

Medical Baseline (MBL)

Application Form – Online

Please go to <u>https://mtst3.pge.com/#forcelogin</u> to apply for Medical Baseline Program online. PG&E recommends that you sign in to your online account first to apply for Medical Baseline Program online.

	EMERGENCIES	
YOUR ACCOUNT CUSTOMER SERVICE OUTAGES	RATE PLANS SAVE ENERGY & MONE	If you are a PG&E customer, please select "Yes" and click "Next".
Medical Baseline Allowance Account holders save time by signing in to a pre-filled appl	Enrollment ication.	If your landlord or building manager is the PG&E customer, please select "No" and click "Next".
DO YOU HAVE A PG&E A CCOUNT?		
Yes	THE DEAL FRANCIS	
• No, a tandid of someone else notus the account for h	ny roae service	
NEXT		
This screen appears if you select "Yes" i	n the first screen.	
Medical Baseline Allowance Enrollme	nt 🗲	Please sign in with your PG&E Username and Password if you already have an online account.
Sign in to apply or renew online		
i de labora dimonanteri ette noden enterne angening in soudere.		
USE RNAME		Access" option to sign in with your personal information.
DACGADDD		
Remember my username		
SIGN IN		
Forgot username or password? Don't have an online account? SIGN UP NOW > LEARN MORE >	Please click on "Sign Up Now" i account. You will be directed to username and password.	f you don't have a PG&E online another page to create a
Privacy Policy	Please come back to this page t application: https://mtst3.pge.cg	o start your Medical Baseline m/#forcelogin
	Internal	

This page appears after you successfully sign in with your account information.



English szpaňel 보호 tiếngviệt Iagalog 한국어 русский язык Ников 고고 네가면 나는 나는 보호하는 [한]

Please complete all required fields and click SUBMIT to ensure your application is received.

Your contact information

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PG&E CUSTOMER ACCOUNT NUMBER If you have an account, please log in. If you do not have an accoun number for your address, please enter it here.	nt but have the account	Please enter Customer Account Number as it appears on your PG&E energy statement.
Enter your account number (1234567890)	CUSTOMER LAST NAME •	Please enter Customer First and Last Name as it appears on your PG&E energy statement.
First name	Last name	Please select "Same as
RESIDENT WITH MEDICAL CONDITION FIRST NAME •	RESIDENT WITH MEDICAL CONDITION LAST	account holder" if the customer is the Medical Baseline applicant.
First name	Last name	Please enter Resident with Medial Condition First and Last
Select the resident with medical need's address within PG&E's s	service territory.	Name as it appears on their ID.
123 Smith Street, San Francisco, CA 94123	9	
CUSTOMER MAILING ADDRESS (# different than service address) Enter a full address.		Please enter Service Address as it appears on your PG&E energy statement.
123 Smith Street, San Francisco, CA 94123		Please provide a mailing address if different from the service address

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CUSTOMER HOME PHONE NUMBER *

Enter a number associated with your account, if possible.	
CUSTOMER MOBILE PHONE NUMBER	 Please enter Customer Phone Number and Mobile Phone Number.
Enter a number associated with your account, if possible.	
EMAIL ADDRESS *	
EMAIL ADDRESS * We will send confirmation of your application submission to this email.	
EMAIL ADDRESS • We will send confirmation of your application submission to this email. address@mail.com	Please enter a valid Email Address. You will be receiving
EMAIL ADDRESS • We will send confirmation of your application submission to this email. address@mail.com	Please enter a valid Email Address. You will be receiving your Medical Baseline
EMAIL ADDRESS • We will send confirmation of your application submission to this email. address@mail.com	Please enter a valid Email Address. You will be receiving your Medical Baseline Confirmation Email containing your unique confirmation
EMAIL ADDRESS * We will send confirmation of your application submission to this email. address@mail.com CONFIRM EMAIL ADDRESS * Re-type your email address, to confirm that we have the correct one.	 Please enter a valid Email Address. You will be receiving your Medical Baseline Confirmation Email containing your unique confirmation number and instructions at this email address enseited.

This following section should be filled if the PG&E customer is your landlord or building manager.

Resident billed by someone other than PG&E

If you have an account number with PG&E, skip this section. This section only applies to people who receive gas and/or electricity from PG&E, but receive their bill from someone else. For example, a resident of a mobile home park [MHP] within PG&E's service area, in which each tenant is billed for their gas and/or electricity by a property manager, not by PG&E.

* indicates required field

NAME OF MOBILE HOME (IR APARTMENT	COMPLEX

COMPLEX ADDRESS

Enter a full address within PG&E's electric service territory.	
123 Smith Street, San Francisco, CA 94123	

COMPLEX MANAGER'S NAME

Complex manager's name

COMPLEX PHONE NUMBER

Enter a number associated with your account, if possible.

