Easley Combined Utilities Procedure for the Termination of Electric Service Due to Nonpayment

Approved by the Commission of Easley Combined Utilities February 11, 2019

These procedures are established to ensure the disconnection of electric service by Easley Combined Utilities (ECU) for nonpayment is fair with regard to all Utility customers and uniform among all customers. The procedures are established in accordance with State Law Sections 5-31-2510, 5-31-2520, 5-31-2530, 5-31-2540 and 5-31-2550.

<u>Collection Cycle and Schedule for Disconnection of Service for Nonpayment.</u> The Utility will observe the following collection cycle and schedule for the disconnection of service for nonpayment:

- The collections cycle begins on the day the bill is printed and dated. This is day 0 in the cycle.
- On Day 21, the bill is past due. The bill is noted as delinquent and a 4 percent late fee is assessed. An automated phone call is made to the phone number on the account notifying the customer of the past due bill and providing the scheduled disconnections date.
- On Day 27, the service is eligible for disconnection.

If any of the above dates in the collection cycle fall on a Saturday, Sunday or official holiday of the Utility, the collection event occurs on the next business day.

Notification and Disconnection Procedures for Nonpayment. ECU is committed to providing notice to all customers of a scheduled disconnection date for nonpayment. The utility will provide either adequate notice of the anticipated disconnection date on the monthly bill following the bill or notify the customer by an automated telephone message. The Utility shall observe the following disconnection procedures:

- The Utility will generate a list each day of all customers eligible for disconnection on that day.
- Utility staff members will review each account in the morning to see if the customer has made a payment to prevent the disconnection. Staff will also check to see if the customer is a Special Needs Customer and/or if the customer participates in Easley Combined Utilities Bill Buddy (Third-Party Notification) Program.
- Customers eligible for disconnection are added to the disconnection list.
- The Customer Service Manager will check the weather to determine whether a disconnection is appropriate for that day.
- Depending on the type of electrical meter at the customer's location, the electric service is either disconnected remotely by way of a Remote Disconnect Meter or a Service Technician will make the disconnection. The Utility ensures that all disconnections are completed by approximately 4:00 p.m. to enable the customer to pay before the end of the business day at 5:00 p.m.
- If the customer pays in full, the Utility will use reasonable efforts to reconnect service as soon as possible, provided the customer pays a \$40 reconnection fee (or a \$50 after-hours reconnection fee). Electric service that has been disconnected by way of a Remote Disconnect Meter will have

the service restored automatically when payment is made in the manner described below. Electric service that requires manual reconnection will not be restored after 6:00 pm in the months of October through March and after 7:00 pm in all other months.

• To be reconnected a customer can pay the past due amount plus the reconnection fee at the main office drop box located at 110 Peachtree St., make a payment online on the ECU website, or make an automated payment by phone. The Utility will dispatch a service technician to reconnect service if manual reconnection is required. If on the next business day the Utility has not received payment, the customer's services will be disconnected and charged an additional service fee.

As a matter of normal practice, the Utility will not disconnect electric service on Fridays or on days before an official Utility holiday. However, at the Utility's discretion, disconnections may occur on any day of the week provided the Utility has followed the Notification and Disconnection Procedures for Nonpayment.

<u>Payment Plans</u>. The Utility recognizes that at times customers face extraordinary circumstances which lead to difficult financial situations. It is for these times the Utility has established a payment plan program to assist qualifying customers in satisfying their delinquent account. A qualifying customer is one who has good payment history, the determination of which is made solely by Easley Combined Utilities.

