

# BELD Customers

## Right to Electric Service

In accordance with Massachusetts Department of Public Utilities (DPU) regulations, Braintree Electric Light Department (BELD) has developed procedures that provide special protection against electricity shut-off due to overdue electric bills.

### Who is eligible?

If you have a financial hardship, you (or anyone presently and normally living in your home) have a Right to Electric Service in the following situations:

- You or someone living in your home is seriously ill.
- A child living in your home is under 12 months of age.
- Between November 15 and March 15 your electric service provides heat or operates the heating system, AND your service was not shut off for non-payment before November 15.
- If all residents of your household are 65 years of age or older, a minor resides in the home and you have overdue electric bills, we cannot terminate your service without the approval of the DPU. Call BELD at 781.348.BELD (2353) to ensure protection.

If your electric service was shut off because we were not aware that you were in one of these hardship categories—and you meet eligibility requirements—your service will be restored.

### What you need to do

**If you meet eligibility requirements, please call Braintree Electric Light Department at 781.348.BELD (2353).**

Also, please complete the Financial Hardship Statement form on the facing page and return it to us within 7 days. (For a serious illness you will need to renew this certification every 3 months, chronic illness needs to be renewed every 6 months—otherwise your electricity may be shut off.)

In addition, you must provide the following information:

**Serious illness**—If you or someone living in your home is seriously ill AND you cannot pay overdue electric bills because of financial hardship, your service will not be shut off. In addition to completing the Financial Hardship Statement form, **please have your physician or local board of health write us within 7 days to report that serious illness exists.** (This information must be renewed on a quarterly basis, bi-annual for chronic illness.)

**A child under 12 months of age**—If a child living in your home is under 12 months of age AND you cannot pay overdue electric bills because of financial hardship, your service will not be shut off. In addition to completing the Financial Hardship Statement form, **please submit proof of your child's age within 7 days.**

### If your request for protection is not approved

If either your Financial Hardship Statement or any other required certification is not approved, we will notify you within 7 days after receiving the documents.

**You may dispute our determination by writing or calling the Consumer Division of the Massachusetts Department of Public Utilities within 7 days after you received notice of non-approval.**

### If you wish to dispute your bill

If you think your bill is incorrect, or you wish to dispute all or part of your bill, please call 781.348.BELD (2353) or write:



Braintree Electric Light Department  
CUSTOMER SERVICE DEPARTMENT  
150 Potter Road  
Braintree, MA 02184

If you are not satisfied with our investigation or the payment plan we have offered on the overdue portion of your bill, you may appeal by writing the Massachusetts Department of Public Utilities, Consumer Division, One South Station, Boston, MA 02110, or by calling 617.737.2836 or 877.886.5066 (toll free). Or by visiting [www.mass.gov](http://www.mass.gov).

## BELD payment plans

During periods of financial hardship, the Massachusetts Department of Public Utilities has indicated it will support any payment plan agreed to by the customer and the utility in order to bring an account up-to-date.

If you are unable to pay your bill in full, BELD will assist you in setting up a payment plan to pay the overdue balance over a period of at least four months—as long as each month's current charges are paid on time.

Failure to file or renew Financial Hardship Statements and the required certification information when due, or to make payments as agreed under a payment plan, may result in termination of electric service.

## FINANCIAL HARDSHIP STATEMENT

Name \_\_\_\_\_  
Acct.# \_\_\_\_\_  
Service location \_\_\_\_\_  
Daytime telephone number (    ) \_\_\_\_\_ - \_\_\_\_\_  
Number of persons in household \_\_\_\_\_  
Total household income before taxes: \$ \_\_\_\_\_ per year

I am claiming financial hardship under Massachusetts Department of Public Utilities regulations.  
I also qualify for the following hardship category(ies):

- ☐ Serious illness  
☐ Child under 12 months of age  
☐ Electric service provides heat or operates heating system  
☐ Residents 65 years of age or older, a minor resides in the home

I, the undersigned, do hereby certify that the information provided is complete and the truth to the best of my knowledge.

Signature of customer of record \_\_\_\_\_

Date of statement \_\_\_\_\_

**Return to:** Braintree Electric Light Department  
150 Potter Road  
Braintree, MA 02184

### —FOR OFFICE USE ONLY—

Date received \_\_\_\_\_

Expiration Date \_\_\_\_\_

Department Rep \_\_\_\_\_

