

MO.P.S.C. SCHEDULE NO. 6 1st Revised SHEET NO. 166CANCELLING MO.P.S.C. SCHEDULE NO. 6 Original SHEET NO. 166APPLYING TO MISSOURI SERVICE AREA

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PILOTS, VARIANCES, AND PROMOTIONAL PRACTICES**K. CRITICAL MEDICAL NEED PILOT PROGRAM****PURPOSE**

The Critical Needs Program (the "Program") is pilot program designed to promote and finance a community-based information resource network that will identify and direct customers with critical medical needs to resources that will help customers:

- Maintain or restore utility services
- Avoid negative impacts on residents with serious medical conditions
- Address build-up of utility arrears
- Provide a streamlined process to complementary services

ELIGIBILITY

The Program shall be available to residential customers who have received service under or qualify for any of the rate options contained in Company's Service Classification 1(M) Residential rate and who meet the definition of Critical Medical Need as verified by a certified medical professional.

DEFINITIONS

Critical Medical Need - A situation, as verified by a certified medical professional, where loss of electric service may aggravate an existing serious illness or may prevent the use of life-support equipment.

Critical Medical Need Agency - a community action agency either a local private or a non-profit organization designated by Company to enroll customer's in the Critical Medical Need Pilot Program within their area.

TERM

The Program shall be available to qualifying customers for a period of three (3) years commencing when the first funding is released to one (1) or more Critical Medical Need Agency Agency(s).

PROVISIONS

Funding level will be as approved by the Commission. Any unspent funding allocated for the Critical Needs Program in a given program year, shall be applied to bill and arrearage assistance programs.

Customers with a verified Critical Medical Need will not be eligible for disconnection for thirty (30) days. Any member of the household with a verified Critical Medical Need may be eligible for extension to secure payment for utility service or make alternate payment arrangements.

*Indicates Addition.

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NAME OF OFFICER TITLE ADDRESS