

CT Extended Power Outage Food or Medicine Loss Claim Form

EVERSOURCE

Have you experienced a food or medicine loss due to an extended power outage (96 hours or more) caused by a qualifying storm. You may be eligible to file a claim for reimbursement.

How it Works

This claim is available for Connecticut residential customers only. Spoiled food or medicine must be due to an electrical outage caused by an Eversource distribution system failure.

You may become eligible for this claim 96 hours from the time damage assessment begins, not from the time your outage begins.

After a storm has passed, conditions like impassable roads, high winds or other potential safety hazards are considered before crews can be sent out to start assessing damage.

A qualifying storm will be determined eligible through a review process by the Public Utilities Regulatory Authority (PURA).

To file a claim:

- Complete and submit the form below
- An Eversource representative may contact you to discuss the claim
- If approved, you'll be paid up to a maximum of \$250 by check or account credit.

Spoiled food or other perishable merchandise should not be held for inspection. Please dispose according to good sanitary practices.

Note:

This is only for food or medicine loss. If you have suffered damage to your property in Connecticut and think Eversource may be responsible, you can file a [property damage claim](#).

Food or Medicine Loss Claim Form

Contact Information

First Name _____ Last Name _____

Phone Number _____ Email Address _____
(on account)

Eversource 11-digit Account Number _____
(If you pay your landlord or someone other than Eversource for your electric service, you do not need to provide an account number)

Submit Form

Send this form by postal mail to:

Eversource Claims Department
PO Box 270
Hartford, CT 06141-0270

Service Address

Street Address _____

Apartment or Unit _____

City _____ State _____ ZIP Code _____

Power Outage Start & End Dates

Power Outage Date _____ Outage Time (estimated) _____

Power Return Date _____ Return Time (estimated) _____

(continued)

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(continued)

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Items You Wish to Claim

Types of Food Lost (i.e. ground beef, milk, eggs, condiments)

Types of Medicine Lost (i.e. refrigerated medications)

Total Cost (max \$250) _____

Payment Options

If the claim is approved, would you prefer a check or a credit on your account?

☐ Check ☐ Account Credit

Attestation Statement

☐ I agree that this claim is accurate and truthful to the best of my knowledge.
I understand that Eversource may contact me with questions prior to paying any claim.

Signature _____

Date Submitted _____