



## WINTER PROTECTION PROGRAM

Dear Customer:

This application is being sent as you requested to be enrolled in the Winter Protection Program. It is important to complete the following steps:

### Step 1

To be eligible to participate in the Winter Protection Program you must fill out the bottom portion of this letter and return it to SEMCO in the enclosed envelope or at the address below along with proof of your income. (Example: Copy of your W-2 or your most recent paycheck stub) You may also be eligible if you provide documentation that you are a recipient of one or more of the following: Supplemental Security Income, Food Stamps, Medicaid or Senior Citizen. (Example: Copy of your most recent determination letter or your active bridge card). You must also enclose \_\_\_\_\_ before enrollment or restoration can be completed.

### Step 2

Once we process the information in Step1, your account will be protected from shut off for 14 days. If you have not done so already, during this time you must register at your local Department of Human Services (DHS) for heating assistance and provide SEMCO with a copy of your most recent determination letter. This must be done to remain protected from shut off during the heat season. If we do not receive DHS registration proof, you will not be enrolled on the Winter Protection Program. For a DHS location near you call 1-800-624-2019.

Once we receive the information requested in Steps 1 & 2. You will be placed on the Winter Protection Program. While on the Winter Protection Program you will pay a reduced budget payment equaling 7% of the estimated annual bill plus a portion of the arrears. Your budget amount will be billed on your next billing statement. The Winter Protection Plan runs from Nov 1<sup>st</sup> until Oct 31<sup>st</sup>. In April, your budget amount will be re-evaluated. Paying your new budget amount should enable you to pay off arrears by the start of the next winter season.

Should you have any questions, please contact us at 1-800-624-2019.

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Name \_\_\_\_\_ SS# \_\_\_\_\_

Service Address \_\_\_\_\_ Telephone \_\_\_\_\_

Account Number \_\_\_\_\_

Number in Household \_\_\_\_\_ Annual Household Income \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_