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BOARD POLICY NO. 5-31 R-10

SUBJECT: Termination of Electric Service

POLICY:

Upper Cumberland Electric Membership Corporation has established the following guidelines for termination of electric service to assure that fair and equal treatment is available to all members of the Cooperative. These guidelines are subject to change at the discretion of the General Manager whenever such change is deemed necessary for the efficient operation of the System.

A. Disconnects of Electric Service

1. UCCEMC may discontinue electrical service for the violation of the adopted By-Laws, the Schedule of Rules and Regulations or of the Schedule of Rates and Charges. UCCEMC may also discontinue electrical service to the member for the theft of services or the appearance of theft devices or tampering with cooperative equipment on the member's premise, for safety reasons or noncompliance with any federal, state, or local codes /regulations. Electrical services will be discontinued to members with past due accounts except as provided herein this policy below. Payment in full, including late fee and applicable administrative charges, will be required before service is restored. In the event service is discontinued due to safety reasons, code or statute violations or for tampering, an electrical inspection shall be required by a State of Tennessee approved electrical inspector prior to reconnection of electric service. An additional deposit amount may also be required. The termination of service by UCCEMC for any reason stated in this rule does not release the member from the obligation for any amounts due to UCCEMC, including the payment of minimum bills as specified in contracts.

2. Electric bills shall be rendered monthly fifteen (15) days before the due date printed on each bill. If payment is not received by the due date on the bill, UCCEMC may discontinue service a minimum of two (2) days after providing a separate written notice, by mail or electronic means informing the member of the electric service disconnection and the available rights and remedies to dispute any bill as described herein below. No further notice will be given before the collection process as described in Board Policy No. 5-02, Billing and Collection, begins for any past due bill. For UCCEMC members participating in TVA's Enhanced Security Deposit Program, TVA's Deposit Assurance Program or TVPPA's DIC Credit Insurance Program the Cooperative shall follow the most current guidelines and requirements of the ESDP, DAP or DIC in effect relative to termination of electric service. The bill will advise that any dispute regarding any aspect of any bill may be registered at any Cooperative office during normal business hours.

3. If member does not make payment or otherwise arrange for settlement of the bill by the due date, the Cooperative will proceed to collect the bill in accordance with Board policy No.5-02, Billing and Collection.

4. Normally, the Cooperative will send a collector to the service location in a last attempt to secure payment. If he/she is not successful, termination of service may be at any time thereafter.

5. Members desiring a hearing on a disputed bill or other service issues may do so by appointment at any of the Cooperative's offices during normal operating hours Monday through Friday. Members participating in TVA's Enhanced Security Deposit Program (ESDP), TVA's Deposit Assurance Program (DAP) or TVPPA's DIC Credit Insurance Program (DIC) shall follow the guidelines of said program relative to any disputed bill.

6. A member requesting a hearing has the right to examine the Cooperatives records pertaining to that member's service prior to his hearing.

7. Hearings will be conducted by a duly authorized counselor as listed herein below, who will hear the evidence and render a prompt decision.

Authorized Counselors:

- Consumer Services Supervisor
- District Manager

8. If the member can show reasonable doubt as to the validity or fairness of his/her hearing, he or she may request an appeal hearing with a duly authorized counselor as listed herein below. Such request, containing reasonable objection to his/her first hearing, must be made by noon on the next business day following the original hearing. Such an appeal hearing will be promptly scheduled and will be conducted by a duly authorized counselor. This authorized counselor will hear the evidence and promptly render a final decision on this issue.

Authorized Counselors:

- Assistant General Manager

9. Special counseling is available for those members who may be experiencing hardship or other unusual circumstances.

10. In the case of billing disputes or other service issues, the member is expected to resolve the dispute by notifying and working with the Cooperative. If the dispute is not resolved, the Cooperative will provide the member with information regarding TVA's Complaint Resolution Process. Members will be informed about the TVA Complaint Resolution Process upon application for service, at any time upon request, and through information provided on the Cooperative's website at www.ucemc.com or other technological means of communication, if available.

B. Termination of Electric Service during Extreme Weather Events

1. In the event of extreme weather, UCEMC shall evaluate weather conditions daily as forecasted by the National Weather Service at www.weather.gov. Temperatures shall be evaluated according to the National Weather Service forecast for each UCEMC District office according to the USPS zip code for each of the four (4) UCEMC District Office locations. In the event the temperature for any 24 hour day, is not forecast to ~~be~~ get below ninety-five (95) degrees (F) (hot weather); or is not forecast to get above thirty-two (32) degrees (F) (cold weather); UCEMC will postpone the disconnection of service of UCEMC members on monthly billing cycles scheduled for such disconnection due to non-payment, who receive electric service and which service is maintained from the District Office affected by the extreme weather event. Where disconnection is postponed due to an extreme weather condition, the postponement will not extend beyond the extreme weather condition.

2. The aforementioned language relative to the procedures for termination of electric service during extreme weather events shall not apply to members who elect to participate in UCEMC's Power-Your-Way prepaid metering program.

