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July 30, 2013

ADVICE LETTER 2503-E/2214-G
(U 902-M)

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

SUBJECT: Revision of Gas & Electric 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.) 02-04-026, dated April 9, 2002, in Rulemaking (R.) R.01-05-047.

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.

SDG&E filed Advice Letter 1429-E/1328-G on July 30, 2002¹ to establish the "Medical Baseline Allowance Application" (Form 132-150) and the "Medical Baseline Allowance Self-Certification" (Form 132-150/1) as agreed upon by the Joint Utilities and DisabRA. The applications are completed by the customer and the medical professional for enrollment of medical baseline. In addition, the application is used to re-certify eligible customers as necessary. In order to continue the customer's eligibility for medical baseline, the customer is required to complete the self-certification form as necessary.

¹ Interim Decision Regarding Phase I Issues approved by the Commission on August 19, 2002.

As a result of the demographics at the time of SDG&E's original filing, the electric and gas medical baseline forms are currently available in English, Spanish, and Vietnamese pursuant to Ordering Paragraphs 13 and 14 of D.02-04-026.²

TARIFF CHANGES

The Medical Baseline Allowance Application (Form 132-150) and the Medical Baseline Allowance Self-Certification (Form 132-150/1), as reflected in Attachments A and B, are updated to include a statement that allows SDG&E to share the customer's information with other utilities in lieu of requiring the customer to submit two applications when the customer resides within a shared service territory with another investor-owned utility.

Previous certification statement:

I certify that the above information is correct. I also certify that the qualifying resident lives full-time at this address and required 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 the Medical Baseline Allowance is no longer needed by the resident.**

Revised certification statement (additional language underlined):

I certify that the above information is correct. I also certify that the qualifying resident lives full-time at this address and required 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 the Medical Baseline Allowance is no longer needed by the resident. By signing below, I authorize SDG&E to share my customer information with other utilities and/agents to enroll me in other utility assistance programs.**

Additionally, SDG&E has reviewed updated language demographic information within the service territory, using the 2010 census data, to determine if Medical Baseline applications should be translated into additional languages. Through this analysis, SDG&E has determined that Tagalog and Chinese have surpassed Vietnamese as the most prevalent Asian language in its service territory. SDG&E will continue to provide the Medical Baseline application form in

² OP #13: "PG&E, SCE, SDG&E, and SoCalGas shall, in addition to English, provide all medical baseline forms in Spanish and in the most prevalent Asian language in their respective service territories. We also encourage these four utilities to provide medical baseline forms in additional languages, particularly languages spoken by significant percentages of their customers. In the alternative, these utilities may work with community groups to provide information in additional languages on the medical baseline program."

OP #14: "If more than 10% of the customers of a utility not covered by the previous ordering paragraph speak as their primary language any language other than English, that utility shall make its medical baseline forms available in the second most common language in its service territory. We also encourage these utilities to perform outreach on medical baseline in additional languages, but the Commission will leave the determination of the best approach up to each utility."

Vietnamese and upon approval of this Advice Letter, SDG&E will also begin providing the application form in Tagalog and Chinese.

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 August 29, 2013, 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 August 19, 2013, 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 the Energy Division at EDTariffUnit@cpuc.ca.gov. 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) 654-1879
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: Megan Caulson

Phone #: (858) 654-1748

E-mail: mcaulson@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) #: 2503-E/2214-G

Subject of AL:) Revision of Gas and Electric Medical Baseline 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: August 29, 2013

NNo. 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: Gas and Electric Form 132-150 and Form 132-150/1, and Gas & Electric Table of Contents

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
EDTariffUnit@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

S. Cauchois
R. Pocta
W. Scott

Energy Division

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

CA. Energy Commission

B. Helft
B. Pennington

Alcantar & Kahl LLP

K. Cameron

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

Children's Hospital & Health Center

T. Jacoby

City of Chula Vista

M. Meacham

City of Poway

R. Willcox

City of San Diego

J. Cervantes
G. Lonergan
M. Valerio

Commerce Energy Group

V. Gan

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

Dynergy, 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

Pacific Gas & Electric Co.

J. Clark

M. Huffman

S. Lawrie

E. Lucha

Pacific Utility Audit, Inc.

E. Kelly

San Diego Regional Energy Office

S. Freedman

J. Porter

School Project for Utility Rate Reduction

M. Rochman

Shute, Mihaly & Weinberger LLP

O. Armi

Solar Turbines

F. Chiang

Southern California Edison Co.

