




conEdison

[www.conEd.com](http://www.conEd.com)

## SAFETY FOR SPECIAL CUSTOMERS



**LIFE-SUSTAINING EQUIPMENT &  
MEDICAL HARDSHIPS**



**If you or someone you know lives in our service area and uses life-sustaining equipment or has a medical hardship, we need to know...**

It is important that we have a record of everyone who uses electrically operated life-support equipment or has medical hardships so we can contact them in an emergency.

We offer this service to everyone who depends on the electricity Con Edison delivers to operate life-sustaining equipment or for whom a disruption in service would create a medical hardship. This includes people who do not receive a bill from us because electric service is included in their rent.

Please complete the survey and mail it to:

**Con Edison**

30 Flatbush Avenue, Room 515  
Brooklyn, NY 11217

You can also let us know by calling 1-800-75-CONED (1-800-752-6633). Con Edison customers can enroll for this service by visiting **conEd.com**, clicking on Customer Central, and then the “special services” link. You will need your account number. To keep our records current, each year we send a letter asking you to recertify.

**Users of life-support equipment should have an alternate source of electric power, such as a battery back-up system. If you use a generator, be sure to follow the manufacturer’s instructions and local building codes, and that it’s in a well ventilated area. It is also a good idea to have a variety of telephone options (land-line, cordless, cellular) available.**

## Life-Sustaining Equipment/ Medical Hardship Survey

(Please print clearly or type)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone number

### Con Edison account number (if applicable):

### Type of residence:

Private house       Apartment

\_\_\_\_\_  
Superintendent's apartment number

\_\_\_\_\_  
Superintendent's phone number

If you rent, is the electric service payment included in the rent?

Yes                       No

### Doctor or hospital:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone number

Customers who require life-sustaining equipment or who have a medical hardship may also find our Third-Party Notification Program and our Concern Program helpful. For more information, call us at 1-800-75-CONED (1-800-752-6633), or visit **conEd.com**.





**Equipment information (if applicable):**

Please check the box next to the type of equipment used.

- Tank-type respirator (iron lung)
  - Cuirass-type (chest) respirator
  - Rocking-bed respirator
  - Electrically operated respirator  
(used 12 hours or more per day)
  - Apnea monitor (infant monitor)
  - Hemodialysis equipment (kidney machine)
  - Other (please specify)
- 

**Frequency of use:**

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Times per week

Hours per day

Is equipment used during sleeping hours?

Yes

No

If yes, how frequently?

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**Medical hardship:**

If you don't use life-sustaining equipment, but have a medical hardship, check the box below.

Yes

