

DEC 2 '16 PM4:15

SIERRA ELECTRIC COOPERATIVE, INC.
5TH REVISED FORM NO. 3
CANCELLING 4TH REVISED FORM NO. 3

15 DAY NOTICE OF DISCONTINUANCE OF SERVICE

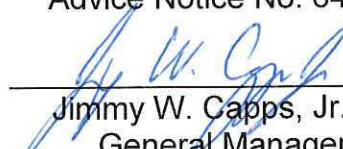
Attached is a sample of the 15 Day Notice of Discontinuance of Service, including Medical and Financial Certification and Rights and Responsibilities Regarding Discontinuance of Services in English and Spanish.

EFFECTIVE

JAN - 1 2017

REPLACED BY NMPRC
BY Rule No. 210

Advice Notice No. 64


Jimmy W. Capps, Jr.
General Manager



Sierra Electric Cooperative, Inc.
PO BOX 290
ELEPHANT BUTTE, NM 87935

A Touchstone Energy® Cooperative

For billing inquiries contact:

Office hours: 8:00 am - 5:00 pm Monday - Friday
Office Address: 610 Highway 195, Elephant Butte, NM 87935
Phone: 575-744-5231 Fax: 575-744-5819
To report an outage: 888-336-3380
Website Address: www.sierraelectric.org

2744 1 AV 0.350
MEMBER NAME
MEMBER ADDR
CITY STATE ZIP+4

4 2744
C-8 P-8

15 DAY DISCONNECTION NOTICE

Notice Date	10/12/2016
Account Number	999999
Delinquent Amount Due 10/25/16	63.29

Final Due Date 10/25/16



Service Location: 123 ANY ROAD

Account Number	Name	Meter Number	Rate	30 Day Past Due	60 Day Past Due
999999	MEMBER NAME	5997	11	0.00	0.00

Dear Member,

If the past due balance on your account has been paid, please disregard this notice. According to our records, your bill for electric service in the amount shown above has not been paid. Perhaps this is an oversight, however, should you fail to pay this account within 15 days of the date of this notice, proceedings will be initiated to discontinue service. If service is discontinued, the member will be subjected to all provisions of Rules and Regulations on file with New Mexico Public Regulation Commission.

Please pay the amount past due before the Final Due Date to avoid disconnection.

To avoid disconnection we must receive your past due balance of \$63.29 no later than 10/25/16, or payment arrangements must be made. Please see the enclosed notice for more information. Electric service may be disconnected if payment of the amount past due is not received in our office by 5:00pm on the final due date. If disconnected, the amount past due, a deposit, plus applicable service charges must be paid before electric service will be reconnected. CHARGES BEFORE TAXES: Reconnect fee: a). During business hours \$50.00 b). After business hours \$70.00.

Your service will not be disconnected from November 15 through March 15, if you qualify for the Low Income Home Energy Assistance Program (LIHEAP) and as of November 15, you had no past due amount or you are making the agreed upon payments under a payment plan. For information call New Mexico Human Services Department at 1-800-283-4465.

Keep This Portion For Your Records

Please detach and return bottom portion with payment

Return this portion with your payment.

Account Name: MEMBER NAME

Account Number: 99999

We accept Discover, Visa, MasterCard



For more information, visit our website or office.

Pay By Phone 575-744-5231

PLEASE INDICATE CHANGE OF ADDRESS/PHONE NUMBER HERE.

Address/Box Number		
City	State	Zip
Phone Number	Other Phone	

Account Number	99999
Delinquent Amount Due 10/25/16	63.29

SIERRA ELECTRIC COOPERATIVE, INC
PO BOX 290
ELEPHANT BUTTE, NM 87935





CONTACT US

Phone: 575-744-5231 | Fax: 575-744-5819 | Web: www.sierraelectric.org

Report Power Outages: 888-336-3380

Mailing Address: PO Box 290, Elephant Butte, NM 87935

Office Hours: Monday - Friday 8 a.m. to 5 p.m.



DISCONNECTION POLICY

If you qualify for Medical Protection, your service will not be disconnected if we have a current Financial and Medical form filled out and on file. Your service will not be disconnected from November 15 through March 15, if you meet the qualifications of the Low Income Home Energy Assistance Program (LIHEAP) and have no past due amounts, or you remain current on any settlement or installment agreement for amounts due as of November 15. For information, call New Mexico Human Services Department at 1-800-283-4465 or the tribal or pueblo entity that administers a tribe's or pueblo's LIHEAP.



