## Heat Pump Pool Heater up to \$600 REBATE

## **Rebate Requirements**

- Heat Pump Pool Heater must be new and have a coefficient of performance (COP) of at least 5.
- Beginning in 2021, limit of one heat pump pool heater per residential customer account every 5 years,
- Purchase date and installation date must be in calendar year 2024 and postmarked no later than December 31, 2024

## **General Rebate Requirements**

- ✓ You must be a PSEG Long Island residential customer.
- ✓ The rebate amount cannot be more than 50 percent of the retail purchase price paid.
- For all purchases made online, please provide proof of delivery/pickup as well as a paid receipt with application submission.
- ✓ Photo of Heat Pump Model #/ serial # from the unit.
- ✓ Photo of Heat Pump unit in customer's permanent installed location.
- ✓ All rebate submissions are subject to post inspection.



 Apply online at psegliny.com/rebates

\*A copy of dated sales receipt/paid invoice showing manufacturer, model number, installation date and purchase price.

Terms and conditions are subject to change without notice, including early termination of this promotion. No additional fees apply. Rebates will be issued in check form or account credit within 10 weeks. PSEG Long Island reserves the right to use the customer rebate to credit accounts in arrears. 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. PSEG Long Island administers the rebate program on behalf of the Long Island Power Authority, the rebate program sponsor. Some restrictions may apply.



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Please complete steps 1-4 below.

1 Customer information	3 Product information
Your PSEG Long Island Account Number	I am applying for (check all that apply):
(found on page 1 of your bill):	☐ \$600 Heat Pump Pool Heater rebate
Payment will be issued to the account holder on record.	Manufacturer:
Account/Installation Address:	Model #:
	Name and Address of Store:
City:	
State:	— Chaha.
ZIP:	— 7ID.
Email Address:	Date of Installation:
Last Name:(please print)	Please select one option:  Credit my account with rebate amount  Mail a rebate check to me (check will be issued to the primary account holder on record)
2 Installer information Business Name:	For more information on all the programs we offer, visit psegliny.com/rebates, or call 800-692-2626.
Name of Installer:	
Address:	
City:	
State:	
ZIP:	
Work #:	Mail to.
City:	F3LG Long Island
State:	Fool fleat Fullip/Solal Fool Cover Repate
ZIP:	
Email Address:	Melville, NY 11747