



Termination of Serious Medical Condition Certification

Central Virginia Electric Cooperative

Please fill out the information below and return to Central Virginia Electric Cooperative.

Member's
Name

Account
Number

Date
SMCC Began

Date Current
SMCC Expires

Medical
Condition

Reason for
Termination

By signing and returning this Request for Termination of Serious Medical Condition Certification (SMCC) form, I hereby relieve Central Virginia Electric Cooperative and its employees of any and all responsibility resulting from my decision to remove the SMCC status from my account.

Member's
Name Printed

Member's
Signature

Date

For Office Use

Date
Requested

Request
Sent by

Date Cancellation
Received

Cancellation
Entered by