese a SDG&E al **1-800-411-7343**. Las solicitudes para tarifa médica inicial también están disponibles en nuestro sitio Web en sdge.com/medicainicial

Nếu bạn cần chi tiết về chương trình giúp đỡ khách hàng có nhu cầu về ý tưởng hoặc những chương trình khác, xin vui lòng liên lạc với chúng tôi số **1-800-411-7343**. Nếu xin gia tăng ngôn ngữ hoặc ngôn ngữ vì lý do sức khỏe cũng có trên mạng lưới liên toàn của chúng tôi, hãy truy cập sdge.com/lang/vietnamese.

TDD/TTY

For people with hearing impairments, SDG&E offers TDD/TTY 24 hours per day, seven days per week. Simply call us at **1-877-889-7343**



1-800-411-SDGE (7343)
sdge.com

Part 1: To Be Completed By Customer (please print)

SDG&E Customer Account #:	
Customer Name (as it appears on your bill):	
Medical Baseline Resident's Name (if different):	
Service Address:	
Customer Mailing Address (if different):	
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:

- 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.
- 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.
- 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.
- 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.

Part 2: To Be Completed by a Licensed Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.)

I certify that the medical condition and needs of my patient (please print):

Last Name: _____	First Name: _____
------------------	-------------------

1. Requires use of a life-support device * (check one) **Yes** **No**

The following life-support device(s) is(are) used in the above-named patient's home:

Device: _____	<input type="checkbox"/> Electricity	<input type="checkbox"/> Gas
Device: _____	<input type="checkbox"/> Electricity	<input type="checkbox"/> Gas
Device: _____	<input type="checkbox"/> Electricity	<input type="checkbox"/> Gas

*A qualifying life-support device is any medical device used to sustain life or is relied upon for mobility. This device must run on gas or electricity supplied by SDG&E. It includes, but is not limited to, respirators (oxygen concentrators), iron lungs, hemodialysis machines, suction machines, electric nerve stimulators, pressure pads and pumps, aerosol tents, electrostatic and ultrasonic nebulizers, compressors, IPPB machines, kidney dialysis machines, and motorized wheel-chairs. **Devices used for therapy rather than life-support do not qualify.**

2. Requires heating and cooling:

Standard Medical Baseline Allowances are available for heating and/or cooling if patient is paraplegic, quadriplegic, hemiplegic, has multiple sclerosis or scleroderma. Standard Medical Baseline Allowances are also available if patient has a compromised immune system, life threatening illness, or any other condition for which **additional heating or cooling is medically necessary to sustain the person's life or prevent deterioration of the person's medical condition.**

Requires standard Medical Baseline Allowance for heating: (check one) **Yes** **No**

Requires standard Medical Baseline Allowance for cooling: (check one) **Yes** **No**

3. I certify that the life-support device(s) and/or additional heating or cooling will be required for approximately:

(check one) **No. of Years** _____ or **Permanently**

Doctor's Name: _____	Phone No.: () _____
Office Address: _____	
MD/DO California State License or Military License Number: _____	
Signature of Doctor: _____	Date: _____

FOR SDG&E USE ONLY

Date Received: _____ Medical Baseline Allocation: _____ Electric unit(s) _____ Gas unit(s) _____

Recertification: Self-certify every 2 years Self-certify annually; doctor's certification every 2 years

MAIL APPLICATION TO: Medical Baseline Program Manager
 San Diego Gas & Electric
 P.O. Box 129831
 San Diego, CA 92112-9831
 Fax: 1-858-636-5749
 E-mail: *medicalbaseline@sdge.com*



San Diego Gas & Electric Company
San Diego, California

Revised Cal. P.U.C. Sheet No. 18720-G

Canceling Revised Cal. P.U.C. Sheet No. 12434-G

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. 2021-G

Decision No. _____

Issued by
Lee Schavrien
Senior Vice President
Regulatory Affairs

Date Filed Mar 30, 2011

Effective _____

Resolution No. _____



A Sempra Energy utility®

Medical Baseline Allowance SELF-CERTIFICATION

TO BE COMPLETED BY CUSTOMER (please print)

SDG&E® Customer Account #:			
Customer Name (as it appears on your bill):			
Medical Baseline Resident's Name (if different than customer name):			
Service Address:			
Customer Mailing Address (if different than service address):			
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 CR	Send me a text message at the number below CR
Contact me by TDD/TTY at the number below CR	E-mail me at the address below
Number CR 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



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 Advice Ltr. No. 2021-G Senior Vice President Effective _____
 Decision No. _____ Regulatory Affairs Resolution No. _____