

Social Security Disability Plan

*Take charge of your
payment schedule.*

HEADQUARTERS OFFICE:

(803) 874-1215

TOLL FREE 1-877-874-1215

FAX: (803) 874-3888

*Emergencies: 1-877-874-1215
(monitored 24 hours a day)*



P.O. 217 • 6473 Old State Road
St. Matthews, SC 29135

www.tri-countyelectric.net



1-15-01271501



Printed on recycled paper

Tri-County Electric Cooperative, Inc.



Does it seem like every month your electric bill comes due before your social security or disability check arrives?

Worrying about payments while waiting for a check isn't convenient for anyone, so why not take charge of your payment schedule? Sign up for Tri-County Electric Cooperative's Social Security/Disability Plan.

It's All In The Timing.

Tri-County Electric Cooperative can't control when you receive your check, but we can let you control when you receive your electric bill.

Sign up for this program and your electric bill will be received about the 3rd day of each month. Though your meter still will be read every 30 days, your bill won't be mailed until the first business day of each month and should arrive the first week of the month. This way, your electric bill and your government check will arrive at about the same time.

If you'd like to apply for the Social Security/Disability Plan, complete the form on the right and mail it to us or drop it by our office ... whichever is more convenient for you.

For more information about the Social Security/Disability Plan call:

(803) 874-1215

Toll Free: 1-877-874-1215

Request for Social Security/Disability Plan Arrangements

Name (As shown on account) _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ Social Security Number _____

Conditions of this Agreement:

1. Member must be on Social Security or Disability and receiving a check during the first week of each month.
2. Proof of age may be required.
3. Any account not paid by the deferred due date will no longer be eligible for the deferred program.
4. Proof that account holder is a current recipient of Social Security/Disability benefits.

I hereby certify that I am eligible for the Social Security/Disability Plan by virtue of the fact that I am currently receiving Social Security or Disability benefits.

Signature _____ Date _____

To receive information about our other payment options, place a check beside the programs listed below that interest you.

Levelized Billing

Bank Draft