- A payment plan of up to three months may be offered customers experiencing extraordinary circumstances. An extraordinary circumstance is broadly defined as a significant event or events affecting a customer's life and ability to pay. Utility customer service representatives will use their best judgment in applying the extraordinary circumstances determination and are expected to seek advice and confirmation from supervisory staff as needed. The representative granting approval must enter appropriate account notes.
- Payment plans may be entered into prior to disconnection of service or after disconnection of service.
- The payment plan will require a minimum 33 percent of the total delinquent amount to be paid at the time the payment plan is agreed upon and the remaining delinquent amount paid in scheduled installments within a maximum period of three months.
- Payment plans may be entered into only twice in a 12-month period. Otherwise, payment in full is required.
- In the event any payment plan term is not met on the scheduled date or current bills incurred during the payment plan time period are not paid in full by the due date, service will be disconnected and the total past-due amount will be due prior to reconnection of service.
- Payment plans may not be entered into to satisfy deposits for new accounts, reconnection fees or administrative investigative fees.

Availability of Public or Private Assistance in Paying Bills.

As part of the normal process of working with customers with delinquent accounts, the Utility will provide the names of these social service agencies to customers on request. If interested, customers may

apply directly to these agencies for assistance. The agencies evaluate the customer's application for assistance and, if appropriate, notify the Utility of the results. The Utility does not make any financial assistance determinations.

Standards for Determining Weather Conditions. The Utility will not disconnect any electric service when at 7:00 a.m. the high temperature for the day is forecast to be 99 degrees Fahrenheit or higher during cooling months or 35 degrees Fahrenheit or lower in heating months. These guidelines shall reflect actual temperature forecasts and not the projected heat indexes or wind chill temperatures. The temperature forecasts reported by www.noaa.gov, www.weather.com, or www.accuweather.com will be used to determine weather forecasts. If any of the three on-line resources show a forecast high temperature outside the disconnect threshold (above 99 or below 35), the Utility will not disconnect service on that day.

<u>Third-Party Notification Program</u>. The Utility is committed to a third-party notification for its electric customers. The notification will direct any customer interested in participating to contact the Utility and complete the required Bill Buddy (Third-Party Notification) Form that will be kept on file by the Utility. The Form must be resubmitted by the customer annually by December 31 to ensure continued participation in the program.

Disconnection procedures for customers participating in the Third-Party Notification Program are as follows:

• On the day prior to the scheduled disconnection date, the Utility will call the telephone number(s) for the customer and the third-party listed on the Third-Party Notification Form to notify them of the Utility's intention to disconnect the customer's service by approximately 4:00 p.m. the following day for nonpayment.

<u>Recognition of Special Needs Customers.</u> The Utility is committed to meeting the requirements of our special needs customers and will keep on file a master list of Special Needs Customers.

To be recognized as a Special Needs Customer, the customer and a South Carolina licensed healthcare provider are required to complete the Medical Certification Form (attached) certifying the customer or a member of the customer's household suffers from a health condition which would be especially dangerous to the patient's health if the electric service is disconnected for nonpayment. The Form, documenting a qualifying condition, must be faxed or emailed from the office of the licensed healthcare provider. The certifying healthcare provider must be licensed in South Carolina as a medical doctor, physician's assistant, nurse practitioner or advanced-practice registered nurse.

The Form must be resubmitted by the customer annually by December 31 to continue participation in the program.

A Special Needs Customer will be encouraged to participate in the Bill Buddy (Third-Party Notification) Program. The Bill Buddy Form must be completed and submitted to the Utility to participate in the program and resubmitted annually by December 31 to continue participation in the program.

A Special Needs Customer will be given the same privileges as other customers to participate in a payment plan. If a Special Needs Customer is subject to disconnection and has not taken advantage of a payment plan, the Utility will observe the following schedule for disconnection of service for nonpayment:

- The Utility will notify the special needs customer **and** the authorized third-party (if the special needs customer is participating in the Third-Party Notification Program) on the day the service is schedule for disconnection. That notification will communicate the payment terms required to avoid service disconnection. The Utility will personally contact the Special Needs Customer or the Utility will call the telephone numbers for the customer listed on the Special Needs Customer Medical Certification Form. The Utility will call the telephone numbers for the third-party listed on the Third-Party Notification Form.
- If the Utility cannot contact the customer or their Third Party Notification appointee, a notice will be left on the front door of the Special Needs Customer. The notification will state that the service is scheduled for disconnection the following day and informs the customer to contact Easley Combined Utilities.
- After disconnection, if the customer pays in full, the Utility will use reasonable efforts to reconnect service as soon as possible, provided the customer pays a \$40 reconnection fee (or \$50 after-hours reconnection fee).

