

CENTRAL VALLEY ELECTRIC COOPERATIVE, INC.

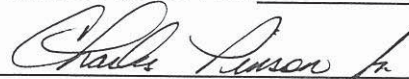
SEVENTH REVISED FORM No. 3

NEW MEXICO
PUBLIC REGULATION
COMMISSION
FILED

2013 FEB 28 PM 4 05

Attached

Advice Notice No. 49



Charles T. Pinson, Jr.
Executive Vice President

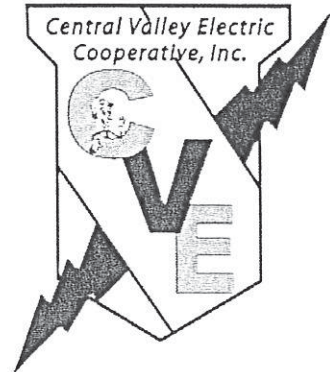
EFFECTIVE


MAR 29 2013

REPLACED BY NMPRC

BY Final Order Case No. 11-00385-UT

**YOUR ELECTRIC BILL
HAS NOT BEEN PAID!**



A Touchstone Energy® Cooperative 

**YOUR RIGHTS
AND RESPONSIBILITIES
REGARDING
DISCONTINUANCE OF SERVICE**

**SUS DERECHOS Y
RESPONSABILIDADES DE LA
TERMINACIÓN DEL SERVICIO**

This form is being provided to you by
Central Valley Electric Cooperative Inc.
as per New Mexico
Public Regulation Commission Rule 17.5.410.

P.O. Box 230 - 1505 N. 13th Street
Artesia, New Mexico 88211-0230

| | |
|------------------------|----------|
| Artesia/Roswell/Dexter | Hagerman |
| 746-3571 | 752-3366 |

Dear CVE Residential Customer:

This notice is to inform you that your utility payment is past due. Your service will be disconnected after the date printed on the enclosed bill if payment is not made by then. Upon request, we can provide outstanding charge information to you including the dates of service during which the outstanding charges were incurred and the date and amount of the last payment.

If you believe that there is an error in your billing, contact us immediately for a review. After you pay the undisputed amount of your bill, we will postpone disconnection of your service until the dispute is resolved.

If you have any questions concerning payment of your electric bill, you may contact our credit department at 575-746-3571 Artesia/Roswell/Dexter or 575-752-3366 Hagerman during our regular office hours of 8:00 a.m. through 5:00 p.m., Monday through Friday, except for regular recognized holidays or go to www.cvecoop.org.

You can participate in a payment plan if you can demonstrate that you do not have the financial resources to pay the outstanding amount or if you are low income or are subject to other special circumstances.

If you or someone in your household is seriously or chronically ill, we will not disconnect your service, if at least two days before the disconnection date, we receive an original of the attached CVE Medical and Financial Certification forms. The medical certification form must be completed by a licensed medical professional. An original of the attached financial certification form, stating that you qualify for financial assistance, must be completed by an agency providing assistance in or for the state of New Mexico.

IF YOUR SERVICE HAS BEEN DISCONNECTED, we will restore service within twelve hours after you have satisfied the certification requirements above. Your obligation to pay your bill is not relieved if service is continued or reestablished because we receive these certifications.

IF YOU HAVE DIFFICULTY PAYING THIS BILL, AND FEEL YOU MAY QUALIFY FOR ASSISTANCE IN PAYING YOUR UTILITY BILL FROM THE LOW INCOME HOME ENERGY ASSISTANCE PROGRAM, OR ANOTHER ASSISTANCE PROGRAM IN YOUR COMMUNITY, CONTACT THE COMMUNITY ASSISTANCE SECTION OF THE HUMAN SERVICES DEPARTMENT AT 1-800-283-4465, THE TRIBAL OR PUEBLO ENTITY THAT ADMINISTERS A TRIBE'S OR PUEBLO'S LIHEAP, OR THE CUSTOMER SERVICE REPRESENTATIVE AT THIS UTILITY.

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) APPLICATION FORMS FOR THE LOW INCOME HOME ENERGY ASSISTANCE PROGRAM ARE AVAILABLE AT THE BILLING OFFICES OF THIS UTILITY, AT THE HUMAN SERVICES DEPARTMENT, AND AT THE TRIBAL OR PUEBLO ENTITY THAT ADMINISTERS A TRIBE'S OR PUEBLO'S LIHEAP. YOU SHOULD RETURN THE APPLICATION FORMS TO THE HUMAN SERVICES DEPARTMENT OR THE TRIBAL OR PUEBLO ENTITY THAT ADMINISTERS THE PROGRAM AND DETERMINES YOUR ELIGIBILITY TO RECEIVE ASSISTANCE.

