



Jackson EMC Surge Protection SERVICE REQUEST

Member Cost

Jackson EMC Acct # _____ Date _____

Name _____ Phone # _____

Address _____

City _____ Zip _____

SERVICES REQUESTED: Surge HELP® warranty program for coverage on motor driven appliances.

\$2,000 annual coverage
\$5.75 per month = \$ _____

\$3,000 annual coverage
\$6.95 per month = \$ _____

Monthly Cost = \$ _____

YES, please sign me up for the SurgeHELP® plan from HomeServe I have selected above and include the monthly charge, plus any applicable taxes, on my Jackson EMC bill. I understand that this optional plan is billed on a monthly basis and based on an annual contract that will be *automatically renewed annually* at the then-current renewal price. I have the option to cancel this contract at any time without additional cost to me by calling 1-800-462-3691. I confirm that I am the homeowner and have read the information in this package, understand there are limitations and exclusions, and meet the eligibility requirements for this coverage.

Member Signature

(Authorizing monthly charge on electric bill)

Complete form and mail to:

Jackson EMC | P.O. Box 38 | Jefferson, GA 30549