

# Program Year 2015

## RESIDENTIAL REBATE FORM WITHOUT AN ENERGY AUDIT



**Mail rebate form to:**  
Energy Federation Inc.  
Ameren Missouri Natural Gas  
Rebate Offer  
40 Washington St, Suite 2000  
Westborough, MA 01581  
Phone: 1-800-210-8131

### NATURAL GAS ENERGY EFFICIENCY PROGRAM INSTALLATION VERIFICATION AND REBATE FORM

*(all information is required)*

**Ameren Missouri Natural Gas Account** (10 digit # from current bill): \_\_\_\_\_

Customer Name (on the gas acct. with Ameren Missouri): \_\_\_\_\_  
Service Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Email address: \_\_\_\_\_

Type of home: Single Family \_\_\_\_\_ Multi-Family \_\_\_\_\_ Mobile Home \_\_\_\_\_ Other? (List) \_\_\_\_\_  
Own or Rent: Owner Occupied \_\_\_\_\_ Landlord \_\_\_\_\_ Tenant \_\_\_\_\_ Other (specify) \_\_\_\_\_  
Approx. Sq. Feet: \_\_\_\_\_ Approximate age of home: \_\_\_\_\_ No. of Stories: \_\_\_\_\_ No. of Occupants: \_\_\_\_\_

*Note: If you are a landlord and you purchased the eligible natural gas equipment installed at the customer's service address listed above then complete the following section. This will authorize EFI to send the rebate check to you. The rebate check will be mailed to the Customer's address unless a different contact name and mailing address has been provided below.*

Landlords Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ email: \_\_\_\_\_  
Alternate Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Equipment Rebates – A Residential Energy Audit is Not Required in Order to Request a Rebate for the Following Equipment

*Only 1 measure will be rebated per category per account in a calendar year unless noted otherwise. (Eligible Equipment for this program are listed in the table below and cannot be combined with rebates listed on the residential "QUALIFIED ENERGY AUDIT" rebate form)*

Add Your EFI Reservation Number Here Request a # at 1-800-210-8131	Eligible Equipment Type See Note 3	Eligible Efficiency Rating	Specified Rebate (Fixed or Per the Required Calculation shown)	Maximum Rebate Allowed	Equipment Cost	Standard or Calculated Rebate
	<b>Thermostat</b> <small>(A reservation number is not required)</small>	Programmable ( <b>required</b> : model number must appear on invoice)	\$25 or 50% of the equipment cost, whichever is lower.	\$25.00		
	Natural Gas <b>Furnace</b> <b>(Tier 1)</b>	<b>Revised</b> - High efficiency AFUE rated 92% to 95.9%. See Note 1.	<b>Owner Occupied:</b> \$150	\$150.00		
	Natural Gas <b>Furnace</b> <b>(Tier 1)</b>	<b>Revised</b> - High efficiency AFUE rated 92% to 95.9%. See Note 1 and Note 2.	<b>Landlord:</b> \$200	\$200.00 (Note 2)		
	Natural Gas <b>Furnace</b> <b>(Tier 2)</b>	<b>New</b> - High efficiency AFUE rated 96% or higher See Note 1.	<b>Owner Occupied:</b> \$250	\$250.00		
	Natural Gas <b>Furnace</b> <b>(Tier 2)</b>	<b>New</b> - High efficiency AFUE rated 96% or higher. See Note 1 and Note 2.	<b>Landlord:</b> \$300	\$300.00 (Note 2)		
	Natural Gas <b>Tank Storage Water Heater</b>	High efficiency with an EF rating greater than or equal to 0.67.	\$125	\$125.00		

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Add Your EFI Reservation Number Here Request a # at 1-800-210-8131	Eligible Equipment Type See Note 3	Eligible Efficiency Rating	Specified Rebate (Fixed or Per the Required Calculation shown)	Maximum Rebate Allowed	Equipment Cost	Standard or Calculated Rebate
	Natural Gas Boiler (Tier 1)	ENERGY STAR® Qualified high efficiency AFUE rated from 85-89.9%.	Owner Occupied: \$100	\$100.00		
	Natural Gas Boiler (Tier 1)	ENERGY STAR® Qualified high efficiency AFUE rated from 85-89.9%. See Note 2.	Landlord: \$150	\$150.00		
	Natural Gas Boiler (Tier 2)	ENERGY STAR® Qualified high efficiency AFUE rated 90% or higher.	Owner Occupied: \$150	\$150.00		
	Natural Gas Boiler (Tier 2)	ENERGY STAR® Qualified high efficiency AFUE rated 90% or higher. See Note 2.	Landlord: \$300	\$300.00		
	Ceiling Insulation	Customer's existing ceiling insulation must be at R19 or less as verified and documented by an insulation contractor. Customer's contractor must install to a minimum rating of R30 to a maximum of R49. See Note 4.	\$0.008 x sq ft x ΔR with a maximum rebate of \$200	\$200.00		
	Wall Insulation	Customer's existing wall insulation must be at R0 as verified and documented by an insulation contractor. Customer's contractor must install to a minimum rating of R11. See Note 4.	\$0.058 x sq ft x ΔR with a maximum rebate of \$400	\$400.00		

Note: 1) This rebate will end when a new DOE standard takes effect.

