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July 30, 2002

Advice No. 3175
(U 904 G)

Public Utilities Commission of the State of California

SUBJECT: Revision of the Medical Baseline Forms in Compliance with D.02-04-026

Southern California Gas Company (SoCalGas) hereby submits for filing revisions to its tariffs to be made effective September 8, 2002, applicable throughout its service territory, as shown on Attachment B.

PURPOSE

The purpose of this filing is to submit revised medical baseline forms in compliance with California Public Utilities Commission (Commission) Decision (D.) 02-04-026, dated April 9, 2002, in R 01-05-047. In addition, SoCalGas has revised the applicable residential tariff schedules for consistency with the new medical baseline application.

BACKGROUND

D. 02-04-026 ordered Pacific Gas and Electric Company, Southern California Edison Company, San Diego Gas and Electric Company, SoCalGas (the Joint Utilities), Disability Rights Advocates (DRA), and other interested organizations to develop standardized medical baseline application and re-certification forms that will be common to all Commission-regulated gas and electric utilities.

As agreed upon by the Joint Utilities and DRA, the medical baseline forms that will be used by the utilities are the "*Medical Baseline Allowance Application*" and the "*Medical Baseline Allowance Self-Certification*". SoCalGas' revised tariffs, as shown on Attachment B, reflect Form No. 4859E (07/02) for the Medical Baseline Allowance Application and Form No. 4860 (07/02) for the Medical Baseline Allowance Self-Certification. The application will be completed by the customer and the medical professional for enrollment of medical baseline. In addition, the application will be used to re-certify eligible customers as necessary. In order to continue the customer's eligibility for medical baseline, the customer will be required to complete the self-certification form as necessary.

As required by Ordering Paragraph 13, of D.02-04-026, SoCalGas' medical baseline forms will be available in English, Spanish, and Chinese. Also, in accordance with Ordering Paragraph 15 of D.02-04-026, SoCalGas has revised the applicable medical baseline forms

to reflect, at minimum, a 16-point font size, and these forms will be posted on SoCalGas' website. The forms are currently being translated in Spanish and Chinese and they will be available by the effective date requested herein.

As reflected in Attachment B, SoCalGas has revised the listed residential tariffs to be consistent with the new medical baseline application. The phrase "(including heating and cooling needs)" has been added to the last paragraph of the Baseline Usage Special Condition of each tariff.

PROTEST

Anyone may protest this Advice Letter to the California Public Utilities Commission. The protest must state the grounds upon which it is based, including such items as financial and service impact, and should be submitted expeditiously. The protest must be made in writing and must be received within 20 days of the date this Advice Letter was filed with the Commission. There is no restriction on who may file a protest. The address for mailing or delivering a protest to the Commission is:

Energy Division - IMC Branch
California Public Utilities Commission
505 Van Ness Avenue, 4th Floor
San Francisco, CA 94102

Copies of the protest should also be sent via e-mail to the attention of both Jerry Royer (jjr@cpuc.ca.gov) and to Honesto Gatchalian (jnj@cpuc.ca.gov) of the Energy Division. A copy of the protest should also be sent via both e-mail and facsimile to the address shown below on the same date it is mailed or delivered to the Commission.

Attn: Sid Newsom
Tariff Manager - GT14D6
555 West Fifth Street
Los Angeles, CA 90013-1011
Facsimile No. (213) 244-4957
E-mail: snewsom@SempraUtilities.com

EFFECTIVE DATE

SoCalGas respectfully requests that the tariff changes associated with this compliance filing be made effective September 8, 2002, which is 40 days from the date of this filing.

NOTICE

In accordance with Section III.G of General Order No. 96-A, a copy of this advice letter is being sent to the parties listed on Attachment A, including interested parties in R.01-05-047.

J. STEVE RAHON
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Attachments

ATTACHMENT A

Advice No. 3175

(See Attached Service Lists)

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ATTACHMENT B
Advice No. 3175

Cal. P.U.C. Sheet No.	Title of Sheet	Cancelling Cal. P.U.C. Sheet No.
Revised 35652-G	Schedule No. GR, RESIDENTIAL SERVICE, Sheet 4	Revised 31016-G
Revised 35653-G	Schedule No. GT-R, CORE AGGREGATION TRANSPORTATION, FOR RESIDENTIAL SERVICE, Sheet 3	Revised 35362-G
Revised 35654-G	Schedule No. GS, MULTI-FAMILY SERVICE SUBMETERED, Sheet 3	Revised 35363-G
Revised 35655-G	Schedule No. GT-S, CORE AGGREGATION TRANSPORTATION, FOR MULTI-FAMILY SUBMETERED SERVICE, Sheet 3	Revised 35364-G
Revised 35656-G	Schedule No. GM, MULTI-FAMILY SERVICE, Sheet 5	Revised 30836-G
Revised 35657-G	Schedule No. GT-M, CORE AGGREGATION TRANSPORTATION, FOR MULTI-FAMILY SERVICE, Sheet 4	Revised 31182-G
Revised 35658-G	Schedule No. GMB, LARGE MULTI-FAMILY SERVICE, Sheet 5	Revised 32926-G
Revised 35659-G	Schedule No. GT-MB, CORE AGGREGATION TRANSPORTATION, FOR LARGE MULTI- FAMILY SERVICE, Sheet 4	Revised 31187-G
Revised 35660-G	Schedule No. GRL, RESIDENTIAL SERVICE, INCOME-QUALIFIED, Sheet 4	Revised 35398-G
Revised 35661-G	Schedule No. GT-RL, CORE AGGREGATION TRANSPORTATION, RESIDENTIAL SERVICE, INCOME-QUALIFIED, Sheet 3	Revised 35373-G
Revised 35662-G	Schedule No. GSL, SUBMETERED MULTI- FAMILY SERVICE, INCOME-QUALIFIED, Sheet 3	Revised 35374-G
Revised 35663-G	Schedule No. GT-SL, CORE AGGREGATION TRANSPORTATION, SUBMETERED MULTI- FAMILY SERVICE, INCOME-QUALIFIED, Sheet 3	Revised 35375-G
Revised 35664-G	SAMPLE FORMS: APPLICATIONS, Medical Baseline Allowance Application, Form No. 4859- E (07/02), Sheet 1	Revised 27459-G

