

# The SOUTHEASTERN Light

SouthEastern Illinois Electric Cooperative

A Touchstone Energy® Cooperative 

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## President's Comments



**Dustin Tripp**  
President/CEO

## Medical necessity accounts

As mentioned in previous articles, your electric cooperative operates and maintains a comprehensive distribution system that consists of a network of 35 transmission to distribution substations. More than 3,400 miles of distribution line that stretches across all or parts of 10 counties in southeastern Illinois bring electricity to more than 24,000 accounts in the rural areas. To put the size of your cooperative's distribution system into perspective, if you stretch our distribution system across the United States, it would start in Los Angeles, Calif. and run all the way to Portland, Maine and still have 300 miles left over.

As you can imagine, your cooperative makes significant investments in the distribution system every year to replace aging infrastructure and performs a variety of maintenance activities to ensure that members receive a reliable electric supply.

Unfortunately, events including storms, lightning and accidents do not allow your cooperative to guarantee an uninterrupted electric service. Occurrences beyond your cooperative's control can damage the distribution system and disrupt the flow of electricity. Anyone who requires the use of medical equipment that utilizes electricity should have an alternate source of electric power and communication on hand, such

as a backup generator, extra batteries, flashlights, nonelectric telephones and cell phones, to provide for your life support and comfort in the event of an extended outage.

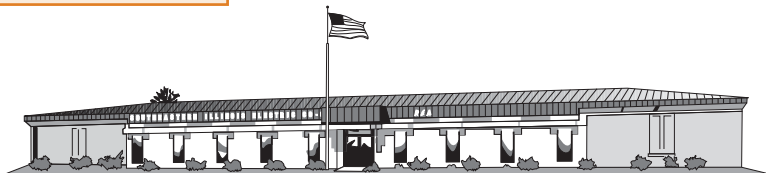
Do you have medical equipment that utilizes electricity in use at your home? If so, your cooperative would like to know. Your cooperative has included the Medical Necessity Account Application form on pages 18B and 18C of this magazine and on the website at [www.seiec.com](http://www.seiec.com) that must be completed by the member and



the physician and returned to your cooperative to designate your account. Medical necessity accounts will be identified in cooperative records and at the meter, where a special seal will be installed to highlight the account's status. Your cooperative will attempt to give those members advance notice of any planned outages and priority in the restoration of electric service whenever reasonably possible.

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READERSHIP PRIZE WINNER:  
Stephen Newcomb,  
Simpson, IL





## SouthEastern Illinois Electric Cooperative, Inc. Medical Necessity Account Application

This application must be completed by the member and the physician to obtain Medical Necessity designation with SouthEastern Illinois Electric Cooperative, Inc.

Designation as a Medical Necessity residential member does not guarantee continuous electric service. If electricity is a necessity to sustain life, you must make other arrangements for on-site backup capabilities or other alternatives in the event of loss of electric service.

Designation as a Medical Necessity residential member does not relieve a member of the obligation to pay for electric service indefinitely. You must take steps to resolve unpaid bills to avoid service termination in the future. We encourage you to visit our website at [www.seiec.com](http://www.seiec.com) to find available programs to assist with paying energy bills.

This application must be complete and legible in order to be processed. All information is required unless otherwise indicated. This application must be renewed annually in order for your account to remain designated as a Medical Necessity residential member.

I understand that SouthEastern Illinois Electric Cooperative cannot guarantee continuous electric service and it is my responsibility to maintain on-site backup capabilities or other alternatives in the event of an unexpected loss of electric service.

I, hereby acknowledge that I have read and understand the above information.

\_\_\_\_\_

Member Signature

\_\_\_\_\_

Date

### PART 1: TO BE COMPLETED BY THE MEMBER - ALL INFORMATION IS REQUIRED

**Member Name:** *(Name on electric account)* \_\_\_\_\_

**Patient Name:** *(Name of Patient living permanently at the Service Location who requires chronic condition or critical care designation. The Patient may be the same person as the Member.)* \_\_\_\_\_

**Account Number:** *(Shown on your electric bill)* \_\_\_\_\_ Generator?  Yes  
 No

**Service Location:** *(Shown on your electric bill)* \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Mailing Address:** *(if different than Service Location)* \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Member Primary Phone:** \_\_\_\_\_ **Member Alternate Phone:** *(if any)* \_\_\_\_\_

**Emergency (Secondary) Contact Information** *(Failure to Include an Emergency Contact may result in disconnection of your electric service without notice if SEIEC is unable to contact you and your electric bill is past due.)*

**Name of Emergency Contact:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Alternate Phone:** *(if any)* \_\_\_\_\_

**Member** – I certify that the information provided on this application is correct. I agree to be contacted by telephone at the phone numbers listed above with respect to the Medical Necessity Account.