M. Alexander
K. Cini
K. Gansecki
H. Romero

TransCanada

R. Hunter
D. White

TURN

M. Hawiger

UCAN

D. Kelly

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

R.01-05-047

A.06-12-009

ATTACHMENT A
ADVICE LETTER 2503-E

Cal. P.U.C. Sheet No.	Title of Sheet	Canceling Cal. P.U.C. Sheet No.
Revised 23636-E	SAMPLE FORMS, FORM 132-150, Sheet 1	Revised 22307-E
Revised 23637-E	SAMPLE FORMS, FORM 132-150/1, Sheet 1	Revised 22308-E
Revised 23638-E	TABLE OF CONTENTS, Sheet 1	Revised 23620-E
Revised 23639-E	TABLE OF CONTENTS, SAMPLE FORMS, Sheet 9	Revised 23510-E



San Diego Gas & Electric Company
San Diego, California

Revised Cal. P.U.C. Sheet No. 23636-E

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

SAMPLE FORMS

Sheet 1

FORM 132-150

Medical Baseline Allowance Application

(07/2013)

(See Attached Form)

T

1P5

Advice Ltr. No. 2503-E

Decision No. _____

Issued by
Lee Schavrien
Senior Vice President
Regulatory Affairs

Date Filed Jul 30, 2013

Effective _____

Resolution No. _____

Medical Baseline Allowance Program

San Diego Gas & Electric® (SDG&E®) is dedicated to providing safe and reliable energy to those who depend on life support equipment or special environmental conditions. The Medical Baseline Allowance Program helps customers save every month on their energy bill.

“Over 23,000 customers, from newborns to seniors, have qualified for our program. Anyone who uses certain medical devices or needs space heating or air conditioning because of a medical condition may qualify. We know those needs require an increase in energy use, so we offer this program to help reduce monthly bills.”

– Erin Manion
Medical Baseline
Program Manager

What is the Medical Baseline Allowance Program?

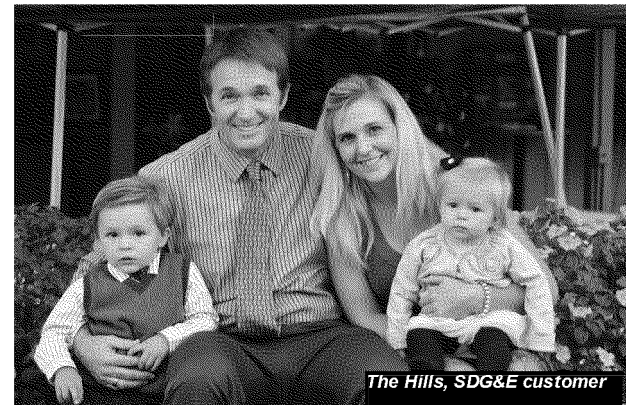
The Medical Baseline Allowance Program provides an additional amount of gas and electricity at the lowest rates for residential customers. It is not a discount or rebate.

In addition to your standard baseline allocation, the allowance received with the program is 16.5 kWh of electricity per day or 0.822 therms of natural gas per day, or both.

Who is eligible for the Program?

Anyone with a qualifying medical need can apply for the 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 due to conditions such as paraplegia, quadriplegia, hemiplegia, multiple sclerosis or scleroderma, or have a compromised immune system or a life-threatening illness.
- Require one of the following devices:
 - Aerosol tents
 - Apnea monitors
 - Continuous positive air-way pressure machines (CPAP)
 - Hemodialysis machines



The Hills, SDG&E customer

“An SDG&E representative told us about the Medical Baseline Allowance Program because our son Nolan has asthma and needs to use a nebulizer. Enrolling in the program was easy and it reduced our monthly energy bill.” – Amber Hills

- 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 the allowance, including whirlpool pumps, heating pads, air filters, vaporizers, humidifiers, pool or tank heaters, saunas, or hot tubs. However, other equipment that uses electricity may qualify.

What if I pay my landlord for my energy?

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

continued on back ▶

» **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 receive the 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 are also 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.
- If you move please let us know as your allowance does not transfer automatically. Just give us a call and let us know.

How do I apply?

Applying for the program is easy.

1. You need to complete part 1 of the application
2. Have your doctor verify (your medical condition, the need for the equipment, or both), fill out part 2 and sign.
3. Return Part 1 and Part 2 together to SDG&E by mail, fax or email (all located on the application)

Your application will be processed within 30 days of receiving it. Please keep a copy for your records.