ATTACHMENT B
Advice No. 3175

Cal. P.U.C. Sheet No.	Title of Sheet	Cancelling Cal. P.U.C. Sheet No.
Original 35665-G	SAMPLE FORMS: APPLICATIONS, Medical Baseline Allowance Self-Certification, Form No. 4860 (07/02), Sheet 1	
Revised 35666-G	TABLE OF CONTENTS	Revised 35521-G
Revised 35667-G	TABLE OF CONTENTS	Revised 35416-G
Revised 35668-G	TABLE OF CONTENTS	Revised 35536-G

Schedule No. GR
RESIDENTIAL SERVICE

Sheet 4

(Continued)

SPECIAL CONDITIONS (Continued)

3. (Continued)

Upon completion of an application and verification by a state-licensed physician (Form No. 4859-E), an additional Baseline allowance of 0.822 therms per day will be provided for paraplegic, quadriplegic, or hemiplegic persons, those afflicted with multiple sclerosis or scleroderma, or persons being treated for a life threatening illness or who have a compromised immune system.

Upon completion of an application and verification by a state-licensed physician or osteopath (Form No. 4859-E), an additional uniform daily Baseline allowance will be provided to customers requiring regular use of a medical life-support device (including heating and cooling needs), as defined in Rule No. 1, which utilizes mechanical or artificial means to sustain, restore, or supplant a vital function and requires the use of Utility-supplied gas. The amount of the additional allowances will be determined by the Utility from load and operating time data of the medical life-support device.

4. Seasonal Changes: Bills reflecting Baseline allowances will be prepared in the May and November billing periods using the applicable daily allowance from each respective seasonal period.
5. Customers receiving service hereunder with usage at each facility in excess of 250,000 therms per year may qualify for transportation service under a special contract. Additionally, customers may aggregate their gas volumes to qualify for transportation service under Schedule No. GT-R.
6. The minimum term for service hereunder is one month, except when a customer has ended service under the Core Aggregation Transportation program and elects to return to Utility procurement service, in which event the minimum term is one year, and then month-to-month thereafter, unless the customer executes an authorization form with another aggregator within the 90-day interim period pursuant to Rule No. 32, Section B.4.b.
7. The Utility will file core procurement rate changes on the last business day of each month to become effective on the first calendar day of the following month.

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 3175
DECISION NO. 02-04-026

4H11

ISSUED BY

Lee Schavrien
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

DATE FILED Jul 30, 2002
EFFECTIVE Sep 8, 2002

RESOLUTION NO. _____

Schedule No. GS
MULTI-FAMILY SERVICE SUBMETERED

Sheet 3

(Continued)

SPECIAL CONDITIONS

1. Baseline Rates: Baseline Rates are applicable only to specific volumes of residential usage.
2. Baseline Usage: The following usage is to be billed at the Baseline rate for each submetered multi-family dwelling unit. Usage in excess of applicable Baseline allowances will be billed at the Non-Baseline rate.

<u>Per Residence</u>	<u>Daily Therm Allowance for Climate Zones*</u>		
	<u>1</u>	<u>2</u>	<u>3</u>
Summer	0.473	0.473	0.473
Winter	1.691	1.823	2.785

* Climate Zones are described in the Preliminary Statement.

Upon completion of an application and verification by a state-licensed physician (Form No. 4859-E), an additional Baseline allowance of .822 therms per day will be provided for paraplegic, quadriplegic, or hemiplegic persons, those afflicted with multiple sclerosis or scleroderma, or persons being treated for a life threatening illness or who have a compromised immune system.

Upon completion of an application and verification by a state-licensed physician or osteopath (Form No. 4859-E), an additional uniform daily Baseline allowance will be provided to customers requiring regular use of a medical life-support device (including heating and cooling needs), as defined in Rule No. 1, which utilizes mechanical or artificial means to sustain, restore, or supplant a vital function and requires the use of Utility-supplied gas. The amount of the additional allowances will be determined by the Utility from load and operating time data of the medical life-support device.

3. The meter readings for sub-metered multi-family complexes may be combined for billing purposes when all of the following conditions exist:
 - a. There is more than one master meter serving the complex.
 - b. A baseline eligible central facility serves sub-metered baseline eligible dwelling units.
 - c. The sub-metered baseline eligible dwelling units are not provided gas by the same master meter which provides gas to the central facility.

