

Life Support Program Enrollment

This enrollment form is to be completed by the member of record and a registered attending physician. Once enrolled, BCREA will attempt to notify prior to scheduled interruptions in electric service for the area due to repairs, upgrades to our system, etc. Completion of this form does NOT allow for priority in restoration of utility services and does NOT prevent disconnection for non-payment. If the individual using life-support equipment cannot be without power for any reason, BCREA recommends developing alternate care plans. Please consult with your physician and/or medical equipment supplier regarding your particular medical needs.

BCREA exercises reasonable diligence in supplying continuous electrical services. Under no circumstance is the cooperative a guarantor or insurer of uninterrupted service. For example, there are numerous situations where conditions beyond our control can result in power outages. All service is restored following an interruption as soon as practical. BCREA will not be liable for any injury, loss or damage resulting from interruption, shortage or insufficiency of service or irregularities of service.

TO BE COMPLETED BY THE MEMBER:

Member Name: _____

BCREA Account Number: _____ Phone Number: (____) _____

Address: _____
Street/ P.O. Box City State Zip Code

Emergency Contact Name (person NOT residing at the residence): _____

Emergency Contact Phone Number: _____

Member Signature: _____

TO BE COMPLETED BY PHYSICIAN:

Physician Name: _____ Hospital Affiliation: _____

Address: _____
Street/ P.O. Box City State Zip Code

Phone Number:(____) _____ Fax Number (____) _____

I acknowledge the patient listed above requires life-support equipment.

Physician Signature _____ Date ____/____/____
(Attach Medical Certificate)

Please complete and return to:
Brown County REA
P O Box 529
Sleepy Eye, MN 56085
Fax: (507)794-4282
Email: bcrea@bcrea.coop

Verification by Co-op _____