Contact us

If you'd like more information on the Medical Baseline Allowance Program or any of the services we offer, contact SDG&E at **1-800-411-7343** or by email at medicalbaseline@sdge.com. You can also visit us at sdge.com/medicalbaseline. Medical Baseline Allowance

applications are available to download from our website in English, Spanish, Vietnamese and large type.

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 Notifications 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. To enroll, call **1-800-411-7343** or visit sdge.com/thirdparty.

Level Pay Plan (LPP)

If you'd like to have more predictable energy bills each month, our LPP is free and can help. This plan helps smooth out the ups and downs of your monthly energy bill. These highs and lows are caused by changes in the weather and how you use your appliances.

LPP will average your annual energy use and costs during a 12-month period. You pay an average bill amount each month instead of actual charges. To apply either call us at **1-800-411-7343** or visit us at sdge.com/lpp and click on the enroll online link.

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. Call **1-800-411-7343** to locate a payment office.

CARE Program

You may qualify for a 20% discount every month on your SDG&E bill if your household meets the requirements. Call **211** 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 weatherization services and new appliances from this program, which is open to renters and homeowners. Visit sdge.com/esapor or call **1-866-597-0597**.



TDD/TTY

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

Medical Baseline Allowance Application

(Used for Medical Baseline Allowance Program Enrollment and Recertification)



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

SDG&E® Customer Account #:			
Customer Name (as it appears on your bill):			
Patient's name (if different from customer):			
Service Address:	Unit/Space:	City:	
Customer Mailing Address (if different):			
Home Phone: ()	Email address		

For Customers Billed by Someone Other Than SDG&E:

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

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 Email me at the address below

Number OR email:	
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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 the Medical Baseline Allowance 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 the Medical Baseline Allowance 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 recertification (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 qualifying 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 the Medical Baseline Allowance is no longer needed by the resident. By signing below, I authorize SDG&E to share my customer information with other utilities and/or their agents to enable them to enroll me in other utility assistance programs.**

Customer Signature:		Date:	
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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 **1-800-411-7343** to discuss additional amounts.

Medical Baseline Allowance Application

(Used for Medical Baseline Allowance Program Enrollment and Recertification)

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):

Patient's 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:

The Medical Baseline Allowance is available for heating and/or cooling if the patient is paraplegic, quadriplegic, hemiplegic, has multiple sclerosis or scleroderma. The allowance is also available if the 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 patient's life or prevent deterioration of the patient's medical condition.**

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

Requires the 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

MD or DO Name:		Phone No.:	()
Office Address:			
MD/DO California State License or Military License Number:			
Signature of MD or DO (not PA or NP):		Date:	

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



San Diego Gas & Electric Company
San Diego, California

Revised Cal. P.U.C. Sheet No. 23637-E

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

SAMPLE FORMS

Sheet 1

FORM 132-150/1

Medical Baseline Allowance Self-Certification
(07/2013)

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(See Attached Form)

1P5

Advice Ltr. No. 2503-E

Decision No. _____

Issued by
Lee Schavrien
Senior Vice President
Regulatory Affairs

Date Filed Jul 30, 2013

Effective _____

Resolution No. _____

Medical Baseline Allowance Application

Self-Certification



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

SDG&E® Customer Account #:			
Customer Name (as it appears on your bill):			
Patient's name (if different from customer):			
Service Address:	Unit/Space:	City:	
Customer Mailing Address (if different):			
Home Phone: ()	Email address		

For Customers Billed by Someone Other Than SDG&E:

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

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 Email me at the address below

Number OR email:

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 the Medical Baseline Allowance 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 the Medical Baseline Allowance 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 recertification (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 qualifying 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 the Medical Baseline Allowance is no longer needed by the resident. By signing below, I authorize SDG&E to share my customer information with other utilities and/or their agents to enable them to enroll me in other utility assistance programs.**

Customer Signature:	Date:
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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 **1-800-411-7343** to discuss additional amounts. SDG&E offers TDD/TTY at 1-877-889-7343.