Between, November 15 through March 15, if you qualify for Low Income Home Energy Assistance Program (LIHEAP), you may be protected from having your services disconnected for non-payment. For more information, please call us at 575-746-3571.

TO RESTORE SERVICE THAT HAS BEEN DISCONNECTED, A RECONNECT FEE OF \$25 DURING REGULAR BUSINESS HOURS OR \$75 AFTER HOURS MAY BE CHARGED.

We can put you in touch with other organizations in your community that might be able to help you. If you have a relative, friend, or agency that will assist in paying your bills, and you want us to notify them when disconnect notices are sent, contact us.

Budget billing can help even out your payments throughout the year. You still pay for all of the energy you use. You can cancel your participation at any time. Upon cancellation, all amounts are due and become payable within 30 days. Any credits will be applied to your account.

See your bill for your CVE payment office location. To contact us, call at 575-746-3571 Artesia/Roswell/Dexter or 575-752-3366 Hagerman during our regular office hours of 8:00 a.m. through 5:00 p.m., Monday through Friday, except for regular recognized holidays or go to www.cvecoop.org.

If you are not satisfied with the arrangements that we provide, you have the right to file a complaint with the NMPRC, 1120 Paseo de Peralta, Santa Fe, NM 87501. Telephone 505-827-6940 or 1-888-4 ASK PRC or 1-888-427-5772.

Special consideration will be given to a residential customer who meets the qualifications of LIHEAP or has other special circumstances, in determining deposits and installment agreements. In making such determination, a utility shall accept documentation from the administering authority that such residential customer meets the qualifications of LIHEAP.

Estimado cliente residencial de Centra Valley Electric (CVE):

Este aviso es para informarle que su pago de la cuenta de electricidad ya está vencido. Su servicio será desconectado después de la fecha indicada en la cuenta adjunta si no paga antes de la fecha. Si pides, le podemos dar la información de su cargo, incluyendo las fechas de servicio durante los cargos que están vencidas y la fecha y la cantidad del último pago.

Si usted cree que hay un error en su cuenta, llame a CVE inmediatamente para una revisión de su cuenta. Después de pagar la cantidad que NO está en disputa de su factura, vamos a aplazar la desconexión de su servicio, hasta que se resuelva la disputa.

Si usted tiene alguna pregunta sobre el pago de su cuenta de electricidad, puede llamar a nuestro departamento de crédito en Artesia/Roswell/Dexter 575-746-3571 o Hagerman 575-752-3366 durante las horas regulares de oficina de 8:00am a 5:00pm, de Lunes a Viernes, se varían las horas durante los días festivos o ir a www.cvecoop.org.

Puede participar en un plan de pago si puede demostrar que usted no tiene los recursos financieros para pagar la cuenta que debe o si sus ingresos son bajos y son objeto de otras circunstancias especiales.

Si usted o alguien en su casa donde vive, tiene una enfermedad grave o crónica, no le desconectamos su servicio, si por lo menos dos (2) días antes de la fecha de desconexión, recibimos una forma original de certificación médica adjunto y forma de certificación financiera de CVE. El formulario de certificación médica debe ser completado por un médico profesional con licencia. Un original del formulario de certificación financiera adjunta, indicando que usted califica para ayuda financiera, debe ser completado por una agencia que proporciona asistencia en o para el estado de Nuevo México.

SI SU SERVICIO SE HA DESCONECTADO, CVE restaurará el servicio dentro de las doce horas después de que usted ha completado los requisitos de certificación. Su obligación de pagar su cuenta no es relevada si el servicio se mantiene o restablece porque recibimos estas certificaciones.

SI TIENE DIFICULTAD PARA PAGAR ESTA CUENTA, Y SIENTE QUE PUEDE CALIFICAR PARA ASISTENCIA EN PAGANDO SU CUENTA DE UTILIDAD POR EL PROGRAMA DE ASISTENCIA DE ENERGÍA DE BAJO INGRESO, O OTRO PROGRAMA DE ASISTENCIA EN SU COMUNIDAD, LLAME LA ASISTENCIA DE LA COMUNIDAD DEL DEPARTAMENTO DE SERVICIOS HUMANOS AL 1-800-283-4465. TAMBIEN SE PUEDE COMUNICAR CON LA ENTIDAD TRIBAL O PUEBLO QUE ADMINISTRA LIHEAP EN UNA TRIBAL O PUEBLO, O EL REPRESENTANTE DE SERVICIO DEL CLIENTE EN CVE.

PROGRAMA DE ASISTENCIA DE ENERGIA (LIHEAP) - APLICACIONES PARA ASISTENCIA POR EL PROGRAMA DE ASISTENCIA DE ENERGIA DOMESTICA PARA PERSONAS DE BAJOS INGRESOS ESTAN DISPONIBLES EN LAS OFICINAS DE CUENTAS DE CVE, EN EL DEPARTAMENTO DE SERVICIOS HUMANOS Y EN LA ENTIDAD TRIBAL O PUEBLO QUE ADMINISTRA EL PROGRAMA TRIBAL O PUEBLO, Y DETERMINA SU ELEGIBILIDAD PARA RECIBIR ASISTENCIA.