POLITICA DE DESCONEXION DE SERVICIO

Su servicio no sera desconectado si tenemos en nuestros archivos un formulario Medico o de Finanzas completo y vigente. Su servicio no sera desconectado entre el 15 de noviembre y hasta el 15 de marzo si Ud. califica para el programa de asistencia de energia para familias de bajos recursos (LIHEAP) y ademas no tiene montos de facturas vencidas, o si Ud. posee un acuerdo de pago para montos vencidos hasta el 15 de noviembre. Para mas informacion, llame al departamento de Servicios Humanos en Nuevo Mexico al 1-800-283-4465 o a la entidad de su tribu o pueblo de esta empresa de servicios que administra LIHEAP.



PAYING YOUR BILL

Online Payment: Visit our website at www.sierraelectric.org

Pay by Phone: Save postage and call our office during normal office hours. All you need is your account number and a checking, savings, or credit/debit card.

Automatic Bank Draft: Your payment is drafted from your checking/savings account on the agreed upon date.

Recurring Credit/Debit Card: Your payment is charged to your card on the agreed upon date.

Mail: Mail payment and bottom portion of bill. Please allow time for the payment to be received by the due date. Write your account number on the check or money order.

Drop Box: Use our drop box located in front of our office.

In Person: Payment can be made at our office during normal office hours; Monday-Friday 8 a.m. to 5 p.m.

PLEASE NOTE: To be complete, ALL fields must be filled in, valid, and legible.

MEDICAL CERTIFICATION

NOTE: In order to continue to receive gas or electric service from (name of utility), a complete Medical and a complete Financial Certification Form must be submitted. This certification is valid for ninety (90) days from the signature date of medical professional.

PATIENT OR LEGAL GUARDIAN

I certify the information provided is true and correct. I understand that if I provide false information, I could be denied continued medical emergency gas or electric utility service from _____.

Name of Utility Company

I, _____, hereby authorize the medical professional signing this certification to

PRINTED NAME OF PATIENT

disclose to _____ the information contained in this Medical Certification Form.

Name Of Utility Company

PATIENT OR LEGAL GUARDIAN SIGNATURE

DATE

PRIMARY UTILITY ACCOUNT HOLDER

I certify the information provided is true and correct. I understand that if I provide false information, I could be denied continued medical emergency gas or electric utility service from _____.

Name of Utility Company

I, _____, hereby certify that I am the person responsible for the charges for gas

PRINTED NAME OF PRIMARY ACCOUNT HOLDER

or electric utility service at _____ and that a seriously or chronically ill person

SERVICE ADDRESS

(as defined by Rule 17.5.410.7 NMAC) resides there.

I further certify that I will immediately notify _____ or arrange to have such notification provided, if

Name Of Utility Company

there is a change in the status of the seriously or chronically ill person residing at the Service Address, including relocation or a change in the physical condition of such person which renders continued medical emergency gas or electric utility service unnecessary.

PRIMARY ACCOUNT HOLDER SIGNATURE

DATE

DOCTOR'S USE ONLY --

I, _____, certify that: I am (1) a licensed physician or physician's assistant licensed or

PRINTED NAME OF MEDICAL PROFESSIONAL

accepted by the New Mexico Medical Board and practicing under the New Mexico Medical Practice Act, (2) an osteopathic physician or osteopathic physician's assistant practicing under the New Mexico Osteopathic Physician's Practice Act or (3) a certified nurse practitioner licensed by the New Mexico Board of Nursing and practicing under the New Mexico Nursing Practice Act; I hold license number/NPI Number _____; and that on _____

DATE

I examined _____ who I am informed resides at

NAME OF PATIENT

SERVICE ADDRESS

I certify that the said person has the following condition in which loss of _____ gas or _____ electric (please indicate type of service by checking) utility service would give rise to substantial risk of death or gravely impair health:

DESCRIBE CONDITION AND REASONS FOR CONTINUED GAS OR ELECTRIC UTILITY SERVICE (IF APPLICABLE, LIST MEDICALLY NECESSARY EQUIPMENT)

and that this condition qualifies as a serious or chronic illness pursuant to Rule 17.410.7 NMAC.

DEFINITION OF SERIOUS OR CHRONICALLY ILL PER RULE 17.5.410.7 NMAC: AN ILLNESS OR INJURY THAT RESULTS IN A MEDICAL PROFESSIONAL'S DETERMINATION THAT THE LOSS OF GAS OR ELECTRIC UTILITY SERVICE WOULD GIVE RISE TO A SUBSTANTIAL RISK OF DEATH OR GRAVELY IMPAIR HEALTH.

