SPECIAL MEDICAL NEEDS PROGRAM REGISTRATION & CERTIFICATION

To qualify for the Special Medical Needs Program, you or a member of the same household must be chronically ill and/sordrosdifine support device. Acceptance into this program will allow Santee Cooper to handle your account with special vareinholimeevent of nonpayment of your bills, your account will be subject to Santee Cooper's disconnection special Medical Need customers should have a backup system in place in case of emergency. Santee Cooper cannot guarantee uninterruptedcecoustomers will be required to recertify medical status every two years or as needed By completing and submitting this form, you agree to the terms of the Special Medical Needs Program.

To be completed by Customer		
Name on Account:	First Name:	Last Name:
Account Verification:	Electric Account Number	Lastfourof your SSN/FID (required):
Contact Information:	Email Address:	Primary Phone:
Service Address:		