A customer charge will be applied to each meter in the multi-family complex that is combined for billing purposes.

(Continued)

(TO BE INSERTED BY UTILITY)
 ADVISE LETTER NO. 3175
 DECISION NO. 02-04-026

ISSUED BY
Lee Schavrien
 Vice President
 Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
 DATE FILED Jul 30, 2002
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 RESOLUTION NO. _____

Schedule No. GM
MULTI-FAMILY SERVICE

Sheet 5

(Continued)

SPECIAL CONDITIONS (Continued)

3. (Continued)

A Customer Charge will be applied to each meter in the multi-family complex that is combined for billing purposes.

It is the responsibility of the owner or the owner's agent to demonstrate to the Utility's satisfaction the yardline configuration and the number of residential units served by the central facility. Eligibility for service under this provision is available subsequent to notification by the customer and verification by the utility.

Upon completion of an application and verification by a state-licensed physician (Form No. 4859-E), an additional Baseline allowance of .822 therms per day will be provided for paraplegic, quadriplegic, or hemiplegic persons, those afflicted with multiple sclerosis or scleroderma, or persons being treated for a life threatening illness or who have a compromised immune system.

Upon completion of an application and verification by a state-licensed physician or osteopath (Form No. 4859-E), an additional uniform daily Baseline allowance will be provided to customers requiring regular use of a medical life-support device (including heating and cooling needs), as defined in Rule No. 1, which utilizes mechanical or artificial means to sustain, restore, or supplant a vital function and requires the use of Utility-supplied gas. The amount of the additional allowances will be determined by the Utility from load and operating time data of the medical life-support device.

4. It is the responsibility of the customer to advise the Utility within 15 days following any change in the submetering arrangements or the number of dwelling units or mobile home spaces provided gas service.
5. This schedule is closed as of July 13, 1978 for gas service to:
- a. New residential mobile home parks where such mobile home tenants use gas directly in gas appliances in each occupancy.
 - b. New multi-unit residential structures where such multi-unit tenants use gas directly in gas appliances in each occupancy and which requires venting.
6. Seasonal Changes: Bills reflecting Baseline allowances will be prepared in the May and November billing periods using the applicable daily allowance from each respective seasonal period.
7. Customers receiving service hereunder with usage at each facility in excess of 250,000 therms per year may qualify for transportation service under a special contract. Additionally, customers may aggregate their gas volumes to qualify for transportation service under Schedule No. GT-M.

(Continued)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 3175
DECISION NO. 02-04-026

ISSUED BY
Lee Schavrien
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
DATE FILED Jul 30, 2002
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Schedule No. GT-R

Sheet 3

CORE AGGREGATION TRANSPORTATION
FOR RESIDENTIAL SERVICE

(Continued)

SPECIAL CONDITIONS (Continued)

3. In multi-family complexes where individual dwelling units receive natural gas service directly from SoCalGas through separate meters and where other residential services are provided from a separately metered central source, the applicable basic Baseline allowance for each such individually metered dwelling unit, subject to verification, will be as follows:

<u>Codes</u>	<u>Per Residence</u>	<u>Daily Therm Allowance</u> <u>for Climate Zones*</u>		
		<u>1</u>	<u>2</u>	<u>3</u>
1	Space heating only			
	Summer	0.000	0.000	0.000
	Winter	1.210	1.342	2.304
2	Water heating and cooking	0.477	0.477	0.477
3	Cooking, water heating and space heating			
	Summer	0.473	0.473	0.473
	Winter	1.691	1.823	2.785
4	Cooking and space heating			
	Summer	0.088	0.088	0.088
	Winter	1.300	1.432	2.394
5	Cooking only	0.089	0.089	0.089
6	Water heating only	0.388	0.388	0.388
7	Water heating and space heating			
	Summer	0.385	0.385	0.385
	Winter	1.601	1.733	2.695

* Climate Zones are described in the Preliminary Statement.

Upon completion of an application and verification by a state-licensed physician (Form No. 4859-E), an additional Baseline allowance of .822 therms per day will be provided for paraplegic, quadriplegic, or hemiplegic persons, those afflicted with multiple sclerosis or scleroderma, or persons being treated for a life threatening illness or who have a compromised immune system.

Upon completion of an application and verification by a state-licensed physician or osteopath (Form No. 4859-E), an additional uniform daily Baseline allowance will be provided to customers requiring regular use of a medical life-support device (including heating and cooling needs), as defined in Rule No. 1, which utilizes mechanical or artificial means to sustain, restore, or supplant a vital function and requires the use of Utility-supplied gas. The amount of the additional allowances will be determined by the Utility from load and operating time data of the medical life-support device.

(Continued)

(TO BE INSERTED BY UTILITY)
 ADVICE LETTER NO. 3175
 DECISION NO. 02-04-026

ISSUED BY
Lee Schavrien
 Vice President
 Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
 DATE FILED Jul 30, 2002
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Schedule No. GRL
RESIDENTIAL SERVICE, INCOME-QUALIFIED

Sheet 4

(Continued)

SPECIAL CONDITIONS (Continued)

3. (Continued)

Upon completion of an application and verification by a state-licensed physician (Form No. 4859-E), an additional Baseline allowance of .822 therms per day will be provided for paraplegic, quadriplegic, or hemiplegic persons, those afflicted with multiple sclerosis or scleroderma, or persons being treated for a life threatening illness or who have a compromised immune system.

