

CRITICAL CARE – UPDATE FORM



If life-support equipment is no longer in use at the address registered in our Critical Care Program or your contact information has changed, please complete Parts A and B below, sign and return to us.

PART A:

(Please choose one)

1. ☐ Life-support equipment is **NO LONGER IN USE** at my service address.

Reason: _____

OR

2. ☐ My contact information has changed.

PART B:

PSEG Long Island Account Holder's Name _____ Name of Person Using Equipment (Patient) _____

Patient Relation to Customer ☐ Self ☐ Spouse ☐ Child ☐ Parent ☐ Other _____

PSEG Long Island Account Holder's Number _____ Date of Birth (Patient) _____

Street Address _____ City _____ State **NY** ZIP Code _____

Primary Contact Number _____ Cell Phone Number _____

Email Address _____

PSEG Long Island Account Holder's Signature _____ Date _____

The New York State Department of Public Service requires that PSEG Long Island maintain accurate contact information in the event of a power outage and an accurate phone number is a requirement of our life-support program. By providing a telephone number, you are giving consent to be contacted at that number about matters that are closely related to the utility service.

Form should be returned to PSEG Long Island by:
Email: medicalnotes@pseg.com **Fax:** 631-844-3635
Mail: PSEG Long Island
Attn: Customer Safeguard Solutions
15 Park Drive, Melville, NY 11747