\_\_\_\_\_

Signature:

\_\_\_\_\_

Date:

**Patient/Patient's Guardian, Parent or Managing Conservator** – I hereby authorize my health care provider(s) to release the medical information included on this form to my utility to assist with the processing of this request. I understand that continuous utility 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 utility service.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**You must take steps to resolve unpaid bills to avoid service termination in the future. We encourage you to visit our website to find available programs to assist with paying utility bills.**

**PART 2: TO BE COMPLETED BY THE PATIENT'S PHYSICIAN - ALL INFORMATION IS REQUIRED**

**Please Select One of the following conditions by checking one of the boxes below**

**Chronic Condition**

Patient suffers from an existing medical condition that will be **aggravated by the lack of utility service.**

**I certify that the patient has the following medical emergency condition(s) that will be aggravated by the loss of electricity.**

Condition(s): \_\_\_\_\_  
\_\_\_\_\_

Equipment \_\_\_\_\_ Time Period \_\_\_\_\_

**Critical Care Condition**

Patient uses life supporting medical equipment at home and termination of the utility service would be **immediately life threatening.**

**The following life-support system(s) or medical equipment is/are used by the patient:**

Condition(s): \_\_\_\_\_  
\_\_\_\_\_

Equipment \_\_\_\_\_

**Additional comments (if any):**

**Physician Name:** *(Please print)* \_\_\_\_\_

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

**Business Phone:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Return completed form to:**

**SouthEastern Illinois Electric Cooperative, Inc.**  
**P.O. Box 1001**  
**Carrier Mills, IL 62917**  
**Fax Number: 618-297-2003**

*"Medical necessity" continued from page 18A*

Please note that being designated as a medical necessity account does not guarantee that your electric service will not be interrupted. That's why members who depend on electrical equipment for a medical necessity should always have alternate plans in place in case the power goes out for an extended amount of time.

During an area-wide crisis, depending on weather conditions or the extent of damage to the electric system, accurate restoration times may be difficult to predict. Your cooperative will do our best to provide you with all available information to help you make decisions. Everyone, especially those dependent on medical equipment, should plan for such situations.

Your cooperative remains committed to finding new and better ways to serve its members. Your cooperative will continue to work diligently to improve and enhance the level of service and reliability that you receive.

See you next month and as always, "We'll keep the lights on for you."



The Cooperative will be closed on Friday, April 15th in observance of Good Friday

# POWER OUTAGE

## If your power goes off, we offer these suggestions

1. Check the fuses or circuit breakers in your service panels. If you have breakers, make sure they are in the "ON" position.
2. If you have a meter pole, check the main breaker panel just below the meter socket. If the breaker is in the "OFF" position, check all of your wiring from the meter pole to your various buildings. If the wiring appears to be okay, reset the breaker to the "ON" position.
3. If you still do not have power, check with neighbors to see if they have power.
4. To report a power failure or other emergency, please phone 1-877-399-8405. This phone number is monitored around the clock, 365 days per year to accept your outage and emergency calls.
5. Your phone call will be handled by SouthEastern's automated outage reporting system and will be identified automatically through ANI (Automatic Number Identification). An outage record will then be generated for your location. Please note that the phone number

from which you place the call will be the number used to generate the record. If the system fails to recognize your phone number, members having touch-tone phones may simply enter their seven-digit phone number (without area code) in order to report the outage. Members not having touch-tone phones will be asked to leave a message. It is important you leave your name, phone number and location of the outage. Retrieving messages and entering them into the system is time consuming; therefore, please leave only a message that will help in restoration of electric service. Do not remain on the line for an operator because a live operator is not there to respond. In order to keep a current listing of all numbers, it is important that you notify the Cooperative of any changes in your telephone number.

6. Handling outage calls electronically allows you to report power failures very quickly. Once your outage has been reported, it will be dispatched to repair personnel who will restore your outage as soon as possible. Calling back repeatedly will not shorten the length of the outage, but may hinder the efforts of other members who are trying to report outages.

## OUTAGE CALLS ONLY 1-877-399-8405

**SouthEastern Illinois Electric Cooperative, Inc.**  
 100 Cooperative Way • Carrier Mills, IL 62917-2275  
 618-273-2611 or 800-833-2611 • Office hours: 8 a.m. - 4 p.m. M-F

Find us on   
 Facebook.com/  
 SouthEasternIllinoisElectric