SIGNATURE OF MEDICAL PROFESSIONAL

DATE

OFFICE ADDRESS OF MEDICAL PROFESSIONAL

TELEPHONE NUMBER, AND FAX NUMBER OF MEDICAL PROFESSIONAL

ONLY for patients meeting the requirements for extended medical certification, also complete the additional certification below if it applies to this patient:

DOCTOR'S USE ONLY - EXTENDED MEDICAL CERTIFICATION (VALID FOR 1 YEAR)

I, _____, certify that the above mentioned patient's medical condition

PRINTED NAME OF MEDICAL PROFESSIONAL

is permanent and will not improve within 12 months from _____ (today's date.)

DESCRIPTION OF APPROVED CONDITION

SEE OTHER SIDE FOR FINANCIAL CERTIFICATION

Revised December, 2012

FINANCIAL CERTIFICATION (VALID FOR 90 DAYS ONLY)

BY SIGNING BELOW, I, THE ACCOUNT HOLDER, ACKNOWLEDGE THAT THIS CERTIFICATE DOES NOT RELIEVE ME OF MY RESPONSIBILITY TO PAY MY CURRENT AND PAST BILLS WITH (NAME OF UTILITY).

- For Administering Authority (Human Services Department (HSD) or Tribal Authority) certification: complete Sections I and II.

OR

- For self certification: complete Section III and attach a copy of the primary account holder's current Medicaid eligibility.

(Even when Extended Medical Certification is authorized, Financial Recertification is required every 90 days for the Account Holder.)

SECTION I : AUTHORIZATION TO RELEASE INFORMATION - PRIMARY UTILITY ACCOUNT HOLDER

I, _____, authorize Administering Authority to release to (name of utility) information from
PRINTED NAME OF PRIMARY ACCOUNT HOLDER
my file as deemed necessary for the purpose of qualifying for the Medical Certification program.

I certify the information provided is true and correct. I understand that if I provide false information, I can be denied continued medical emergency gas or electric utility service.

PRIMARY ACCOUNT HOLDER'S SIGNATURE	UTILITY ACCOUNT NUMBER	PRIMARY ACCOUNT HOLDER'S SOCIAL SECURITY NUMBER		
PRIMARY ACCOUNT HOLDER'S TELEPHONE NUMBER	SERVICE ADDRESS	CITY	STATE	ZIP CODE

SECTION II - ADMINISTERING AUTHORITY (HSD OR TRIBAL) USE ONLY

I, _____, an authorized representative of _____ hereby certify that
NAME OF AGENCY REPRESENTATIVE **ADMINISTERING AUTHORITY**

_____, the primary account holder named in Section I currently meets the income
PRIMARY ACCOUNT HOLDER AND SOCIAL SECURITY NUMBER
guidelines as defined by the Administering Authority (such as Low Income Home Energy Assistance Program (LIHEAP) assistance).

AGENCY REPRESENTATIVE SIGNATURE	CONTACT NUMBER AND FAX NUMBER	DATE
- OR -		

SECTION III --SELF CERTIFICATION - PRIMARY ACCOUNT HOLDER - ATTACH COPY OF CURRENT NEW MEXICO MEDICAID ELIGIBILITY FOR PRIMARY ACCOUNT HOLDER

I, _____ hereby certify that I am the person responsible for the charges for gas or electric
PRINTED NAME OF PRIMARY ACCOUNT HOLDER

utility service at _____ and that a seriously or chronically ill person (as defined by Rule 17.5.410.7
SERVICE ADDRESS

NMAC) _____ resides there.
PATIENT'S NAME

I certify the information provided is true and correct. I understand that if I provide false information, I could be denied continued medical emergency gas or electric utility service.

PRIMARY ACCOUNT HOLDER SIGNATURE	DATE	PRIMARY ACCOUNT HOLDER'S SOCIAL SECURITY NO.
SERVICE ADDRESS	CITY	STATE
		ZIP CODE

It is in the account holder's best interest to make regular payments toward current and past due balances; the account holder is encouraged to contact (name of utility) to make payment arrangements.

SEE OTHER SIDE FOR MEDICAL CERTIFICATION

Your Rights and Responsibilities Regarding Discontinuance of Services

Dear Sierra Electric Cooperative, Inc. Residential Customer,

This notice is to inform you that your utility payment is past due. Your service will be disconnected after the date printed on the enclosed bill if payment is not made by then. Upon request, we can provide outstanding charge information to you including the dates of service during which the outstanding charges were incurred and the date and amount of the last payment.

