

**Self Declaration Form for Relief from the OCEB Limit
Written Notice Regarding the Use of Medical Equipment
Under Section 3.2 of the *Ontario Clean Energy Benefit Act, 2010***

The Ontario Clean Energy Benefit (OCEB) provides eligible customers a 10 per cent rebate on the total cost of electricity charges related to electricity consumption on their bills including HST. This rebate will be in effect for five years until December 31, 2015. Effective September 1, 2012, the rebate for eligible customers will be limited to the first 3,000 kWh per month of consumption. However, there is an exemption from this limit for households in which persons who require medical equipment reside under the following circumstances:

1. A person who resides in the premises to which the eligible account relates uses medical equipment which requires electricity for its operation.
2. The medical equipment referred to in above was prescribed by a health practitioner who is a member in good standing of a health profession who is listed in Schedule 1 to the *Regulated Health Professions Act, 1991*.
3. The cost or a portion of the cost, of the electricity used for the operation of the medical equipment is included in the calculation of the base invoice amount for the consumer's eligible account.
4. The consumer gives the written notice described in Section 3.2(4) of the *Ontario Clean Energy Benefit Act, 2010* to the electricity vendor for the eligible account before July 1, 2016.

In order for us to determine your eligibility for an exemption from the maximum financial benefit and accurately calculate your bill, please complete and return this Form as soon as possible.

Account information:

Account Holder: _____ Account #: _____

Service Address: _____ City/Town: _____

Postal Code: _____

Telephone Number: _____ e-mail: _____

Name of the person who uses the medical equipment: _____

Date on which use of the medical equipment began (if after September 1, 2012): _____

Date on which use of the medical equipment ended (if applicable): _____

CONFIRMATION OF ELEGIBILITY

I, _____, as **the account holder**, hereby confirm that the medical equipment prescribed by a health practitioner for use by the person identified above is used by that person, that electricity is required for the operation of the medical equipment and that the cost, or a portion of the cost, of the electricity is included in the calculation of the base invoice amount for the eligible account listed above. I agree that I will notify (***Bluewater Power Distribution Corporation***) if the person who uses the medical equipment at these premises either ceases to use the medical equipment or ceases to reside at these premises and provide the date on which this occurred.

Signature: _____ Dated this _____ day of _____

CONSENT TO THE COLLECTION AND DISCLOSURE OF PERSONAL INFORMATION

I, _____, as the **user of the medical equipment or guardian of such user**, consent to the collection, by the electricity vendor, of the information contained on this form for the purpose of determining the eligibility for the exemption under Section 3.2(3) of the Ontario Clean Energy Benefit Act, 2010. I also consent to the disclosure of personal information, for the exemption under subsection Section 3.2(3) of the Ontario Clean Energy Benefit Act, 2010 for a billing period, if the disclosure is reasonably necessary for the purpose of providing the exemption.

Signature: _____ Dated this _____ day of _____

All information submitted in this process will be used by your utility in support of its obligations under the *Electricity Act, 1998, The Ontario Clean Energy Benefit Act, and the Ontario Energy Board Act, 1998*, applicable Ontario Energy Board Codes and Rules, associated policies, standards and procedures and its license. If you have any questions, contact us by e-mail at emailus@bluewaterpower.com. You may also visit our website at www.bluewaterpower.com to view our privacy policy.