



## Non-Storm Residential Claim for Food and Prescription Medicine Spoilage

If you experienced a power outage that resulted from a failure in Con Edison's local distribution system that lasted for more than 12 hours within a 24-hour period:

### Actual Spoiled Food Losses

- You may file a claim for actual losses of food spoiled due to lack of refrigeration by completing this form in its entirety, and providing additional proof as required below.
- Reimbursement is subject to verification and is governed by Con Edison's electric rate schedule.
- Claims for perishable food spoilage loss up to \$235 must include an itemized list as set forth below, with all fields completed.
- Claims for perishable food spoilage loss valued at more than \$235, and up to a maximum of \$540, must include **both** (1) an itemized list as set forth below, with all fields completed, **and** (2) proof of actual loss. To establish proof of your actual loss, you may use a combination of itemized receipts, cash register tapes, credit card receipts, canceled checks, clean identifying price labels, bar codes from merchandises, and photographs of discarded food that are collectively sufficient to establish your actual monetary losses for the itemized list of spoiled items.

### Actual losses of spoiled prescription medicine

- You may also file a claim for actual losses of prescription medicine, spoiled due to lack of required refrigeration. Payment for actual losses for prescription medicine are not included in the \$540 maximum payment for food spoilage. ***Please do not include your social security number with your submission.***
- For reimbursement of losses of prescription medicine, you must include **both** (1) an itemized list as set forth below, with all fields completed, **and** (2) proof of actual loss. Proof of loss must include a legible pharmacy receipt identifying the medicine, the amount paid by the customer, the date of purchase, and the days of supply. If your prescription spoils due to lack of refrigeration after it has been partially consumed, please include only the cost to you of the unused portion of the prescription in your claim. For example, if you paid \$300 for a 30-day supply of refrigerated medicine, and there are 5 days left in your prescribed supply, your claim should be for \$50. (We may also request authorization to enable Con Edison to verify the loss of prescription medicine.)
- Claims must be filed within 30 days of the date of the power outage.
- Reimbursement is limited to food and medicine and is governed by Con Edison's electric rate schedule.
- Losses for damage to motors, equipment, or appliances are not reimbursable under the electric rate schedule.

**Claims for reimbursement for losses sustained as a result of power outages caused by storms or other conditions beyond our control will not be paid.**

## Non-Storm Residential Claim for Food and Prescription Medicine Spoilage

Name: \_\_\_\_\_  
(PLEASE PRINT CLEARLY)

Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Con Edison Residential Account Number: - - - - -

*(15 DIGIT NUMBER LISTED ON YOUR BILL – NOT APPLICABLE IF YOU DO NOT RECEIVE A CON EDISON BILL)*

Date(s) of Outage: From: \_\_\_\_/\_\_\_\_, 20\_\_\_\_ Time: \_\_\_\_\_ To: \_\_\_\_/\_\_\_\_, 20\_\_\_\_ Time: \_\_\_\_\_  
MONTH/DAY/YEAR 00:00 AM/PM MONTH/DAY/YEAR 00:00 AM/PM

	TYPE OF FOOD / MEDICINE	QUANTITY	COST
1			
2			
3			
4			

*(CONTINUE ON A SEPARATE SHEET IF NECESSARY)*

Total Amount of Loss: \$\_\_\_\_\_.

Please save a copy for yourself and email this form to [OutageClaims@coned.com](mailto:OutageClaims@coned.com)

Please allow 30 days for review and processing of your claim.

I certify that all of the information provided on this claim form is true and accurate to the best of my knowledge and represents my actual losses for spoiled items that were not consumed.

\_\_\_\_\_  
 (SIGNATURE — UNSIGNED CLAIM FORMS WILL NOT BE PROCESSED)

\_\_\_\_\_  
 (DATE)

Email is the fastest way to get your claim processed. Please save a copy of this form and receipts and email this form to [OutageClaims@coned.com](mailto:OutageClaims@coned.com)

**Sign and Email Form to:**  
  
[OutageClaims@coned.com](mailto:OutageClaims@coned.com)

- OR -  
(but not both)

**Sign and Return Form to:**  
 CON EDISON  
 PO BOX 1329  
 BAY SHORE, NY 11706

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