Dear Customer:

Enclosed is the form that needs to be completed for participation in the Disconnect Moratorium Program. The Request for Eligibility Certification form should be completed by you and your physician in its entirety. Certification is valid for 30 days during the moratorium period, between December 1st and March 31st, and can be renewed 3 times. Please bear in mind that the certification will expire 30 days from the date signed by your physician.

Customers who qualify continue to receive a monthly electric bill that will be due on the date indicated on the statement. While this program prohibits termination of electric service for nonpayment of bills, Duke Energy Progress considers its customers responsible for paying their electric bills. We strongly recommend that customers continue to make monthly payments during the moratorium period; to avoid accumulating large balances that may be difficult to pay when their moratorium expires.

While reliable electric service is our goal, we cannot guarantee uninterrupted electric service. Therefore, in the event of an extended outage we urge you to have a contingency plan. Here are some options to consider:

- Have emergency personnel phone numbers such as rescue squads and hospitals readily available.
- Have an emergency back-up system to keep medical equipment operating during an outage.
- Know the location and phone numbers of your nearest Red Cross and emergency shelter.

If you have questions or if we can be of assistance in meeting your energy needs, please contact our Customer Service Center at (919) 508-5400 or (800) 452-2777 during the hours of 7:00 a.m. to 9:00 p.m., Monday through Friday.

Sincerely,

Duke Energy Progress Customer Service

Duke Energy Progress
REQUEST FOR ELIGIBILITY CERTIFICATION

TO: Licensed Physician

The customer named below has requested relief from disconnect action based on Rule 103-352 issued by the Office of Regulatory Staff. This rule prohibits termination of electric service during the months of December through March provided that:

- Termination of electric service would be dangerous to the health of the customer or a member of the customer’s household

  AND;

- Customer is unable to pay the balance of the service account in full or under an installment agreement.

CUSTOMER’S CERTIFICATION

I certify that I

_______________________________________ ______________________________________
(Customer’s Name)     (Account Number)

_______________________________________ ______________________________________
(Customer’s Signature)     (Date)

PHYSICIAN’S CERTIFICATION

I certify that termination of electric service would be dangerous to the health of the above customer or __________________________, a member of the customer’s household, at this time. This certification will expire on the 31st day from the date of execution shown below. This certification may be renewed no more than three (3) times for an additional 30 day period each time.

________________________________________ ______________________________________
(Physician’s Name-Type or Print)     (Physician’s Address)

________________________________________ ______________________________________
(Physician’s Phone Number)     (Physician’s Signature)

(Date)

To prevent termination of electric service during a period that would be dangerous to the health of the above named person, this certificate must be completed by customer and physician. Upon completion fax to 919-232-5633 or mail to Duke Energy Progress, Collections Team 2 CSC-WW1, PO Box 1771 Raleigh, NC 27602-1771.