

CARE/FERA ELIGIBILITY VERIFICATION INSTRUCTIONS — HIGH USAGE

Your account has been selected for CARE/FERA Verification. You were sent a notification approximately 30-days ago and we have not yet heard back from you. To continue to receive your program discount, you must provide specific documentation within **15-days** from receipt of this reminder. Failure to complete will result in your removal from the program. Please complete this process carefully by following the step-by-step instructions below.

Collect Proof of Income or Proof of Active Participation in a Public Assistance Program for your household.

| Proof of Income | OR | Public Assistance Program |
|---|----|--|
| Provide proof of income for <u>EACH</u> adult in the household. | | Provide current proof of participation for at least <u>ONE</u> person in your household. |



A list of approved income documents and public assistance programs can be found online at <https://www.sce.com/residential/assistance/fera-care/post-enrollment-verification>.

Complete the eligibility form and select your method of delivery.

| Option 1: Online Processing | Option 2: Mail-In Processing |
|--|---|
| <p>(a) Complete the Eligibility Verification Form online at: sce.com/verify.</p> <p>(b) Upload all supporting Proof of Income or Public Assistance Program documentation.</p> | <p>(a) Complete the Eligibility Verification Form that was enclosed in the email or letter you received.</p> <p>(b) Include copies of all the supporting Proof of Income or Public Assistance Program documentation.</p> <p>(c) Mail: Send the full package (Signed Form and Documentation) to: CARE/FERA Southern California Edison PO Box 9527 Azusa, CA 91702</p> |

Need More Information? To learn more about the CARE/FERA Verification process, including frequently asked questions, visit [on.sce.com/highusage](https://www.sce.com/highusage). Unacceptable energy usage levels may result in removal from the program. Full program Terms and Conditions can be reviewed at [sce.com/carefera](https://www.sce.com/carefera).

Be sure to **black out** the first five digits of your social security number on any of your documents for added security.

Visit [sce.com/privacy](https://www.sce.com/privacy) to learn more about how we protect your information.

CARE/FERA High Usage Eligibility Verification Form

For faster processing, please verify online at sce.com/verify.
Only fill out this form for processing by mail.

| | | | |
|-----------------------|---|----------------------|---|
| Customer Acct: | 7 | Service Acct: | 8 |
| Name: | | | |
| Address: | | | |
| Phone: | | Email: | |

Confirm Household Member information (attach an additional paper, if needed)


| Total Number of Household Members | Adults: | Children (under 18): | |
|--|----------------|----------------------|---------------------------|
| Name of each household member (including yourself) | Adult or Child | Proof of Eligibility | |
| | | Gross Annual Income | Public Assistance Program |
| <i>John Doe</i> | <i>Adult</i> | <i>\$ 24000</i> | <i>CalFresh</i> |
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OR: I am no longer eligible and wish to de-enroll from the program.

I certify that the information that I have provided is both true and correct. Full program Terms and Conditions can be reviewed at sce.com/carefera.

| | | |
|---|------------|-------|
|  | Signature: | Date: |
|---|------------|-------|

Return to: CARE/FERA
Southern California Edison
PO Box 9527 Azusa, CA 91702

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|---|---|
|  | <p>Please remember to sign the form above and submit proof of eligibility documentation by the deadline to maintain your CARE/FERA discount.</p> <p>Be sure to black out the first five digits of your social security number on any of your documents for added security.</p> |
|---|---|

Visit sce.com/privacy to learn more about how we protect your information.