

Notice to Members with Health & Safety Concerns Regarding Prepaid Electric Service Program Eligibility

By participating in Adams-Columbia Electric Cooperative's Prepaid Electric Service Program, the participating member acknowledges and agrees that their electric service will be subject to remote disconnection without prior notice when the member's Prepaid Program account balance reaches zero (\$0.00), and reconnection may take up to two (2) hours after payments have been posted to the member's Prepaid Program account.

For the health, safety, and wellbeing of members and their households, members are not eligible to participate in the Prepaid Program whenever there is a person in the member's household whose health or safety may be threatened by an interruption in electric service because of infirmities of aging, developmental or mental disabilities, the use of life support systems, or like infirmities incurred at any age, or the frailties associated with being very young. The Cooperative relies on its members to notify the Cooperative whenever there is a person in the member's household whose health or safety may be threatened by an interruption in electric service due to these situations. You are reminded that under the Cooperative's Membership Agreement you are obligated to immediately notify the Cooperative in writing whenever the health or safety of a person in your household may be threatened by an interruption in electric service due to the situations listed above. You may review a copy of the Membership Agreement by visiting the Cooperative's office, accessing the Cooperative's website (<https://www.acecwi.com/membership-agreement/>) or by calling Cooperative customer service at 1-800-831-8629.

By signing below, I/we, _____, hereby acknowledge that, 1) I/we have fully read and understood this notice form, 2) there is no member of my/our household whose health or safety may be threatened by an interruption in electric service because of infirmities of aging, developmental or mental disability, the use of life support systems, or like infirmities incurred at any age, or the frailties of being very young, and 3) I/we will immediately notify the Cooperative in writing if at any time there is a member of my/our household whose health or safety may be threatened by an interruption in electric service due to the situations listed above.

Applicant Name

Signature/Date

2nd Applicant Name

Signature/Date