Note: 2) The rebate for a landlord under this program is considered a pilot program. This pilot program will allow a landlord to receive a maximum of ten (10) rebates for this measure per year or 10% of their total number of rental units, whichever is higher

Note: 3) A customer will not receive a rebate for the equipment listed in the table above and for a similar rebate offered for the equipment listed on the "QUALIFIED ENERGY AUDIT" rebate form.

Note: 4) A customer is only eligible for a rebate, per the calculation shown for these measures (ceiling and wall insulation), for areas that meet the baseline requirements and not the entire ceiling or wall area. This is applicable in cases where only a portion of the square footage of a ceiling or wall area meets the applicable minimum baseline requirement.

**Complete the equipment information below only for the eligible equipment for which you have selected from the table above.**

**Eligible Equipment Information** (check one): Thermostat \_\_\_\_ Furnace \_\_\_\_ Boiler \_\_\_\_ Ceiling Insulation \_\_\_\_

**Information on Old Equipment (first rebate):**

Manufacturer: \_\_\_\_\_ AFUE or R Value: \_\_\_\_\_  
 Serial Number: \_\_\_\_\_ Model Number: \_\_\_\_\_  
 Estimated Installation Date of Old Equipment (e.g. 1975): \_\_\_\_\_  
 Reason for Replacement: Unit Failed \_\_\_\_\_ or Unit was not reliable \_\_\_\_\_ or to reduce monthly gas bill \_\_\_\_\_ or for increased comfort \_\_\_\_\_ or new construction \_\_\_\_\_ or Other (specify) \_\_\_\_\_

**Information on New Equipment (first rebate):**

Manufacturer: \_\_\_\_\_ AFUE or R Value: \_\_\_\_\_  
 Serial Number: \_\_\_\_\_ Model Number: \_\_\_\_\_

**Proof Of New Equipment Installation (Installer, Contractor, Supplier etc):**

Company Name: \_\_\_\_\_ Phone No. : \_\_\_\_\_ Date Installed: \_\_\_\_\_  
 Address (required): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contractor Signature (required): \_\_\_\_\_ email: \_\_\_\_\_

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*By signing, the installer/inspector attests this information accurately reflects the equipment has been installed in compliance with the manufacturer's specifications for the new equipment. Any and all equipment associated with this rebate must be installed in compliance with required local, state and federal codes. Any tests or inspections that may be required for the verification of such are the responsibility of the customer or installing contractor.*

**Eligible Equipment Information** (check one): Thermostat \_\_\_\_ Furnace \_\_\_\_ Boiler \_\_\_\_ Ceiling Insulation \_\_\_\_

**Information on Old Equipment (second rebate):**

Manufacturer: \_\_\_\_\_ AFUE or R Value: \_\_\_\_\_  
Serial Number: \_\_\_\_\_ Model Number: \_\_\_\_\_  
Estimated Installation Date of Old Equipment (e.g. 1975): \_\_\_\_\_  
Reason for Replacement: Unit Failed \_\_\_\_\_ or Unit was not reliable \_\_\_\_\_ or to reduce monthly gas bill \_\_\_\_\_ or for increased comfort \_\_\_\_\_ or new construction \_\_\_\_\_ or Other (specify) \_\_\_\_\_

**Information on New Equipment (second rebate):**

Manufacturer: \_\_\_\_\_ AFUE or R Value: \_\_\_\_\_  
Serial Number: \_\_\_\_\_ Model Number: \_\_\_\_\_

**Proof Of New Equipment Installation (Installer, Contractor, Supplier etc):**

Company Name: \_\_\_\_\_ Phone No. : \_\_\_\_\_ Date Installed: \_\_\_\_\_  
Address (required): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contractor Signature (required): \_\_\_\_\_ email: \_\_\_\_\_

*By signing, the installer/inspector attests this information accurately reflects the equipment has been installed in compliance with the manufacturer's specifications for the new equipment. Any and all equipment associated with this rebate must be installed in compliance with required local, state and federal codes. Any tests or inspections that may be required for the verification of such are the responsibility of the customer or installing contractor.*

**Additional Requirements:**

- Equipment must be new and installed in customer's name at address listed on Ameren Missouri Natural Gas bill.
- Include a recent copy of your Ameren Missouri Natural Gas bill (Under customer's name and address listed).

