



CERTIFICATION OF SERIOUS ILLNESS

Our customer has applied to Eversource for protection of their electric service from termination because they or someone in their household is suffering from a serious illness.

In compliance with M.G.L.c.164 124A, the Company may not terminate electric service to this customer provided you, as a registered physician, certify in writing to the Company that our customer or someone living in his/her household is suffering from a serious illness. Your certification of serious illness shall be conclusive evidence of the existence of the serious illness claimed unless, after review, the Massachusetts Department of Public Utilities determines otherwise.

The certificate of serious illness shall be renewed monthly unless the illness is chronic. A certificate of chronic serious illness shall be renewed quarterly.

PHYSICIAN'S CERTIFICATION

I, _____ certify that my patient
(Print Physician's Name)

_____ of _____
(Print Patient's Name) (Print Patient's Street Address and Apt./Floor #)

_____ is suffering from a serious illness. The nature of
(Print Patient's City and State)

the illness is _____

(Physician's Signature)

(Date)

(Physician's Street Address)

(Physician's Telephone Number)

(Physician's City and State)

(Physician's Fax Number)

Please return within seven days of receipt to: Attn: Credit Department, One NSTAR Way,
Westwood MA 02090

Telephone: (866) 781-4739

FAX: (781) 441-3686