C. Termination of Electric Service Relative to Medical Hardships

1. Accounts of members identified by Upper Cumberland Electric Membership Corporation (UCEMC) as having a Medical Hardship and whose health could be critically threatened if electric service is disconnected, may receive an extension of electric service prior to disconnection for non-payment. In order to qualify for said extension of service, the member must contact UCEMC to obtain a "Medical Request Form for Medical Hardship", and have the form completed by a certified and licensed Health Care Provider. The Health Care Provider shall use the form provided by UCEMC to certify in writing that disconnection of electric service would critically endanger the individual's health. It is the responsibility of the individual member, however, to inform UCEMC if the member or someone residing in the household fits these criteria. Members, who have provided UCEMC with the required medical form, giving notice of the need for life-sustaining medical equipment from a licensed Health Care Provider, will be allowed an additional four days (96 hours) before disconnection of electric service for nonpayment is made. Members who have not provided UCEMC with the required medical form, giving notice of the need for life-sustaining medical equipment, from a licensed Health Care Provider, UCEMC shall extend service for an additional two days (48 hours) to allow time for the member to have said form approved and on file with UCEMC. Upon receipt of said form, service shall be extended for an additional two days (48 hours) making a total of four days (96 hours) extension before service is disconnected. An extension of electric service as described herein above shall be

granted to allow time for the member to make payment or alternative shelter arrangements.

2. Upper Cumberland EMC will allow temporary extension of electric service for up to 96 hours as described herein above and provided a current Health Care Provider's certificate of Medical Request Form for Medical Hardship stating that termination would be detrimental to the health/safety of a person is on file with UCEMC. The Medical Request Form for Medical Hardship shall be required to be updated by a Licensed Health Care Provider every ninety (90) days and evidence of recertification kept on the files of UCEMC in order to receive such service extension. Extensions of electric service by UCEMC in accordance with the foregoing shall be allowed a maximum of two (2) times during any calendar year. It shall be the responsibility of the member to ensure that the "Medical Request Form for Medical Hardship" as described herein above has been approved by UCEMC personnel and is on file with UCEMC.

3. Any UCEMC member receiving extension of electric service due to submission of the Medical Request Form for Medical Hardship is hereby informed that the form is only a temporary extension of electric service and said form shall not release any member of the cooperative from any financial responsibility, for full payment of electric service rendered.

4. The Health Care Provider's Certificate of Medical Request Form for Medical Hardship shall be available on the cooperative's website at www.ucemc.com or at any UCEMC office.

RESPONSIBILITY: General Manager

PROCEDURE: As stated in policy.

APPENDIX

A. Medical Request Form for Medical Hardship

**Board Policy 5-31, Termination of Service
Appendix A**

Medical Request Form for Medical Hardship

ACCOUNT # _____ **ACCOUNT NAME:** _____

Date Received: _____

PATIENT NAME: _____

PATIENT ADDRESS: _____

Medical Authorization

Licensed Health Care Provider is hereby authorized to furnish to any Upper Cumberland Electric Membership District Office, any and all information in your possession concerning the undersigned patient's physical condition, care, diagnoses, and treatment. The undersigned patient understands that treatment, payment, enrollment, or eligibility for benefits has not been conditioned on the signing of this authorization. The undersigned patient further waives all privileges and confidentiality, which may exist in the doctor/patient relationship or healthcare provider/patient relationship, so as to permit the release of all information desired by UC EMC. The undersigned patient further releases you and all other persons employed by you for all claims the undersigned patient may have or claim to have for any invasion of privacy by reason of your furnishing information to UC EMC. The undersigned patient further states that this medical authorization is to be considered by you to contain the core elements and required statements outlined in 45 CFR, Section 164.500, et seq to allow you to disclose the requested information with UC EMC in compliance with the HIPPA Privacy Standards with respect to the disclosure of protected health information.

Date: _____

Sworn to and subscribed before me, on this the _____ day of _____, 20____ Patient _____.

Notary Public: _____ My Com. Exp. _____ (SEAL)

Licensed Health Care Provider: PLEASE COMPLETE ALL PARTS. Upper Cumberland EMC WILL CALL TO CONFIRM.

I am a licensed health care provider in the State of _____ The above named customer is a patient of mine and is under my care and treatment at this time. I have personally examined the above named patient within the past 90 days. The above patient is suffering from the following medical condition:

(Type or Print)

The above medical condition requires the patient to use the following electric life-sustaining device:

(Type or Print)

In my opinion the termination of electrical service at the present time would result in an immediate life threatening condition for the above patient. My opinion is based upon a reasonable degree of medical certainty.

Licensed Health Care Provider Signature Print Name Phone Number

Sworn to and subscribed before me, on this the _____ day of _____, 20____ .

Notary Public: _____ My Com. Exp. _____ (SEAL)

CUSTOMER'S ACKNOWLEDGEMENT

I have been informed by Upper Cumberland EMC that this is only a temporary extension to pay my account and if my condition remains the same or worsens, then it is my responsibility to renew this form on or before 90 days. I acknowledge that it is my responsibility during this period to arrange for the transfer of the above patient to another location, in the event payment cannot be made.

I have been informed by Upper Cumberland EMC that Upper Cumberland EMC has the sole discretion to accept or deny this application for relief based upon a life threatening condition for the above named patient.

Date

Customer Signature