### Customer Checklist:

*If you have any questions concerning the requirements for this program please call EFI at 1-800-210-8131. In order to ensure your rebate form will not be rejected for lack of supporting documentation the Customer should complete and provide all of the following:*

- Please verify that you are an eligible Ameren Missouri Natural Gas customer before proceeding with this program.
- Make sure the equipment you are considering to purchase is eligible for a rebate per the program rules.
- Make sure the customer's current eligible natural gas account number is listed on this rebate form.
- Be sure the customer's reservation number is listed on this rebate form in the table above for all equipment that you are requesting a rebate. Call EFI at 1-800-210-8131 to request a reservation number if you don't already have a one.
- Make sure you or the Contractor has filled in all of the blanks in the sections requesting information on the old and new equipment for each rebate submitted.
- Make sure the Contractor has signed the form. (Exception only in cases when thermostats are self-installed).
- Make sure the Customer/Landlord has signed and dated the rebate form in the box below.
- Be sure to provide the following required documentation:
  - Provide a copy of your most recent Ameren Missouri Natural Gas bill.
  - Provide a copy of all applicable invoices.
  - Provide a completed rebate form
- Mail this completed rebate form and a copy of the required documentation per the deadlines specified below.

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Name (Please Print)	Customer/ Landlord Signature:	Date:
<i>By signing, the customer/landlord acknowledges having read and understood the terms and conditions of Ameren Missouri's Natural Gas Energy Efficiency Program. The customer certifies that all the information provided is true and correct and that the products for which the customer is requesting a rebate meet the requirements of the program.</i>		

*Congratulations on your decision to buy ENERGY STAR® -listed qualified equipment or upgrading with high efficiency energy saving measures. This purchase will benefit you, your home and the environment. Thank you!*

Valid for equipment purchased and installed between Jan. 1, 2015, and Dec. 31, 2015. All rebate requests must be postmarked no later than Jan 31, 2016.

**Eligible equipment must be installed in a residence with an active AMEREN MISSOURI natural gas utility account. Rebates are limited to one measure per category per account in a calendar year. For more information, call 800.552.7583.**

**Mail rebate applications, along with the required documentation and required signatures to:**

**Energy Federation  
Ameren Missouri Natural Gas Rebate Offer  
40 Washington St., Suite 2000  
Westborough, MA 01581**

Rebate checks will be mailed approximately 8 to 10 weeks following receipt of a completed rebate form.  
**(DO NOT** mail this form with your utility bill)

This program is being administered by Ameren Missouri. Incentive processing services are being fulfilled for Ameren Missouri by Energy Federation Incorporated.

This rebate is available to all AMEREN MISSOURI natural gas customers in Missouri and may be subject to change or termination without prior notice. This rebate may not be combined with any other AMEREN MISSOURI rebate program. Funding is provided to AMEREN MISSOURI natural gas customers and administered by AMEREN MISSOURI in cooperation with the Missouri Public Service Commission. AMEREN MISSOURI reserves the right to conduct field inspections to verify installations. A) AMEREN MISSOURI OR ITS CONSULTANTS DO NOT ENDORSE, GUARANTEE OR WARRANT ANY PARTICULAR MANUFACTURER OR PRODUCT, AND AMEREN MISSOURI PROVIDES NO WARRANTIES, EXPRESSED OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR IMPLIED WARRANTY OF FITNESS FOR ANY PRODUCT OR SERVICES. AMEREN MISSOURI IS NOT LIABLE OR RESPONSIBLE FOR ANY ACT OR OMISSION OF ANY CONTRACTOR. THE CUSTOMER'S RELIANCE ON WARRANTIES IS LIMITED TO ANY WARRANTIES THAT MAY BE PROVIDED BY CONTRACTORS, VENDORS, ETC. B) NEITHER AMEREN MISSOURI NOR ITS CONSULTANTS ARE RESPONSIBLE FOR ASSURING THAT THE DESIGN, ENGINEERING AND CONSTRUCTION OF THE INSTALLED EQUIPMENT OR INSTALLATION OF THE INSTALLED EQUIPMENT IS PROPER OR COMPLIES WITH ANY PARTICULAR LAWS, CODES OR INDUSTRY STANDARDS. AMEREN MISSOURI DOES NOT MAKE ANY REPRESENTATIONS OF ANY KIND REGARDING THE RESULTS TO BE ACHIEVED BY THE INSTALLED EQUIPMENT OR THE ADEQUACY OR SAFETY OF SUCH MEASURES.