Upon completion of an application and verification by a state-licensed physician or osteopath (Form No. 4859-E), an additional uniform daily Baseline allowance will be provided to customers requiring regular use of a medical life-support device (including heating and cooling needs), as defined in Rule No. 1, which utilizes mechanical or artificial means to sustain, restore, or supplant a vital function and requires the use of Utility-supplied gas. The amount of the additional allowances will be determined by the Utility from load and operating time data of the medical life-support device.

- 4. Seasonal Changes: Bills reflecting Baseline allowances will be prepared in the May and November billing periods using the applicable daily allowance from each respective seasonal period.
- 5. Customers receiving service hereunder with usage at each facility in excess of 250,000 therms per year may qualify for transportation service under a special contract. Additionally, customers may aggregate their gas volumes to qualify for transportation service under Schedule No. GT-RL.
- 6. Eligibility: An income-qualified household has total annual income from all sources (taxable and non-taxable) that is no more than shown in the table below for the number of persons in the household.

<u>Number of Persons In Household</u>	<u>Total Annual Household Income</u>
1 or 2	\$22,600
3	\$26,600
4	\$32,000
5	\$37,400
6	\$42,800
7	\$48,200

For households with more than seven persons, add \$5,400 annually for each additional person living in the household.

No person who is claimed on another person's income tax return shall be eligible for this rate.

(Continued)

(TO BE INSERTED BY UTILITY)
 ADVICE LETTER NO. 3175
 DECISION NO. 02-04-026

ISSUED BY
Lee Schavrien
 Vice President
 Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
 DATE FILED Jul 30, 2002
 EFFECTIVE Sep 8, 2002
 RESOLUTION NO. _____

Schedule No. GT-RL

Sheet 3

CORE AGGREGATION TRANSPORTATION
RESIDENTIAL SERVICE, INCOME-QUALIFIED

(Continued)

SPECIAL CONDITIONS (Continued)

3. In multi-family complexes where individual dwelling units receive natural gas service directly from SoCalGas through separate meters and where other residential services are provided from a separately metered central source, the applicable basic Baseline allowance for each such individually metered dwelling unit, subject to verification, will be as follows:

<u>Codes</u>	<u>Per Residence</u>	<u>Daily Therm Allowance</u> <u>for Climate Zones*</u>		
		<u>1</u>	<u>2</u>	<u>3</u>
1	Space heating only			
	Summer	0.000	0.000	0.000
	Winter	1.210	1.342	2.304
2	Water heating and cooking	0.477	0.477	0.477
3	Cooking, water heating and space heating			
	Summer	0.473	0.473	0.473
	Winter	1.691	1.823	2.785
4	Cooking and space heating			
	Summer	0.088	0.088	0.088
	Winter	1.300	1.432	2.394
5	Cooking only	0.089	0.089	0.089
6	Water heating only	0.388	0.388	0.388
7	Water heating and space heating			
	Summer	0.385	0.385	0.385
	Winter	1.601	1.733	2.695

* Climate Zones are described in the Preliminary Statement.

Upon completion of an application and verification by a state-licensed physician (Form No. 4859-E), an additional Baseline allowance of .822 therms per day will be provided for paraplegic, quadriplegic, or hemiplegic persons, those afflicted with multiple sclerosis or scleroderma, or persons being treated for a life threatening illness or who have a compromised immune system.

Upon completion of an application and verification by a state-licensed physician or osteopath (Form No. 4859-E), an additional uniform daily Baseline allowance will be provided to customers requiring regular use of a medical life-support device (including heating and cooling needs), as defined in Rule No. 1, which utilizes mechanical or artificial means to sustain, restore, or supplant a vital function and requires the use of Utility-supplied gas. The amount of the additional allowances will be determined by the Utility from load and operating time data of the medical life-support device.

(Continued)

(TO BE INSERTED BY UTILITY)
 ADVICE LETTER NO. 3175
 DECISION NO. 02-04-026

ISSUED BY
Lee Schavrien
 Vice President
 Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
 DATE FILED Jul 30, 2002
 EFFECTIVE Sep 8, 2002
 RESOLUTION NO. _____

Schedule No. GT-S

Sheet 3

CORE AGGREGATION TRANSPORTATION
FOR MULTI-FAMILY SUBMETERED SERVICE

(Continued)

SPECIAL CONDITIONS

1. Baseline Rates: Baseline Rates are applicable only to specific volumes of residential usage.
2. Baseline Usage: The following usage is to be billed at the Baseline rate for each submetered multi-family dwelling unit. Usage in excess of applicable Baseline allowances will be billed at the Non-Baseline rate.

<u>Per Residence</u>	<u>Daily Therm Allowance</u> <u>for Climate Zones*</u>		
	<u>1</u>	<u>2</u>	<u>3</u>
Summer	0.473	0.473	0.473
Winter	1.691	1.823	2.785

* Climate Zones are described in the Preliminary Statement.

Upon completion of an application and verification by a state-licensed physician (Form No. 4859-E), an additional Baseline allowance of .822 therms per day will be provided for paraplegic, quadriplegic, or hemiplegic persons, those afflicted with multiple sclerosis or scleroderma, or persons being treated for a life threatening illness or who have a compromised immune system.

