

# ComEd Helps Activated/Veteran Military Personnel C.H.A.M.P. APPLICATION

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**NAME**

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<b>ADDRESS</b>	<b>CITY</b>
<b>TELEPHONE NUMBER</b>	<b>ACCOUNT NUMBER</b>

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**HOW DID YOU HEAR ABOUT THE PROGRAM?**

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**Please check the box that you are interested in:**

**Extension on due dates:**

30 Days                      45 Days                      60 Days

**Payment Plans:**

Budget Billing                      Deferred Payment Agreement (if grant doesn't cover amount owed on the bill)

**Other Options:**

Cancel Late Fees                      Review Deposit/Refund                      Cancel Payment Plan

\*These programs may require us to contact you directly to determine deposit requirements and assistance level.

**Directions:**

1. Complete form, sign, and **make a copy for your records.**
2. Attach a legible copy of your discharge letter (DD214). The DD214 must state that you were honorably discharged, otherwise your application will be denied.
3. If Active Military, please provide proof of activation or deployment.
4. Completed applications and supporting documents can be mailed, faxed, or e-mailed.

# ComEd Helps Activated/Veteran Military Personnel C.H.A.M.P. APPLICATION

**Mail info to:**

ComEd Helps Activated/Veteran Military Personnel (CHAMP)  
Attention: ComEd/Revenue Management  
PO Box 2550  
Chicago, IL 60690

**Fax info to:**

630-684-2710

**E-mail info to:**

[ComEdCARE2@exeloncorp.com](mailto:ComEdCARE2@exeloncorp.com)

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**SIGNATURE**

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By signing this document, you agree to allow ComEd to perform the actions as indicated above with regards to you ComEd account. Energy assistance will be provided as long as you meet the eligibility requirements, and funds are still available. **Program expires annually on December 31 or when funds are exhausted.**