MAIL APPLICATION TO: Medical Baseline Allowance Program Manager P.O. Box 129831 Fax: 1-858-636-5749
San Diego Gas & Electric San Diego, CA 92112-9831 Email: 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)

1P4

Advice Ltr. No. 2503-E
Decision No. _____

Issued by
Lee Schavrien
Senior Vice President
Regulatory Affairs

Date Filed Jul 30, 2013
Effective _____
Resolution No. _____



TABLE OF CONTENTS

Sheet 9

SAMPLE FORMS

<u>Form No.</u>	<u>Date</u>	<u>Applications, Agreements & Contracts</u>	<u>Sheet No.</u>
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Date Filed

Jul 30, 2013

Advice Ltr. No. 2503-E

Lee Schavrien

Effective _____

Senior Vice President
Regulatory Affairs

Decision No. _____

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ATTACHMENT B
ADVICE LETTER 2214-G

Cal. P.U.C. Sheet No.	Title of Sheet	Canceling Cal. P.U.C. Sheet No.
Revised 20028-G	SAMPLE FORMS, FORM 132-150, Sheet 1	Revised 18719-G
Revised 20029-G	SAMPLE FORMS, FORM 132-150/1, Sheet 1	Revised 18720-G
Revised 20030-G	TABLE OF CONTENTS, Sheet 1	Revised 20021-G
Revised 20031-G	TABLE OF CONTENTS, Sheet 6	Revised 19591-G



San Diego Gas & Electric Company
San Diego, California

Revised Cal. P.U.C. Sheet No. 20028-G

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

SAMPLE FORMS

Sheet 1

FORM 132-150

Medical Baseline Allowance Application

(07/2013)

(See Attached Form)

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Advice Ltr. No. 2214-G

Decision No. _____

Issued by
Lee Schavrien
Senior Vice President
Regulatory Affairs

Date Filed Jul 30, 2013

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Medical Baseline Allowance Program

San Diego Gas & Electric® (SDG&E®) is dedicated to providing safe and reliable energy to those who depend on life support equipment or special environmental conditions. The Medical Baseline Allowance Program helps customers save every month on their energy bill.

“Over 23,000 customers, from newborns to seniors, have qualified for our program. Anyone who uses certain medical devices or needs space heating or air conditioning because of a medical condition may qualify. We know those needs require an increase in energy use, so we offer this program to help reduce monthly bills.”

– Erin Manion
Medical Baseline
Program Manager

What is the Medical Baseline Allowance Program?

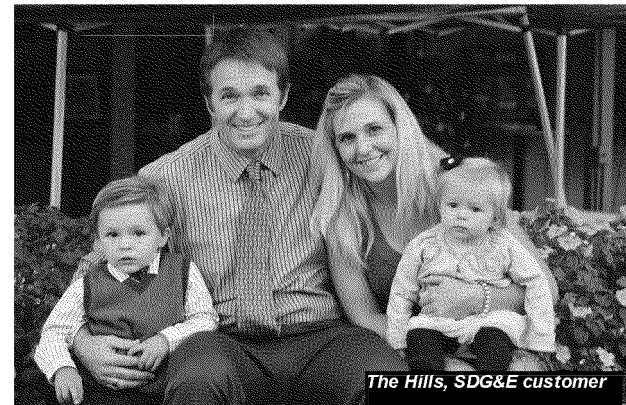
The Medical Baseline Allowance Program provides an additional amount of gas and electricity at the lowest rates for residential customers. It is not a discount or rebate.

In addition to your standard baseline allocation, the allowance received with the program is 16.5 kWh of electricity per day or 0.822 therms of natural gas per day, or both.

Who is eligible for the Program?

Anyone with a qualifying medical need can apply for the 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 due to conditions such as paraplegia, quadriplegia, hemiplegia, multiple sclerosis or scleroderma, or have a compromised immune system or a life-threatening illness.
- Require one of the following devices:
 - Aerosol tents
 - Apnea monitors
 - Continuous positive air-way pressure machines (CPAP)
 - Hemodialysis machines



The Hills, SDG&E customer

“An SDG&E representative told us about the Medical Baseline Allowance Program because our son Nolan has asthma and needs to use a nebulizer. Enrolling in the program was easy and it reduced our monthly energy bill.” – Amber Hills

- 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 the allowance, including whirlpool pumps, heating pads, air filters, vaporizers, humidifiers, pool or tank heaters, saunas, or hot tubs. However, other equipment that uses electricity may qualify.

What if I pay my landlord for my energy?

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

continued on back ▶

» **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 receive the 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 are also 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.
- If you move please let us know as your allowance does not transfer automatically. Just give us a call and let us know.

How do I apply?