Upon completion of an application and verification by a state-licensed physician or osteopath (Form No. 4859-E), an additional uniform daily Baseline allowance will be provided to customers requiring regular use of a medical life-support device (including heating and cooling needs), as defined in Rule No. 1, which utilizes mechanical or artificial means to sustain, restore, or supplant a vital function and requires the use of Utility-supplied gas. The amount of the additional allowances will be determined by the Utility from load and operating time data of the medical life-support device.

3. The meter readings for sub-metered multi-family complexes may be combined for billing purposes when all of the following conditions exist:
 - a. There is more than one master meter serving the complex.
 - b. A baseline eligible central facility serves sub-metered baseline eligible dwelling units.
 - c. The sub-metered baseline eligible dwelling units are not provided gas by the same master meter which provides gas to the central facility.

A customer charge will be applied to each meter in the multi-family complex that is combined for billing purposes.

It is the responsibility of the owner or the owner's agent to demonstrate to SoCalGas' satisfaction the yardline configuration and the number of residential units served by the central facility. Eligibility for service under this provision is available subsequent to notification by the customer and verification by SoCalGas.

(Continued)

(TO BE INSERTED BY UTILITY)
 ADVICE LETTER NO. 3175
 DECISION NO. 02-04-026

ISSUED BY
Lee Schavrien
 Vice President
 Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
 DATE FILED Jul 30, 2002
 EFFECTIVE Sep 8, 2002
 RESOLUTION NO. _____

Schedule No. GT-M

Sheet 4

CORE AGGREGATION TRANSPORTATION
FOR MULTI-FAMILY SERVICE

(Continued)

SPECIAL CONDITIONS (Continued)

3. (Continued)

The meter readings for multi-family complexes may be combined for billing purposes when all of the following conditions exists:

- a. There is more than one master meter serving the complex.
- b. A baseline eligible central facility serves master metered baseline eligible dwelling units.
- c. The master metered baseline eligible dwelling units are not provided gas by the same master meter which provides gas to the central facility.

A Customer Charge will be applied to each meter in the multi-family complex that is combined for billing purposes.

It is the responsibility of the owner or the owner's agent to demonstrate to SoCalGas' satisfaction the yardline configuration and the number of residential units served by the central facility. Eligibility for service under this provision is available subsequent to notification by the customer and verification by SoCalGas.

Upon completion of an application and verification by a state-licensed physician (Form No. 4859-E), an additional Baseline allowance of .822 therms per day will be provided for paraplegic, quadriplegic, or hemiplegic persons, those afflicted with multiple sclerosis or scleroderma, or persons being treated for a life threatening illness or who have a compromised immune system.

Upon completion of an application and verification by a state-licensed physician or osteopath (Form No. 4859-E), an additional uniform daily Baseline allowance will be provided to customers requiring regular use of a medical life-support device (including heating and cooling needs), as defined in Rule No. 1, which utilizes mechanical or artificial means to sustain, restore, or supplant a vital function and requires the use of Utility-supplied gas. The amount of the additional allowances will be determined by the Utility from load and operating time data of the medical life-support device.

- 4. It is the responsibility of the customer to advise SoCalGas within 15 days following any change in the submetering arrangements or the number of dwelling units or mobile home spaces provided gas service.
- 5. This schedule is closed as of July 13, 1978 for gas service to:
 - a. New residential mobile home parks where such mobile home tenants use gas directly in gas appliances in each occupancy.
 - b. New multi-unit residential structures where such multi-unit tenants use gas directly in gas appliances in each occupancy and which requires venting.

(Continued)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 3175
DECISION NO. 02-04-026

ISSUED BY
Lee Schavrien
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
DATE FILED Jul 30, 2002
EFFECTIVE Sep 8, 2002
RESOLUTION NO. _____

Schedule No. GMB
LARGE MULTI-FAMILY SERVICE

Sheet 5

(Continued)

SPECIAL CONDITIONS (Continued)

3. (Continued)

Upon completion of an application and verification by a state-licensed physician (Form No. 4859-E), an additional Baseline allowance of .822 therms per day will be provided for paraplegic, quadriplegic, or hemiplegic persons, those afflicted with multiple sclerosis or scleroderma, or persons being treated for a life threatening illness or who have a compromised immune system.

Upon completion of an application and verification by a state-licensed physician or osteopath (Form No. 4859-E), an additional uniform daily Baseline allowance will be provided to customers requiring regular use of a medical life-support device (including heating and cooling needs), as defined in Rule No. 1, which utilizes mechanical or artificial means to sustain, restore, or supplant a vital function and requires the use of Utility-supplied gas. The amount of the additional allowances will be determined by the Utility from load and operating time data of the medical life-support device.

4. It is the responsibility of the customer to advise the Utility within 15 days following any change in the submetering arrangements or the number of dwelling units or mobile home spaces provided gas service.

5. This schedule is closed as of July 13, 1978 for gas service to:

- a. New residential mobile home parks where such mobile home tenants use gas directly in gas appliances in each occupancy.
- b. New multi-unit residential structures where such multi-unit tenants use gas directly in gas appliances in each occupancy and which requires venting.

