

Dear Member:

Thank you for your interest in Jackson EMC's Low Income Senior and/or Disabled plans. Our senior or disabled members may choose from two special billing options, the Low Income Senior Citizen Discount and the Senior/Disabled Plan. Please complete the attached form for the plan that best fits your current situation. A description of each plan is listed below.

Low Income Senior Citizen Discount Application

Complete this form if you're 62 years of age or older and your household income is less than \$17,240 per year. Be sure to have this form notarized before submitting to us. If you're unable to have the form notarized, we can notarize it for you at your local district office or by mail. Bring or mail a copy of your social security or tax information as proof of income so we can verify that you meet the income requirements to complete the notarization. Qualifying members will receive a monthly bill discount of \$12.50.

Senior/Disabled Plan Application

Use this form if you're 62 years of age or older, or if you've been legally declared disabled. This special billing option applies to members who have a residential account for the primary residence and receive Social Security or disability checks. Qualifying members can pay their electric bill after the due date without affecting their credit record or incurring a late fee.

Please complete and return the form that is applicable to you. We'll review your information and enroll you in the appropriate program.

If you have questions or need additional assistance, please call us at 706-367-5281.

Sincerely,

Contact Center Department Supervisor



Senior/Low Income Discount Application

I, _____, living at _____
(First Name, Middle Initial, Last Name) (Street Address)

(City) (State) (Zip)

In _____ County, Georgia, apply for the Senior Citizens Discount offered by Jackson Electric Membership Corporation.

I understand that the Senior Citizens Discount allows me to be eligible for a credit to be applied to the minimum charge on my primary residence electric bill as provided by the Board of Directors of Jackson Electric Membership Corporation.

To qualify for this discount, I state under oath that the following is true and accurate:

1. I am sixty-two (62) years of age or older. Date of birth: _____
Last 4 SSN: _____
2. My total annual combined gross household income does not exceed \$17,240.
3. The electric service account for the above address is in my name and is my primary residence.

Note: The information provided in this document is subject to audit and verification as deemed necessary by Jackson EMC. Applicant agrees to notify Jackson EMC immediately of any change in the circumstances that make the applicant eligible for all Senior Citizens Discount.

(Member Account Number)

(Customer Service Representative)
OFFICIAL OFFICE USE ONLY

Sworn to and subscribed before me this
_____ day of _____, 20____

Notary Public Signature
My commission Expires: _____
(Affix Seal)

Member Signature

Date

Member Telephone Number



THE SENIOR'S PLAN/DISABLED PLAN APPLICATION

To qualify for this service, you must be at least 62 years of age or be qualified to receive disability income from an approved plan.

Member's Name (please print) _____

Account Number(s) _____

Street Address _____

City _____ State _____ Zip Code _____

Last Four Digits of Social Security # _____ Tele. # _____

Retirement/disabled income is from: _____ Social Security
_____ Other (specify)

Date of Birth _____

I certify that the above information is correct. Jackson EMC is granted permission to verify any information submitted. I understand that The Senior's Plan/Disabled Plan is a payment date extension plan. Payment must be received before company established collection dates or my account(s) listed above will be subject to termination of service. I certify that I reside in or receive electric service at my primary residence for the accounts listed above. I acknowledge that benefits from The Senior's Plan/Disabled Plan may be terminated at any time with or without notice upon decision by Jackson EMC Board of Directors.

Witness for Jackson EMC

Member's Signature

Title

Date