TENANT'S FIRST NAME

TENANT'S LAST NAME

The tenant information should be the same as the Resident with Medical Needs information you provided in the previous section.

TENANT'S PHONE NUMBER

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Please provide your contact preferences for PSPS and other planned outages.

Contact preferences for outages or other Medical Baseline communications	
Please make sure PG&E has your correct contact preferences so we can reach you in advance of a planned public safety power shutoff (PSPS) or other situations that may result in an outage. In certain situations, we may also send a letter. All contact methods will be used during a PSPS event.	PG&E provides extra notifications to Medical Baseline customers before and
* indicates required field. Only two types of the same contact preferences are allowed.	during a PSPS event. We will call you or send a text
CONTACT PREFERENCES	message. ANSWER THE
Phone Number * ()	PHONE AND SAY "HELLO" OR REPLY "1" TO OUR TEXTS to
Email ~ address/dmarL.com	let us know you have received our notifications. If you do not respond, we will attempt to
ADD ANOTHER CONTACT PREFERENCE Message & Data Rates May Apply	notify you in person.
Terms and Conditions	
I certify the above information is correct. I also certify the Medical Baseline resident lives full-time at this address and requires the Medical Baseline Program. i agree to allow PG&E to verify this information. I also agree to notify PG&E promptly if the qualified resident moves or the resident no longer needs the Medical Baseline Program.	Terms and Conditions in a separate pop up window.
* indicates required field	
Lagree to the Terms & Conditions *	
Type your name to serve as your electronic signature *	Please type in your full name as it appears on your ID. This will be your electronic signature.
I'm not a robot	Please check the box to complete CAPTCHA.

Information collected on this application is used in accordance with PG&E's Privacy Policy. The Privacy Policy is available at <u>pge.com/privacy</u>.

PG&E Terms and Conditions

- If the qualified medical practitioner certifies the resident's medical condition is permanent, PG&E requires completion of a form every two years self-certifying the resident's continued eligibility for the Medical Baseline Program.
- If the qualified medical practitioner certifies the resident's medical condition is not permanent, PG&E requires completion of a form every year self-certifying the resident's continued eligibility for the Medical Baseline Program and completion of a new application including a qualified medical practitioner's certification every two years.
- Customers with a vision disability may contact PG&E to request notifications in alternate formats when notices are sent for certification.
- PG&E cannot guarantee uninterrupted gas and electric service. I am responsible for making alternate arrangements in the event of a gas or an electric outage.
- All fields marked as "required" on this form must be filled out and submitted to PG&E, prior to the application being processed.
- 6. Customers may also benefit from energy savings programs

You must scroll to the bottom before accepting the Terms & Conditions.

I AGREE TO THE TERMS & CONDITIONS

PG&E Terms and Conditions

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Energy Savings Assistance Program for income-qualified customers, provides improvements at no charge. For more information, please visit <u>pge.com/saveenergy</u>.

- PG&E may share my contact information with organizations such as state and local emergency first response agencies, so that they can provide assistance to PG&E and to me personally during an extended outage to support my safety and well-being.
- 8. The standard Medical Baseline allowance provides extra energy at the lowest price. Medical Baseline allowances are added to your standard rate plan baseline allocation. For electricity, it is 16.438 kWh per day [approx. 500 kWh per month], an additional amount equal to the daily consumption of an average electric household. For gas, it is 0.82192 therms per day [approx. 25 therms per month], an additional amount equal to threequarters of the daily consumption of an average gas household. If these Medical Baseline allowances do not meet your medical energy needs, please contact PG&E at <u>1-800-742-5000</u>. More information about the Medical Baseline Program can be found at <u>pge.com/medicalbaseline</u>.
- I authorize PG&E to share my information on this form with the qualifying medical practitioner and allow the medical practitioner to share my information with PG&E.

IAGREE TO THE TERMS & CONDITIONS

This is the first page of the Terms and Conditions pop-up.

Please read the items and scroll down to see the rest.

This is the second page of the Terms and Conditions pop-up.

Please read the items and click the yellow button to acknowledge and agree to the terms and conditions. You will see this screen when you successfully complete your Medical Baseline Program Application.