6. Seasonal Changes: Bills reflecting Baseline allowances will be prepared in the May and November billing periods using the applicable daily allowance from each respective seasonal period.

7. Customers receiving service hereunder with usage at each facility in excess of 100,000 therms per year may qualify for transportation service under a special contract. Additionally, customers may aggregate their gas volumes to qualify for transportation service under Schedule No. GT-MB.

8. The "GMB" rate schedules, which include the GM-BE, GM-BC, GT-MBE and GM-BC rates, will become effective for eligible customers on the first day of the customers' next billing cycle following the effective annual date of the rate, June 1, and will remain in effect for 12 monthly billing cycles, regardless of usage. Customers will be evaluated once a year to qualify for the rate. Customers will qualify for the rate if the applicability criteria of this tariff are satisfied. Customers who are on the rate will be dropped off the rate if they do not meet the criteria during the annual evaluation period.

(Continued)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 3175
DECISION NO. 02-04-026

ISSUED BY
Lee Schavrien
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
DATE FILED Jul 30, 2002
EFFECTIVE Sep 8, 2002
RESOLUTION NO. _____

Schedule No. GT-MB

Sheet 4

CORE AGGREGATION TRANSPORTATION
FOR LARGE MULTI-FAMILY SERVICE

(Continued)

SPECIAL CONDITIONS (Continued)

3. (Continued)

The meter readings for multi-family complexes may be combined for billing purposes when all of the following conditions exists:

- a. There is more than one master meter serving the complex.
- b. A baseline eligible central facility serves master metered baseline eligible dwelling units.
- c. The master metered baseline eligible dwelling units are not provided gas by the same master meter which provides gas to the central facility.

A Customer Charge will be applied to each meter in the multi-family complex that is combined for billing purposes.

It is the responsibility of the owner or the owner's agent to demonstrate to SoCalGas' satisfaction the yardline configuration and the number of residential units served by the central facility. Eligibility for service under this provision is available subsequent to notification by the customer and verification by SoCalGas.

Upon completion of an application and verification by a state-licensed physician (Form No. 4859-E), an additional Baseline allowance of .822 therms per day will be provided for paraplegic, quadriplegic, or hemiplegic persons, those afflicted with multiple sclerosis or scleroderma, or persons being treated for a life threatening illness or who have a compromised immune system.

Upon completion of an application and verification by a state-licensed physician or osteopath (Form No. 4859-E), an additional uniform daily Baseline allowance will be provided to customers requiring regular use of a medical life-support device (including heating and cooling needs), as defined in Rule No. 1, which utilizes mechanical or artificial means to sustain, restore, or supplant a vital function and requires the use of Utility-supplied gas. The amount of the additional allowances will be determined by the Utility from load and operating time data of the medical life-support device.

- 4. It is the responsibility of the customer to advise SoCalGas within 15 days following any change in the submetering arrangements or the number of dwelling units or mobile home spaces provided gas service.

(Continued)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 3175
DECISION NO. 02-04-026

ISSUED BY
Lee Schavrien
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
DATE FILED Jul 30, 2002
EFFECTIVE Sep 8, 2002
RESOLUTION NO. _____

Schedule No. GSL

Sheet 3

SUBMETERED MULTI-FAMILY SERVICE, INCOME-QUALIFIED

(Continued)

SPECIAL CONDITIONS

1. Baseline Rates: Baseline Rates are applicable only to specific volumes of residential usage.
2. Baseline Usage: The following usage is to be billed at the Baseline rate for each submetered multi-family dwelling unit. Usage in excess of applicable Baseline allowances will be billed at the Non-Baseline rate.

<u>Per Residence</u>	<u>Daily Therm Allowance</u>		
	<u>for Climate Zones*</u>		
	<u>1</u>	<u>2</u>	<u>3</u>
Summer	0.473	0.473	0.473
Winter	1.691	1.823	2.785

* Climate Zones are described in the Preliminary Statement.

Upon completion of an application and verification by a state-licensed physician (Form No. 4859-E), an additional Baseline allowance of .822 therms per day will be provided for paraplegic, quadriplegic, or hemiplegic persons, those afflicted with multiple sclerosis or scleroderma, or persons being treated for a life threatening illness or who have a compromised immune system.

Upon completion of an application and verification by a state-licensed physician or osteopath (Form No. 4859-E), an additional uniform daily Baseline allowance will be provided to customers requiring regular use of a medical life-support device (including heating and cooling needs), as defined in Rule No. 1, which utilizes mechanical or artificial means to sustain, restore, or supplant a vital function and requires the use of Utility-supplied gas. The amount of the additional allowances will be determined by the Utility from load and operating time data of the medical life-support device.

3. The meter readings for sub-metered multi-family complexes may be combined for billing purposes when all of the following conditions exist:
 - a. There is more than one master meter serving the complex.
 - b. A baseline eligible central facility serves sub-metered baseline eligible dwelling units.
 - c. The sub-metered baseline eligible dwelling units are not provided gas by the same master meter which provides gas to the central facility.

A Customer Charge will be applied to each meter in the multi-family complex that is combined for billing purposes.

It is the responsibility of the owner or the owner's agent to demonstrate to the Utility's satisfaction the yardline configuration and the number of residential units served by the central facility. Eligibility for service under this provision is available subsequent to notification by the customer and verification by the Utility.

