

## Voluntary Relinquishment of Hardship Status Protection

By signing and dating below, I, \_\_\_\_\_

1. Understand that my current hardship designation pursuant to Connecticut General Statutes Section 16-262c and Connecticut Agencies Regulations Section 16-3-100 protects me from termination of electric service under certain circumstances and, if I have a financial hardship designation, offers me access to other benefits such as government assistance and payment arrangement options.
2. I wish to voluntarily relinquish the hardship designation and protection I am eligible for under Connecticut General Statutes Section 16-262c and Connecticut Agencies Regulations Section 16-3-100.
3. I understand that relinquishment may make me ineligible for financial assistance under the Connecticut Energy Program, the Matching Payments Program, and other arrearage forgiveness programs.
4. I understand that relinquishment of my hardship or medical protection status will remove any protections against termination of service due to medical protection or financial hardship.
5. I understand that if, in the future, I seek and am found eligible for medical protection or financial hardship status I will not be eligible to be served by a licensed electric supplier and will be returned to standard service.
6. Having read and understanding all of the above, I knowingly and voluntarily seek to terminate my hardship status and the protections and benefits associated with that hardship status.

Date \_\_\_\_\_ Account Number \_\_\_\_\_

Name of Account Holder \_\_\_\_\_

Account Holder Signature \_\_\_\_\_

**Please return this signed document to United Illuminating:**

**Mail to:**

United Illuminating, 180 Marsh Hill Road Orange, CT 06477-3629

**Email to:**

customercarefax@uinet.com

**Fax to:**

203.499.5973