



**People's Energy Cooperative**  
Your Touchstone Energy® Cooperative 

## Medical Alert Priority List

### Instructions

To be placed on our Medical Alert Priority List, we need written authorization from your doctor stating it would be life threatening for you to be without power. Once we have received this written authorization your name will be placed on our Medical Alert Priority List. Please make sure we have all your updated contact information in the event we need to reach you regarding your electric service.

Being on the Medical Alert Priority List does not guarantee that you will always have power. In the case of a power outage, it does not guarantee that power will be restored within a certain time frame. It simply means that when a power outage occurs, members who are on the Medical Alert Priority List may be given priority over members who are not on the list.

**Approval of this form does not prevent your electric service from being disconnected.** Your power can still be disconnected due to nonpayment if the account should become delinquent. If this occurs, you will need to contact the office during normal business hours to set up a mutually acceptable payment arrangement before the disconnect date on the notice. Failure to keep the scheduled arrangements could result in disconnection of service without further notice.

### Additional Information

During power outages, although we make every effort to restore power outages as quickly as possible, in many cases it is hard to predict how long an outage will last. At times, although not often, power restoration times have turned into days.....not hours. During any power outage, People's Energy Cooperative is not responsible to provide a means to supply electric power for your medical equipment. If your medical condition requires that you be on this list, we strongly encourage you to have a backup plan for other living arrangements or backup power for your medical equipment.

Each year, you must provide recertification by your physician to ensure that your Medical Alert Priority service is still needed and up to date with People's Energy Cooperative. This is your responsibility as a member.

If you should have any questions or concerns, please contact our Member Services Department by emailing [memberservices@peoplesenergy.coop](mailto:memberservices@peoplesenergy.coop) or calling 1-800-214-2694 during normal business hours of 7:30am – 4:00pm, Monday through Friday. Please return the enclosed Medical Alert Priority List authorization form to:

People's Energy Cooperative  
1775 Lake Shady Ave S.  
Oronoco, MN 55960

Or email to: [memberservices@peoplesenergy.coop](mailto:memberservices@peoplesenergy.coop)

**MN Statute 216B.098, Subd. 5**

Subd. 5. Medically necessary equipment. (a) A utility shall reconnect or continue service to a customer's residence where a medical emergency exists or where medical equipment requiring electricity necessary to sustain life is in use, provided that the utility receives written certification, or initial certification by telephone and written certification within five business days, that failure to reconnect or continue service will impair or threaten the health or safety of a resident of the customer's household.

(b) Certification of the necessity for service is required. Certification may be provided by:

(1) a licensed medical doctor;

(2) a licensed physician assistant;

(3) an advanced practice registered nurse, as defined in section 148.171; or

(4) a registered nurse, but only to the extent of verifying the current diagnosis or prescriptions made by a licensed medical doctor for the customer or member of the customer's household.

(c) Except as provided in paragraph (d), a certification may not extend beyond six months from the date of written certification.

(d) If a utility determines that a longer certification is appropriate given a particular customer's circumstances, the utility may, at its sole discretion, extend the duration of a certification for up to 12 months.

(e) A certification may be renewed, provided that the renewal complies with this subdivision. A certification may be renewed by the same or another medical professional who meets the qualifications of paragraph (b).

(f) A customer whose account is in arrears must contact and enter into a payment agreement with the utility. The payment agreement must consider a customer's financial circumstances and any extenuating circumstances of the household. The payment agreement may, at the discretion of the utility, contain a provision by which the utility forgives all or a portion of the amount in which the account is in arrears, which, if implemented, extinguishes individual liability for the amount forgiven.

<https://www.revisor.mn.gov/statutes/>



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# Medical Alert Priority List

This form to be completed ANNUALLY

### Section 1: the following information is to be completed by the member on an annual basis:

Member Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*I hereby authorize my health care provider(s) to release the medical information included on this Medical Alert Priority List form to People's Energy Cooperative. I understand that continuous electric service is not guaranteed, and it is my responsibility to maintain a backup system or have an alternate plan in the event of a loss of electric service. I certify that my service address and all information provided above is accurate.*

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

### Section 2: the following information is to be completed by a Physician:

Please place \_\_\_\_\_ and/or family on your Medical Alert Priority List for restoration of service if a power failure should occur.

This patient is currently under my care for a life-threatening condition. They are using the following life monitoring and/or support equipment:

\_\_\_\_\_  
\_\_\_\_\_

The equipment in use is electrically powered and may or may not have battery support.

#### Duration of Need: (please choose one)

- PERMANENT (until further notice. Note: if longer than 12 months, then a new form will need to be submitted annually.)
- TEMPORARY (until \_\_\_\_\_ month/day/year)

Medical personnel printed name: \_\_\_\_\_

Medical personnel signature: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_