



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

Name _____

Address _____

City _____

Telephone Number _____

Account number _____

How did you hear about the program? _____

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.

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

Signature

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.**