



201 W Business HWY 36
Chillicothe, MO 64601
660.646.4281 | 800.927.5334
www.fec-co.com | email: farmers@fec-co.com

Annual Life Support Registration Form

The completion of this form places your account on our Life Support Registry. This does not guarantee uninterrupted service, prevent electric service disruption, or prevent disconnections of service for nonpayment. This registry does not grant immediate restoration following a natural disaster power outage without consideration for the greater good and safety of the general public and the employees of Farmers' Electric Cooperative. Power must be restored in a particular manner and while this registration will not guarantee immediate restoration, it will help us in our decisions restoring power during a major outage event. We recommend you develop an alternate plan to accommodate your medical needs. **Complete this form in full and return to Farmers' Electric Cooperative.**

Mail: 201 W Business HWY 36 Chillicothe MO 64604

Email: farmers@fec-co.com

Fax: 1-888-892-0784

Member/Patient Information

- Member complete this section.

Member Name (printed): _____ Member Number: _____

Address: _____ City: _____ Zip: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Patient's Name: _____

Relationship to Member: Self Other: _____

I certify that the information above is accurate, and the patient resides at the address listed above as a resident of the household. I understand that continuous electric service is not guaranteed, and it is my responsibility to maintain a backup system and have an alternate plan in the event of a power outage.

Member Signature: _____ Date: _____

Physician Information

- Physician complete this section

Describe life-threatening condition of patient:

Describe life-support equipment needed:

I certify that the patient identified above has been examined by me and to the best of my knowledge, the information provided is true.

Physician Signature: _____ Date: _____