(Continued)

(TO BE INSERTED BY UTILITY)
 ADVISE LETTER NO. 3175
 DECISION NO. 02-04-026

ISSUED BY
Lee Schavrien
 Vice President
 Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
 DATE FILED Jul 30, 2002
 EFFECTIVE Sep 8, 2002
 RESOLUTION NO. _____

Schedule No. GT-SL

Sheet 3

**CORE AGGREGATION TRANSPORTATION
 SUBMETERED MULTI-FAMILY SERVICE, INCOME-QUALIFIED**

(Continued)

SPECIAL CONDITIONS

1. Baseline Rates: Baseline Rates are applicable only to specific volumes of residential usage.
2. Baseline Usage: The following usage is to be billed at the Baseline rate for each submetered multi-family dwelling unit. Usage in excess of applicable Baseline allowances will be billed at the Non-Baseline rate.

<u>Per Residence</u>	<u>Daily Therm Allowance for Climate Zones*</u>		
	<u>1</u>	<u>2</u>	<u>3</u>
Summer	0.473	0.473	0.473
Winter	1.691	1.823	2.785

* Climate Zones are described in the Preliminary Statement.

Upon completion of an application and verification by a state-licensed physician (Form No. 4859-E), an additional Baseline allowance of .822 therms per day will be provided for paraplegic, quadriplegic, or hemiplegic persons, those afflicted with multiple sclerosis or scleroderma, or persons being treated for a life threatening illness or who have a compromised immune system.

Upon completion of an application and verification by a state-licensed physician or osteopath (Form No. 4859-E), an additional uniform daily Baseline allowance will be provided to customers requiring regular use of a medical life-support device (including heating and cooling needs), as defined in Rule No. 1, which utilizes mechanical or artificial means to sustain, restore, or supplant a vital function and requires the use of Utility-supplied gas. The amount of the additional allowances will be determined by the Utility from load and operating time data of the medical life-support device.

3. The meter readings for sub-metered multi-family complexes may be combined for billing purposes when all of the following conditions exist:
 - a. There is more than one master meter serving the complex.
 - b. A baseline eligible central facility serves sub-metered baseline eligible dwelling units.
 - c. The sub-metered baseline eligible dwelling units are not provided gas by the same master meter which provides gas to the central facility.

A Customer Charge will be applied to each meter in the multi-family complex that is combined for billing purposes.

It is the responsibility of the owner or the owner's agent to demonstrate to SoCalGas' satisfaction the yardline configuration and the number of residential units served by the central facility. Eligibility for service under this provision is available subsequent to notification by the customer and verification by SoCalGas.

(Continued)

(TO BE INSERTED BY UTILITY)
 ADVICE LETTER NO. 3175
 DECISION NO. 02-04-026

ISSUED BY
Lee Schavrien
 Vice President
 Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
 DATE FILED Jul 30, 2002
 EFFECTIVE Sep 8, 2002
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SAMPLE FORMS: APPLICATIONS
Medical Baseline Allowance Application
Form No. 4859-E (07/02)

Sheet 1

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(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 3175
DECISION NO. 02-04-026

ISSUED BY
Lee Schavrien
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
DATE FILED Jul 30, 2002
EFFECTIVE Sep 8, 2002
RESOLUTION NO. _____



Medical Baseline Allowance Application

(Used for Medical Baseline Enrollment and Re-Certification)

PART 1: TO BE COMPLETED BY CUSTOMER *(please print)*

The Gas Company® Customer Account No:			
Customer Name <i>(as it appears on your bill)</i>			
Medical Baseline resident's name <i>(if different):</i>			
Service Address:			
Customer Mailing Address <i>(if different):</i>			
Home Phone:	()	Work Phone:	()

FOR CUSTOMERS BILLED BY SOMEONE OTHER THAN THE GAS COMPANY:

Name of Mobile Home or Apartment Complex:			
Complex Address:			
Complex Manager's Name:		Complex Phone:	()
Name of Tenant:		Tenant's Phone:	()

I UNDERSTAND THAT:

- ① If the doctor certifies the resident's medical condition is permanent, The Gas Company will require completion of a form self-certifying continued resident's eligibility for Medical Baseline every two years.
- ② If the doctor certifies the resident's medical condition is not permanent, The Gas Company will require completion of a form self-certifying continued resident's eligibility for Medical Baseline each year and completion of a new application with a doctor's certification every two years.
- ③ If the resident has a vision disability, I may contact The Gas Company to request special notification when either re-certification (to complete a new application with a doctor's certification) or self-certification forms are mailed.
- ④ The Gas Company cannot guarantee uninterrupted gas and electric service and I am responsible for making alternate arrangements in the event of a gas or electric outage.

I certify that the above information is correct. I also certify that the Medical Baseline resident lives full-time at this address, and requires or continues to require the Medical Baseline Allowance. I agree to allow The Gas Company to verify this information. **I also agree to promptly notify The Gas Company if the qualified resident moves or Medical Baseline Allowance is no longer needed by the resident.**

Customer Signature:		Date:	
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The Standard Medical Baseline Allowance is 0.822 therms of natural gas per day, which is in addition to your daily standard Baseline Allocation. If this allowance does not meet your medical needs, please contact The Gas Company at 1-800-427-2200 to discuss additional amounts.