Special Needs Customers are in no way released from their obligation to pay their monthly bills according to the terms as noted on the monthly bill.

EASLEY COMBINED UTILITIES SPECIAL NEEDS CUSTOMER MEDICAL CERTIFICATION FORM

(Please Type or Print all Information)

Customer Information to	be completed by Customer:			
Name_		Account No	Account Number	
Social Security Number				
Work Phone	Home Phone		Cell Phone	
Account Address				
Patient's Name				
Please read the following	and initial each one:			
I certify that the p	atient named above is a member	of my househo	ld residing at the above address.	
	this Certificate will expire on Do the Special Needs Customer Pro		must be resubmitted annually by this date	
I further understa		es me from m	y obligations to pay my monthly bill in	
Customer's Signature			Date	
Certificates are not issued f	for water and sewer service that	is subject to dis	connection.	
I certify that I have exam physician's assistant, nurse I certify it would be especia	practitioner or advanced-practic ally dangerous to my patient's h below (Easley Combined Utili	and, in my pe registered nur ealth if the elec	re Provider refessional opinion as a medical doctor, reclicensed by the State of South Carolina, tricity is disconnected for nonpayment of pt to notify these customers of a planned	
Nebulizer for Asthma, Lung Heart Monitor Home Dialysis Treatment	gs Feeding (pump Infant Apnea M Refrigeration f	M onitor	Oxygen Machine Ventilator/Respirator	
(CPAP machines for adult s	sleep apnea do not qualify)			
A detailed explanation for r	easons not mentioned above mu	st be submitted	for review.	
Health Care Provider Name	3		Office Phone	
SC Medical License Number Circle one that applies: Med Nurse	eredical Doctor, Physician's Assis	stant, Nurse Pra	actitioner or Advanced-Practice Registered	
Office Address				
Health Care Provider Signa	ture		Date	

EASLEY COMBINED UTILITIES BILL BUDDY (THIRD PARTY NOTIFICATION) FORM

(Please Type or Print all Information)

Name		Account Number
Social Security Number		
Work Phone	Home Phone	Cell Phone
Account Address		
	our customers the opportunity	y notification system for its electric customers. The intent o have a third party notified in the event of disconnection
619, Easley SC 29641 account information to	. By submitting this form, to any or all of the parties liste	ast complete this form in its entirety and return it to PO Bene customer authorizes the Utility to release his/her utilid by the customer below. The customer also assumes to changes to the contact information listed on this form.
call the telephone number		scheduled for disconnection, Easley Combined Utilities wrd-party listed on the Third-Party Notification Form to notion's service.
This form relates to electronic for which payment		ombined Utilities reserves the right to disconnect any oth
	unable to reach any or all pa	notify the account holder (customer) and the authorized thirties, Easley Combined Utilities will continue with servi
This form must be rene	wed annually by December 3	1st to ensure service continuity.
Authorized Third Party	y :	
Name		
Work Phone	Home Phone	Cell Phone
Street Address		
City, State, Zip		
Customer Authorizatio	n:	
payment of my Easley Utilities, upon reasonabl	ned Utilities to notify the above Combined Utilities account.	, understand and agree to the terms listed herein as re authorized third party as to the status of payment or no I further understand that failure of the Easley Combin otify me or the authorized third party will not preclude tric service.
Customer Signature:		Date:
Customer Printed Name		
Third Party Signature: _		Date:
Third Party Printed Name	e	
Date:		