



APPLICATION FOR SPECIAL INTEREST ACCOUNT LISTING

SECO Energy's policy for members whose electric service qualifies as medically necessary is derived from Florida Statute 366.15

To be considered for the Special Interest listing,
this form must be completed and mailed to SECO Energy.
A new application and re-certification are required annually.

MAIL TO: SECO Energy
P.O. Box 301
Sumterville, FL 33585

MEMBER INFORMATION

Name: _____ SECO Acct #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Phone #: _____

As a member of SECO Energy, I certify that I have, or someone in my household has, a medical need for electricity. I understand the Cooperative makes every effort to maintain reliable electric service yet cannot guarantee continuity of service or make any promises as to the length of time for any particular outage. Therefore, it is my responsibility to have an alternate source of power or be able to transport or relocate to a facility where power is available during a prolonged outage or emergency situation. I further understand that this special interest account listing does not exempt me from termination of electric service in the event my account becomes delinquent.

Signature of Member: _____ Date: _____

MEDICAL INFORMATION

Name of Patient: _____

Physician's Name: _____ Physician's Tel.: _____

Physician's Address: _____

City: _____ State: _____ Zip: _____

Type of Electric-Powered Medical Equipment: _____

This is to certify that the electric service is medically necessary for the above listed patient and that the type of medical equipment listed herein is "medically essential." (**See Note below.) Therefore, I recommend the patient be included on the Special Interest listing for the term of one year.

Signature of Physician: _____ Date: _____

(No stamps or substitutes – Physician must be licensed in the State of Florida)

(**The term "medically essential" means the medical dependence on **electric-powered** medical equipment that must be operated continuously or, as circumstances require, to avoid the loss of life or immediate hospitalization of the member or another permanent resident at the residential address noted above.)

SECO Energy is an equal opportunity provider and employer.

SECO OFFICE USE ONLY:

Computer Key Codes/SI Notes by: _____ Date: _____

Seal Installation Service Order Number: _____ Date: _____

Removal in system by: _____