You can participate in a payment plan if you can demonstrate that you do not have the financial resources to pay the outstanding amount or if you are low income or are subject to other special circumstances.

IF YOU HAVE DIFFICULTY PAYING THIS BILL, AND FEEL YOU MAY QUALIFY FOR ASSISTANCE IN PAYING YOUR UTILITY BILL FROM THE LOW INCOME HOME ENERGY ASSISTANCE PROGRAM, OR ANOTHER ASSISTANCE PROGRAM IN YOUR COMMUNITY, CONTACT THE COMMUNITY ASSISTANCE SECTION OF THE HUMAN SERVICES DEPARTMENT AT 1-800-283-4465, THE TRIBAL OR PUEBLO ENTITY THAT ADMINISTERS A TRIBE'S OR PUEBLO'S LIHEAP, OR THE CUSTOMER SERVICE REPRESENTATIVE AT THIS UTILITY.

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) APPLICATION FORMS FOR THE LOW INCOME HOME ENERGY ASSISTANCE PROGRAM ARE AVAILABLE AT THE BILLING OFFICES OF THIS UTILITY, AT THE HUMAN SERVICES DEPARTMENT, AND AT THE TRIBAL OR PUEBLO ENTITY THAT ADMINISTERS A TRIBE'S OR PUEBLO'S LIHEAP. YOU SHOULD RETURN THE APPLICATION FORMS TO THE HUMAN SERVICES DEPARTMENT OR THE TRIBAL OR PUEBLO ENTITY THAT ADMINISTERS THE PROGRAM AND DETERMINES YOUR ELIGIBILITY TO RECEIVE ASSISTANCE.

If you believe that there is an error in your billing, contact us immediately for a review. After you pay the undisputed amount of your bill, we will postpone disconnection of your service until the dispute is resolved.

If you or someone in your household are seriously or chronically ill, we will not disconnect your service, if at least two days before the disconnection date, we receive an original of the attached Sierra Electric Cooperative, Inc. Medical and Financial Certification forms. The medical certification form must be completed by a licensed medical professional. An original of the attached financial certification form, stating that you qualify for financial assistance, must be completed by an agency providing assistance in or for the state of New Mexico.

If your service has been disconnected, we will restore service within twelve hours after you have satisfied the certification requirements above. Your obligation to pay your bill is not relieved if service is continued or reestablished because we receive these certifications.

Between November 15 through March 15, if you qualify for Low Income Home Energy Assistance Program (LIHEAP), you may be protected from having your services disconnected for non-payment. For more information, please call us at 575-744-5231.

TO RESTORE SERVICE THAT HAS BEEN DISCONNECTED, A RECONNECT FEE MAY BE CHARGED.

~~We can put you in touch with other organizations in your community that might be able to help you. If you have a relative, friend, or agency that will assist in paying your bills, and you want us to notify them when disconnect notices are sent, contact us.~~

Sierra Electric's Budget Billing Program can help even out your payments throughout the year. You still pay for all of the energy you use. You can cancel your participation at any time. Upon cancellation, all amounts are due and become payable within 30 days. Any credits will be applied to your account.

See your bill for your local Sierra Electric Cooperative, Inc. payment location. To contact us, call us at 575-744-5231 from 8:00 a.m. to 5:00 p.m. Monday through Friday. Holiday hours vary or, go to our website, www.sierraelectric.org.

If you are not satisfied with the arrangements that we provide, you have the right to file a complaint with the New Mexico Public Regulation Commission, 1120 Paseo de Peralta, Santa Fe, NM 87501. Telephone 505-827-6940 or 1-888-4 ASK PRC or 1-888-427-5772.

Special consideration will be given to a residential customer who meets the qualifications of LIHEAP, or has other special circumstances, in determining deposits and installment agreements. In making such determination, a utility shall accept documentation from the administering authority that such residential customer meets the qualifications of LIHEAP.

Aviso de sus Derechos e Obligaciones de la Terminación del Servicio

Estimado Cliente Residencial de Sierra Electric Cooperative, Inc.,

Este aviso le informe que su pago de luz ya está vencida. Su servicio se desconectará después de la fecha indicada en la cuenta adjunta, al menos que recibamos su pago antes de la fecha indicada. Si usted nos lo pide, le damos una copia de su cuenta con los cargos pendientes, las fechas del servicio, la fecha y la cantidad del último pago.