PART 2: TO BE COMPLETED BY A LICENSED MEDICAL DOCTOR (M.D.) OR DOCTOR OF OSTEOPATHY (D.O.)

I certify that the medical condition and needs of my patient *(please print)*:

Last Name:		First Name:	
------------	--	-------------	--

1. REQUIRES USE OF A LIFE-SUPPORT DEVICE* *(check one)* Yes No

The following life-support device(s) is/are used in the above named patient's home:

Device:		<input type="radio"/> Gas
Device:		<input type="radio"/> Gas
Device:		<input type="radio"/> Gas

*A qualifying life-support device is any medical device used to sustain life or is relied upon for mobility. This device must run on gas or electricity supplied by The Gas Company. It includes, but is not limited to, respirators (oxygen concentrators), iron lungs, hemodialysis machines, suction machines, electric nerve stimulators, pressure pads and pumps, aerosol tents, electrostatic and ultrasonic nebulizers, compressors, IPPB machines, kidney dialysis machines, and motorized wheelchairs. **Devices used for therapy rather than life-support do not qualify.**

2. REQUIRES HEATING AND COOLING:

Standard Medical Baseline Allowances are available for heating and/or cooling if patient is Paraplegic, Quadriplegic, Hemiplegic, has Multiple Sclerosis or Scleroderma. Standard Medical Baseline Allowances are also available if patient has a compromised immune system, life threatening illness, or any other condition for which **additional heating or cooling is medically necessary to sustain the person's life or prevent deterioration of the person's medical condition.**

Requires Standard Medical Baseline Allowance for heating: *(check one)* Yes No

Requires Standard Medical Baseline Allowance for cooling: *(check one)* Yes No

3. I CERTIFY THAT THE LIFE SUPPORT DEVICE(S) AND/OR ADDITIONAL HEATING OR COOLING WILL BE

REQUIRED FOR APPROXIMATELY: *(check one)* No. of Years _____ or Permanently

Doctor's Name:		Phone No.:	
Office Address:			
MD/DO California State License or Military License Number:			
Signature of Doctor:		Date:	

FOR The Gas Company USE ONLY
Date Received: _____ Medical Baseline Allocation: _____ Gas unit(s) _____
Recertification: <input type="radio"/> Self-certify every 2 years <input type="radio"/> Self-certify annually; Doctor's certification every 2 years

MAIL APPLICATION TO: Medical Baseline Program Manager, GT11D5
The Gas Company
P.O. Box 513240
Los Angeles, CA 90051-1249

SAMPLE FORMS: APPLICATIONS
Medical Baseline Allowance Self-Certification
Form No. 4860 (07/02)

Sheet 1

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(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 3175
DECISION NO. 02-04-026

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ISSUED BY

Lee Schavrien
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

DATE FILED Jul 30, 2002
EFFECTIVE Sep 8, 2002
RESOLUTION NO. _____



A Sempra Energy utility

Medical Baseline Allowance SELF-CERTIFICATION

TO BE COMPLETED BY CUSTOMER *(please print)*

The Gas Company® Customer Account No:			
Customer Name <i>(as it appears on your bill)</i>			
Medical Baseline resident's name <i>(if different):</i>			
Service Address:			
Customer Mailing Address <i>(if different):</i>			
Home Phone:	()	Work Phone:	()

FOR CUSTOMERS BILLED BY SOMEONE OTHER THAN THE GAS COMPANY:

Name of Mobile Home or Apartment Complex:			
Complex Address:			
Complex Manager's Name:		Complex Phone:	()
Name of Tenant:		Tenant's Phone:	()

I UNDERSTAND THAT:

- 1 If the doctor certifies the resident's medical condition is permanent, The Gas Company will require completion of a form self-certifying continued resident's eligibility for Medical Baseline every two years.
- 2 If the doctor certifies the resident's medical condition is not permanent, The Gas Company will require completion of a form self-certifying continued resident's eligibility for Medical Baseline each year and completion of a new application with a doctor's certification every two years.
- 3 If the resident has a vision disability, I may contact The Gas Company to request special notification when either re-certification (to complete a new application with a doctor's certification) or self-certification forms are mailed.
- 4 The Gas Company cannot guarantee uninterrupted gas and electric service and I am responsible for making alternate arrangements in the event of a gas or electric outage.

I certify that the above information is correct. I also certify that the Medical Baseline resident lives full-time at this address, and requires or continues to require the Medical Baseline Allowance. I agree to allow The Gas Company to verify this information. **I also agree to promptly notify The Gas Company if the qualified resident moves or Medical Baseline Allowance is no longer needed by the resident.**

Customer Signature:		Date:	
---------------------	--	-------	--

The Standard Medical Baseline Allowance is 0.822 therms of natural gas per day, which is in addition to your daily standard Baseline Allocation. If this allowance does not meet your medical needs, please contact The Gas Company at 1-800-427-2200 to discuss additional amounts.

FOR The Gas Company USE ONLY		
Date Received: _____	Medical Baseline Allocation: _____	Gas unit(s) _____
Recertification: <input type="radio"/> Self-certify every 2 years <input type="radio"/> Self-certify annually; Doctor's certification every 2 years		

MAIL APPLICATION TO: Medical Baseline Program Manager, GT11D5
The Gas Company
P.O. Box 513240
Los Angeles, CA 90051-1249

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