Entre el 15 de noviembre al 15 de marzo, si usted califica para el Programa de Asistencia de Energía de Bajos Ingresos (LIHEAP), se puede ser protegido de tener sus servicios eléctricos desconectados por falta de pagar. Por más información, por favor llámenos al 575-746-3571. **PARA RESTAURAR EL SERVICIO DESCONECTADO, SE PUEDE COBRAR UN CARGO DE \$25 EN LAS HORAS REGULARES DE LA OFICINA O \$75 EN LAS HORAS DESPUES.**

Le podemos poner en contacto con otras organizaciones en su comunidad que podría ser capaz de ayudarle. Si usted tiene un pariente, amigo o agencia que le ayudará a pagar sus cuentas, y desea que notifiquemos cuando avisos de desconexión se envían, puede llamarnos.

El programa de pagos de presupuesto le puede ayudar a equilibrar sus pagos durante todo el año. Usted todavía pasa por toda la energía que usa. Usted puede cancelar su participación en cualquier momento. Cuando se cancela el programa, todas las cantidades debidas se cobran y se tienen que pagar dentro de los 30 días. Los créditos se aplicarán a su cuenta.

Consulte a su bil para ver las localidades de entregar el pago para CVE. Puede llamarnos al 575-746-3571 Artesia/Roswell/Dexter o 575-752-3366 Hagerman durante nuestras horas de oficina de 8:00 am a 5:00 pm, de lunes a viernes, se varían las horas durante los días festivos o ir a www.cvecoop.org.

Si usted no está satisfecho con los arreglos que ofrecemos, usted tiene el derecho a presentar una denuncia ante la NMPRC, 1120 Paseo de Peralta, Santa Fe, NM 87501. Teléfono 505-827-6940 o 1-888-4 ASK PRC o 1-888-427-5772.

Se prestará atención especial a un cliente residencial que cumpla con los requisitos de LIHEAP o tiene otras circunstancias especiales, en la determinación de los depósitos y los acuerdos de pago. Al hacer la determinación, una utilidad aceptará la documentación de la autoridad administrativa que los clientes residenciales, cumple con los requisitos de LIHEAP.

FINANCIAL CERTIFICATION (VALID FOR 90 DAYS ONLY)

PLEASE NOTE: To be complete, ALL fields must be filled in, valid, and legible.

BY SIGNING BELOW, I, THE ACCOUNT HOLDER, ACKNOWLEDGE THAT THIS CERTIFICATE DOES NOT RELIEVE ME OF MY RESPONSIBILITY TO PAY MY CURRENT AND PAST BILLS WITH CVEC.

- For Administering Authority (Human Services Department (HSD) or Tribal Authority) certification: complete Sections I and II.
- OR

- For self certification: complete Section III and attach a copy of the primary account holder's current Medicaid eligibility.

(Even when Extended Medical Certification is authorized, Financial Recertification is required every 90 days for the Account Holder.)

SECTION I : AUTHORIZATION TO RELEASE INFORMATION - PRIMARY UTILITY ACCOUNT HOLDER

I, _____, authorize Administering Authority to release to _____ information from my file as deemed necessary for the purpose of qualifying for the Medical Certification program.

I certify the information provided is true and correct. I understand that if I provide false information, I can be denied continued medical emergency electric utility service.

| | | |
|---|------------------------|---|
| PRIMARY ACCOUNT HOLDER'S SIGNATURE | UTILITY ACCOUNT NUMBER | PRIMARY ACCOUNT HOLDER'S SOCIAL SECURITY NUMBER |
| PRIMARY ACCOUNT HOLDER'S TELEPHONE NUMBER | SERVICE ADDRESS | CITY STATE ZIP CODE |

SECTION II - ADMINISTERING AUTHORITY (HSD OR TRIBAL) USE ONLY

I _____, an authorized representative of _____ hereby certify that
NAME OF CVEC REPRESENTATIVE ADMINISTERING AUTHORITY

_____, the primary account holder named in Section I currently meets the income
PRIMARY ACCOUNT HOLDER AND SOCIAL SECURITY NUMBER

guidelines as defined by the Administering Authority (such as Low Income Home Energy Assistance Program (LIHEAP) assistance).

| | | |
|-------------------------------|-------------------------------|------|
| CVEC REPRESENTATIVE SIGNATURE | CONTACT NUMBER AND FAX NUMBER | DATE |
|-------------------------------|-------------------------------|------|