Si tiene dificultades para pagar esta factura, y siente que puede calificar para asistencia en el pago de su bil de utilidad desde el programa de asistencia de energía de bajo ingreso o de otro programa de su comunidad, comuníquese con La Asistencia de la Comunidad del Departamento de Servicios Humanos al 1-800-283-4465. También se puede comunicar con la entidad tribal o al pueblo que administra el LIHEAP tribal, o con el representante del servicio al cliente de esta utilidad.

Las aplicaciones de bajo ingreso – programa de asistencia de energía LIHEAP están disponibles en las oficinas de facturación de esta utilidad, en el Departamento de Servicios Humanos, o en la entidad tribal o al pueblo que administra el LIHEAP tribal. Usted debería de devolverle la aplicación al Departamento de Servicios Humanos, o a la entidad tribal o al pueblo que administra el LIHEAP tribal, para averiguar su elegibilidad para recibir asistencia. No nos los devuelva a esta utilidad.

Si usted considera que ha ocurrido un error, comuníquese inmediatamente con nosotros para que le hagamos una revisión de su cuenta. Si usted paga la cantidad de la cuenta que NO está en disputa, se pospondrá la desconexión del servicio, hasta que se resuelva la disputa.

Si usted o alguien en su casa donde vive, tiene una enfermedad grave o crónica, Sierra Electric Cooperative, Inc. no le desconectamos su servicio, si usted cumple con los 2 requisitos siguientes:

1. nos entrega la copia original del certificado médico adjunto, por lo menos 2 días antes de la fecha de desconexión y
2. nos entrega la copia original del certificado económico adjunto, por lo menos 2 días antes de la fecha de desconexión

La copia del certificado médico se tiene que llenar por un médico profesional. Sierra Electric Cooperative, Inc. tiene que recibir la copia original del certificado económico adjunta que declara que usted califica para asistencia económica según la determinación del Departamento de Servicios Humanos de Nuevo México.

Si su servicio ya se desconectó, Sierra Electric Cooperative, Inc. restaurará dentro de las 12 horas después de que se haya cumplido con los requisitos de los certificados. Los certificados médicos son válidos por 30 días y los certificados económicos son válidos por 90 días. Su obligación de pagar su cuenta se mantiene aunque el servicio de energía eléctrica se continúe o se vuelva a conectar debido al recibo de los certificados médicos e económicos.

Entre el 15 de noviembre y el 15 de marzo, usted se puede calificar para el programa de asistencia de energía LIHEAP. Se puede proteger de la desconexión del servicio eléctrico por falta de pagar. Por más información, favor de llamarnos a 575-744-5231.

Para restaurar el servicio desconectado, se puede cobrar un cargo.

Le ponemos en contacto con organizaciones de la comunidad que le puede ayudar. Si hay una tercera persona (un pariente, un amigo o una agencia) que le ayude a pagar sus cuentas, y si usted desea que Sierra Electric Cooperative, Inc. le notifique cuando le envíe un aviso de desconexión, por favor llámenos.

El programa de Sierra Electric de pagos de presupuesto le ayuda a establecer gastos regulares por el año. Usted todavía paga por toda la energía que usa. Se puede cancelar su participación cuando quiera. Cuando se cancela el programa, todas las cantidades debidas se cobran y se tienen que pagar adentro de los 30 días. Los créditos se aplican a su cuenta.

Revise su cuenta para ver las localidades de entregar el pago para Sierra Electric Cooperative, Inc.. Comuníquese con nosotros al 575-744-5231, desde las 8:00 am hasta el 5:00 pm lunes a viernes. Se varían las horas durante los días festivos o la página de internet www.sierraelectric.org.

Si usted no quedó satisfecho con los arreglos que Sierra Electric Cooperative, Inc. proporciona, usted tiene el derecho, según las reglas de la NMPRC, de entregar una reclamación con la Comisión de Regulación Pública de Nuevo México ["New Mexico Public Regulation Commission", NMPRC, las siglas en inglés], 1120 Paseo del Peralta, Santa Fe, NM 87501, P.O. Box 1269, Santa Fe, NM 87504, teléfono (505) 827-6940 o al 1-888-4 ASK PRC or al 1-888-427-5772.

Las consideraciones especiales se darán al cliente residencial que cumple con las calificaciones de LIHEAP, o que tenga otras circunstancias especiales, y cuando se determina la cantidad del depósito y los acuerdos de pagar en instalaciones. Cuando se hacen la determinación, la utilidad le acepta la documentación de la autoridades que muestran que el cliente cumple con las calificaciones de LIHEAP.