NOTICE OF RESIDENTIAL MEMBER RIGHTS AND RESPONSIBILITIES

This notice informs you of your rights and responsibilities under the Cold Weather Rule (Minnesota Statutes, Chapter 216B.097). These rights and responsibilities are designed to help you meet winter utility bills. You must act promptly. If you choose not to assert your rights or choose not to enter into a mutually acceptable payment arrangement, your service may be disconnected. Minnesota's Cold Weather Rule does not completely stop winter disconnects.

The Cold Weather Rule provides that from October 1 through April 30 an electric cooperative cannot disconnect a residential consumer for nonpayment if the disconnection would affect the primary heat source, and all of the following conditions are met:

- You declare an inability to pay by completing the Inability to Pay Form on the reverse side, and
- Your total household, not individual, income is at or below 50% of the state median income. You must provide the necessary documentation to support this, and
- Your account is current or reasonably on time with a payment plan or you make and keep a mutually acceptable payment plan at any time that considers the financial resources of the household.

Specifically, the Cold Weather Rule and our policy provide you with these rights and responsibilities:

The RIGHT to declare your need for cold weather protection. If your household income is at or below 50% of the state median income, the service affecting your primary heat source cannot be disconnected for non-payment of your bill. However, we have the right to accept or reject your request based on information supplied or other supporting documentation.

The RESPONSIBILITY, if you choose to declare to complete the Inability to Pay Form you must return it to us within 15 days of the notice to disconnect. You must contact us immediately to arrange a payment plan. You may be automatically eligible for protection against disconnection as a recipient of any form of public assistance, including energy assistance that uses income eligibility in an amount at or below income eligibility.

The RIGHT to a mutually agreeable payment arrangement with us. The arrangement will cover your existing arrears plus the estimated usage during the payment arrangement period. Failure to comply with or change the existing payment arrangement may result in the service being disconnected.

The RIGHT not to be involuntarily disconnected on a Friday, or on a day before a holiday, or until at least 30 days after the postmark on the disconnect notice or until 15 days after the disconnect notice and information has been personally delivered.

The RIGHT to appeal the disconnection of service to the Kandiyohi Power Cooperative Board of Directors. If you choose to appeal, you must deliver or mail a personal letter stating your situation and issues in dispute. Your letter must be received before the date of disconnection. You will be notified when the Board of Directors will review your appeal and you may be present at the review. No disconnection of service will take place during the appeal process.

Explanation of Payment Plan and Other Options

Qualifying residential customers of KPC can avoid wintertime service disconnection despite an inability to pay the full amount of their monthly bills. However, some amount must be paid every month. That amount can be determined through a conversation with KPC and set out in a month-by-month payment plan. KPC can also advise customers regarding other options that may be available to assist them in making their utility bill payments. Please contact us promptly at 800-551-4951 to arrange a payment plan and find if other assistance may be available.

Third-Party Notice Option

Kandiyohi Power Cooperative offers all members the opportunity to have a third-party notified if a disconnect notice has been sent. A third party could be a friend, relative, church, or community agency. This program helps those who live alone, senior citizens, those who are disabled and/or in landlord/renter situations.

The third party receives copies of all disconnect notices we mail to the cooperative member, but is not required to pay the bill(s). By volunteering, the third-party is able to receive and give information about personal circumstances and make a payment arrangement with Kandiyohi Power Cooperative for the cooperative member. This helps avoid the hardship that would result from service disconnection. If you want to name a third party, please fill out the "Request for Third Party Notice" form available on the reverse side or from Kandiyohi Power Cooperative. If you know someone who could use third-party help, please direct them to our office.

COPIES OF THE COLD WEATHER RULE ARE AVAILABLE FROM KANDIYOHI POWER COOPERATIVE

ENERGY ASSISTANCE and WEATHERIZATION PROVIDERS

United Community Action Agency 800-992-1710

Prairie Five Community Action 800-292-5437

Salvation Army 320-235-2033 **Kandiyohi County Family Services**

320-231-7800

The LINK-New London/Spicer Area 320-354-5555 **Tri-County Action Agency**

888-765-5597

Read the Notice of Residential Member Rights and Responsibilites on the other side BEFORE completing this form.

If you do not meet the conditions of the Cold Weather Rule as outlined on the reverse side, you do not qualify for winter shutoff protection. However, you can continue to receive electric service if you contact us to set up a mutually acceptable payment arrangement. Call Kandiyohi Power Cooperative at 800-551-4951 before your due date.

If you meet all of the conditions of the Cold Weather Rule, can't pay your electric bill, and need cold weather protection from utility shutoff, fill out the Inability to Pay Form below and return it IMMEDIATELY with PROPER DOCUMENTATION TO SUPPORT INCOME ELIGIBILITY. Mailing Address: Kandiyohi Power Cooperative, 8605 47th St NE, Spicer, MN, 56288

Inability to Pay Form (please print)		
First Name	Last Name	
Address		
Phone Number	Email Address	
KPC Account Number		
Total Amount Owing \$	Number of Persons in Household (include yo	urself)
Total Annual Household Income \$		
Source of Income ("X" all that apply) Employment Unemployment/Workers Comp Child Support Social Security/SSI/Disability/Pension	☐ MFIP/GA/Food Stamps/MSA☐ I do not pay for my medical expenses☐ Other	
Please check if any of the following exist in your home:	☐ Medical Emergency ☐	Disability
By signing this form, I hereby authorize any gas or electric utility the assistance providers or human services agencies to exchange any I acknowledge that I have received, read and understand the enclosubove information is true and correct. *A copy of income verificat	income information to help determine income el osed Notice of Residential Member Rights and Re	igibility. sponsibilities. I attest that the
Member Signature		Date
Request for Third-Party Notice (please print) First Name	Last Name	••••••
Address		
Phone Number	Email Address	
PC Account Number		
Lagree that Kandiyohi Power Cooperative may exchange inforr	mation about my account with the person nam	ed below
Member Signature		Date
Name of Third Party to be Notified		
Address		
Phone Number	Email Address	
Third-Party Signature		Date

(This request must include the third-party signature.)

Kandiyohi Power Cooperative will send a copy of a proposed disconnection on the above account to the named third party at the address listed. Kandiyohi Power Cooperative assumes no liability for failure of the third-party to receive or act upon the notice.

Complete this form and mail to: Kandiyohi Power Cooperative, 8605 47th St NE, Spicer, MN, 56288.