Applying for the program is easy.

1. You need to complete part 1 of the application
2. Have your doctor verify (your medical condition, the need for the equipment, or both), fill out part 2 and sign.
3. Return Part 1 and Part 2 together to SDG&E by mail, fax or email (all located on the application)

Your application will be processed within 30 days of receiving it. Please keep a copy for your records.

Contact us

If you'd like more information on the Medical Baseline Allowance Program or any of the services we offer, contact SDG&E at **1-800-411-7343** or by email at medicalbaseline@sdge.com. You can also visit us at sdge.com/medicalbaseline. Medical Baseline Allowance

applications are available to download from our website in English, Spanish, Vietnamese and large type.

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 Notifications 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. To enroll, call **1-800-411-7343** or visit sdge.com/thirdparty.

Level Pay Plan (LPP)

If you'd like to have more predictable energy bills each month, our LPP is free and can help. This plan helps smooth out the ups and downs of your monthly energy bill. These highs and lows are caused by changes in the weather and how you use your appliances.

LPP will average your annual energy use and costs during a 12-month period. You pay an average bill amount each month instead of actual charges. To apply either call us at **1-800-411-7343** or visit us at sdge.com/lpp and click on the enroll online link.

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. Call **1-800-411-7343** to locate a payment office.

CARE Program

You may qualify for a 20% discount every month on your SDG&E bill if your household meets the requirements. Call **211** 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 weatherization services and new appliances from this program, which is open to renters and homeowners. Visit sdge.com/esapor or call **1-866-597-0597**.



TDD/TTY

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

Medical Baseline Allowance Application

(Used for Medical Baseline Allowance Program Enrollment and Recertification)



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

SDG&E® Customer Account #:			
Customer Name (as it appears on your bill):			
Patient's name (if different from customer):			
Service Address:	Unit/Space:	City:	
Customer Mailing Address (if different):			
Home Phone: ()	Email address		

For Customers Billed by Someone Other Than SDG&E:

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

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 Email me at the address below

Number OR email:	
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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 the Medical Baseline Allowance 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 the Medical Baseline Allowance 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 recertification (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 qualifying 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 the Medical Baseline Allowance is no longer needed by the resident. By signing below, I authorize SDG&E to share my customer information with other utilities and/or their agents to enable them to enroll me in other utility assistance programs.**

Customer Signature:		Date:	
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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 **1-800-411-7343** to discuss additional amounts.

Medical Baseline Allowance Application

(Used for Medical Baseline Allowance Program Enrollment and Recertification)

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):

Patient's 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:

The Medical Baseline Allowance is available for heating and/or cooling if the patient is paraplegic, quadriplegic, hemiplegic, has multiple sclerosis or scleroderma. The allowance is also available if the 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 patient's life or prevent deterioration of the patient's medical condition.**

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

Requires the 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

MD or DO Name:		Phone No.:	()
Office Address:			
MD/DO California State License or Military License Number:			
Signature of MD or DO (not PA or NP):		Date:	

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



San Diego Gas & Electric Company
San Diego, California

Revised Cal. P.U.C. Sheet No. 20029-G

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

SAMPLE FORMS

Sheet 1

FORM 132-150/1

Medical Baseline Allowance Self-Certification

(07/2013)

(See Attached Form)

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1P4

Advice Ltr. No. 2214-G

Decision No. _____

Issued by
Lee Schavrien
Senior Vice President
Regulatory Affairs

Date Filed Jul 30, 2013

Effective _____

Resolution No. _____

Medical Baseline Allowance Application

Self-Certification



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

SDG&E® Customer Account #:			
Customer Name (as it appears on your bill):			
Patient's name (if different from customer):			
Service Address:	Unit/Space:	City:	
Customer Mailing Address (if different):			
Home Phone: ()	Email address		

For Customers Billed by Someone Other Than SDG&E:

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

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 Email me at the address below

Number OR email:

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 the Medical Baseline Allowance 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 the Medical Baseline Allowance 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 recertification (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 qualifying 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 the Medical Baseline Allowance is no longer needed by the resident. By signing below, I authorize SDG&E to share my customer information with other utilities and/or their agents to enable them to enroll me in other utility assistance programs.**

Customer Signature:	Date:
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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 **1-800-411-7343** to discuss additional amounts. SDG&E offers TDD/TTY at 1-877-889-7343.

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



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 Decision No. _____ Regulatory Affairs Resolution No. _____