

Ensure Your Power Supply Is Protected

PSEG Long Island continually maintains and reinforces the electric system to minimize power interruptions. However, high winds, tree branches, lightning, or ice can occasionally disrupt electric service. There are preventive measures you can take to maintain your life-support equipment, such as:

- Consider having a licensed electrician install a standby generator. Please check with your local municipality regarding any generator regulations.
- Contact your local fire and police departments and inform them of your health situation. Find out now what kind of assistance (such as transportation or first aid) they can offer during a power outage.
- Develop a network of friends, relatives and neighbors you can rely on for help.
- Arrange to stay with a friend or relative in the aftermath of a major storm. Check now to see which person's home can accept your equipment without difficulty. Have alternate sites in case your first choice is also without power.
- Let us know immediately if you change your telephone number or if your situation changes and there is no longer a need for the equipment.


To learn more about any of these programs, call 1-800-490-0025.

Si Habla Español

Si tiene alguna pregunta sobre su cuenta con PSEG Long Island, o si desea obtener informacion sobre algunos de nuestros programas, por favor llame a nuestro departamento de Servicio de Cliente y pida hablar con uno de nuestros representantes que habla español. Al telefono 1-800-490-0085.



www.psegliny.com
1-800-490-0025

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FC 11374 5/18

Caring

for our customers

Customized Programs and Protections



BUSINESS REPLY MAIL

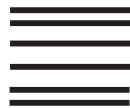
FIRST-CLASS MAIL PERMIT NO. 51 MELVILLE NY

POSTAGE WILL BE PAID BY ADDRESSEE

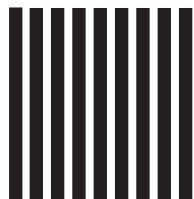
PSEG Long Island

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NO POSTAGE
NECESSARY
IF MAILED
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UNITED STATES



Caring for Our Customers with Specific Needs

PSEG Long Island is committed to improving the quality of life within our service territory. That is why we offer an array of services for customers with specific needs. Information about these and other programs is available 24 hours a day, 7 days a week at www.psegliny.com

Special Protections for Medical Emergencies

PSEG Long Island provides additional time so that payment arrangements can be made for customers or their immediate family members who are ill or have a chronic medical condition. Customers in this situation must provide PSEG Long Island with a Medical Certificate from a doctor, local Board of Health, nurse practitioner, or physician assistant, and the certificate must state:

- Why the electric service is required during the health emergency
- The medical professional's name, address, telephone number and license number
- The customer's name, address, telephone number and account number

We will continue the electric service for thirty (30) days. We will not terminate electric service during a medical emergency; however, the customer is still responsible for the payment of the PSEG Long Island bill.

Senior Citizens 62 years or older and those with disabilities should also contact us so that appropriate protections, as needed, may be provided.

Critical Care Program

If you or a member of your household relies on life-support equipment, file a medical certificate with us from your doctor, local Board of Health, nurse practitioner, or physician assistant, and we will note your PSEG Long Island account and tag your meter as "Critical Care." When we anticipate a severe storm, we will call you as a reminder to make advance preparations.

Listed below are 11 devices which meet the medical criteria for life-support equipment.

Qualifying Life-Support Devices

- Apnea Monitor (Infant Monitor)
- Cuirass Respirator
- Positive Pressure Respirator
- Suction Machine
- IV Feeding Machine
- Tank Type Respirator
- Respirator/Ventilator
- Hemodialysis Machine
- Rocking Bed Respirator
- Oxygen Concentrator
- IV Medical Infusion Machine

Additional devices may qualify as life-support equipment if certified by a physician.

Our Response During Major Storms

We will conduct additional outreach to special protection and Critical Care customers regarding major weather events, but we cannot guarantee priority during power restoration efforts. When there is a severe storm, we work to restore service to all customers as quickly as possible. Restoration efforts that will get power on for the most number of customers at once receive priority. Each customer is responsible for making alternate arrangements for any medical or other special needs in the event of a power outage.

Large Print Bill and Braille Bill

The Large Print bill is designed for our customers who have difficulty reading a regular bill. The print

is 55% larger than our regular bill, and can be mailed along with your billing statement. Customers who read Braille may request a summary of the bill converted to Braille, which will be sent along with the bill.

For more information on the Braille bill, or to request a Large Print bill or Braille bill, call us at 1-800-490-0025 or enroll on the attached card.

Friendly Follow-Up Program

This program allows you to designate a relative, trusted friend, or social service agency to receive an extra copy of your PSEG Long Island bill should it become overdue.

This extra protection can help you keep your account current if you're planning a long vacation, live alone or are unable to make timely payments for other reasons such as illness or an emergency.

The person chosen to receive notification from us will not be responsible for paying the bill, but can help keep track of the electric account and follow-up with us.

If you would like to participate, please complete the enrollment form attached and return it to us.

Peace of Mind Program

If you, or an immediate family member, are hospitalized, we'll extend your bill due date by thirty (30) days.

To apply for the Peace of Mind Program, use the attached form or call us at 1-800-490-0025.

Hearing/Speech Impaired - TDD Services

Customers who are deaf, hard of hearing or speech impaired and use a TTY may call us at 631-755-6660.

ENROLLMENT FORM

I would like to enroll in Friendly Follow-Up Critical Care Peace of Mind Please send me a Large Print bill Braille bill
All household members are age 62 or over, and/or under age 18 have a permanent disability are legally/medically blind

PLEASE PRINT

Name _____
Address _____
Town _____ State _____ Zip _____
Phone # _____ Date _____
Account # _____

For Peace of Mind Only
Hospital Name _____
Doctor's Name _____

For Friendly Follow-Up Only
(Person/Agency) _____
Address _____
Town _____ State _____ Zip _____
Phone # _____
Authorized Signature _____

Please call us at 1-800-490-0025 if you have special needs not addressed in this brochure.