- OR -

SECTION III - SELF CERTIFICATION - PRIMARY ACCOUNT HOLDER - ATTACH COPY OF CURRENT NEW MEXICO MEDICAID ELIGIBILITY FOR PRIMARY ACCOUNT HOLDER

I, _____ hereby certify that I am the person responsible for the charges for electric
PRINTED NAME OF PRIMARY ACCOUNT HOLDER

utility service at _____ and that a seriously or chronically ill person (as defined by Rule 17.5.410.7
SERVICE ADDRESS
NMAC) _____ resides there.
PATIENT'S NAME

I certify the information provided is true and correct. I understand that if I provide false information, I could be denied continued medical emergency electric utility service.

| | | |
|----------------------------------|------|--|
| PRIMARY ACCOUNT HOLDER SIGNATURE | DATE | PRIMARY ACCOUNT HOLDER'S SOCIAL SECURITY NO. |
| SERVICE ADDRESS | CITY | STATE ZIP CODE |

It is in the account holder's best interest to make regular payments toward current and past due balances; the account holder is encouraged to contact CVEC to make payment arrangements.

SEE OTHER SIDE FOR MEDICAL CERTIFICATION

MEDICAL CERTIFICATION

PLEASE NOTE: To be complete, ALL fields must be filled in, valid, and legible.

NOTE: In order to continue to receive electric service from CVEC, a complete Medical and a complete Financial Certification Form must be submitted. This certification is valid for ninety (90) days from the signature date of medical professional.

PATIENT OR LEGAL GUARDIAN

I certify the information provided is true and correct. I understand that if I provide false information, I could be denied continued medical emergency electric utility service from CVEC.

I, _____, hereby authorize the medical professional signing this certification to disclose to CVEC the information contained in this Medical Certification Form.

PATIENT OR LEGAL GUARDIAN SIGNATURE

DATE

PRIMARY UTILITY ACCOUNT HOLDER

I certify the information provided is true and correct. I understand that if I provide false information, I could be denied continued medical emergency electric utility service from CVEC.

I, _____, hereby certify that I am the person responsible for the charges for

electric utility service at _____ and that a seriously or chronically ill person (as defined by Rule 17.5.410.7 NMAC) resides there.

SERVICE ADDRESS

I further certify that I will immediately notify CVEC or arrange to have such notification provided, if

there is a change in the status of the seriously or chronically ill person residing at the Service Address, including relocation or a change in the physical condition of such person which renders continued medical emergency electric utility service unnecessary.

PRIMARY ACCOUNT HOLDER SIGNATURE

DATE

DOCTOR'S USE ONLY --

I, _____, certify that: I am (1) a licensed physician or physician's assistant licensed or accepted by the New Mexico Medical Board and practicing under the New Mexico Medical Practice Act, (2) an osteopathic physician or osteopathic physician's assistant practicing under the New Mexico Osteopathic Physician's Practice Act or (3) a certified nurse practitioner licensed by the New Mexico Board of Nursing and practicing under the New Mexico Nursing Practice Act; I hold license number/NPI Number _____; and that on _____

DATE

I examined _____ who I am informed resides at _____

NAME OF PATIENT

SERVICE ADDRESS

I certify that the said person has the following condition in which loss of electric (please indicate type of service by checking) utility service would give rise to substantial risk of death or gravely impair health:

DESCRIBE CONDITION AND REASONS FOR CONTINUED ELECTRIC UTILITY SERVICE (IF APPLICABLE, LIST MEDICALLY NECESSARY EQUIPMENT) and that this condition qualifies as a serious or chronic illness pursuant to Rule 17.410.7 NMAC.

DEFINITION OF SERIOUS OR CHRONICALLY ILL PER RULE 17.5.410.7 NMAC: AN ILLNESS OR INJURY THAT RESULTS IN A MEDICAL PROFESSIONAL'S DETERMINATION THAT THE LOSS OF ELECTRIC UTILITY SERVICE WOULD GIVE RISE TO A SUBSTANTIAL RISK OF DEATH OR GRAVELY IMPAIR HEALTH.

SIGNATURE OF MEDICAL PROFESSIONAL

DATE

OFFICE ADDRESS OF MEDICAL PROFESSIONAL

TELEPHONE NUMBER, AND FAX NUMBER OF MEDICAL PROFESSIONAL

ONLY for patients meeting the requirements for extended medical certification, also complete the additional certification below if it applies to this patient:

DOCTOR'S USE ONLY - EXTENDED MEDICAL CERTIFICATION (VALID FOR 1 YEAR)

I _____ certify that the above mentioned patient's medical condition

PRINTED NAME OF MEDICAL PROFESSIONAL

_____ is permanent and will not improve within 12 months from _____ (today's date.)

DESCRIPTION OF APPROVED CONDITION

SEE OTHER SIDE FOR FINANCIAL CERTIFICATION