				EMERGENCIES -	SAFETY		
	RESIDENTI	AL BUSINESS				HI, WENDY V I SIGN OUT	
M	edica	al Raceli		Drogran		nlication	
М	edica	al Baselii	ne F	Program	n Ap	plication	
Thank vo	u for su	bmitting your a	applica	ation. You're	almos	t done!	
, nam, jo	2.101.04	stating your t	-PPrice		201100		
FIN	AL STEP:)	ou must have your i	medical	practitioner certi	fy your ap	oplication.	
Plea	ase check y	our email for instru	ictions.				
About PG&E	>	PG&E Newsroom	>	Accessibility	>	HELP TEST	,
About PG&E Company Information	> >	PG&E Newsroom For Our Business Partners	> >	Accessibility Regulation	> >	HELP TEST CONTACT PG&E	> >
About PG&E Company Information Reorganization	> > >	PG&E Newsroom For Our Business Partners Environment	> > >	Accessibility Regulation Privacy	> > >	HELP TEST CONTACT PG&E DO NOT SELL MY PERSONAL INFORMATION	> > >
About PG&E Company Information Reorganization Information Workshops & Events	* * *	PG&E Newsroom For Our Business Partners Environment Careers	> > >	Accessibility Regulation Privacy Terms & Conditions	> > > >	HELP TEST CONTACT PG&E DO NOT SELL MY PERSONAL INFORMATION CONNECT WITH PG&E	> > >
About PG&E Company Information Reorganization Information Workshops & Events Sitemap	> > > >	PG&E Newsroom For Our Business Partners Environment Careers First Responder Resources	> > > >	Accessibility Regulation Privacy Terms & Conditions Site Feedback	> > > >	HELP TEST CONTACT PG&E DO NOT SELL MY PERSONAL INFORMATION CONNECT WITH PG&E	> > >
About PG&E Company Information Reorganization Information Workshops & Events Sitemap	> > > >	PG&E Newsroom For Our Business Partners Environment Careers First Responder Resources	> > > >	Accessibility Regulation Privacy Terms & Conditions Site Feedback	> > > >	HELP TEST CONTACT PG&E DO NOT SELL MY PERSONAL INFORMATION CONNECT WITH PG&E	> > > C

You should expect to receive a confirmation email soon with your unique confirmation number and instructions for your medical practitioner to certify your application.



Medical Baseline (MBL)

Online Application Confirmation Email

This is a sample email that you should expect to receive after completing your online application for Medical Baseline Program. Please share the information here, including your confirmation number, with your medical practitioner who needs to certify you for the program.

Action is required for your PG&E Medical Baseline application		
Dear Wendy Smith:		
Thank you for submitting your application for PG&E's Medical Baseline Program.		
To complete your application, please forward the following link and instructions today to your medical practitioner. They will have 90 days to complete the application. If approved, we will reach out to let you know when you can expect to see the new Medical Baseline allowance on your bill.		
Here are the instructions for your medical practitioner:		
 Tell your medical practitioner to go here: <u>https://www.pge.com/</u> <u>medicalpractitioner</u> 		
 On the form, enter your application's confirmation number: 132-8256-938 		
3. Fill out the rest of the form and certify your application	You	J S hfir
Please note that if your medical practitioner does not complete the	ema	ail
application within 90 days, you will need to submit a new application. To check the status of your application at any time, log in to your account at	The	e (
www.pge.com/.	con	18 1
	sen	1
confirmation number is 132-8256-938. Please keep this confirmation number available, as you may be asked to provide it to your medical practitioner.		
Here is some additional information you may find useful:		
 For steps you can take to prepare for emergencies and create a plan to stay safe, visit <u>pge.com/disabilityandaging</u>. 		
 If you will need extra help during a Public Safety Power Shutoff or any emergency situation, visit the California Foundation for 	You	ur i
Independent Living Centers at <u>disabilitydisasteraccess.org</u> .	90 d	da
 It is important that PG&E can reach you prior to a power outage. Place update your contact information action at 	Vari	100
pge.com/mywildfirealerts or by calling 1-866-743-6589.	Med	dio
If you have any questions or need further assistance, please visit	the cert	m tifi
pge.com/medicalpaseline of Call US at 1-800-743-5000.	You	ur a
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Poae ousiomer ream	uay	3.

Medical Baseline (MBL)



Online Application Confirmation Reminder Email

This is a sample reminder email that you should expect to receive If your medical practitioner does not certify you in 45 days.





Please log in to Your Account at pge.com to view your current MBL enrollment status.





Please log in to Your Account at pge.com to view your current MBL enrollment status.

If you would like to unenroll from the Medical Baseline Program click on "Learn more" on the left menu.

You will be directed to your Medical Baseline Program status page. Click on "unenroll from program here" link and a new window will appear.



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Click "Unenroll" to confirm your request to unenroll from the Medical Baseline Program.



You will then view the confirmation of unenrollment.

