

**INDIANA MICHIGAN POWER COMPANY**  
**Energy Efficiency Program Opt-In Form**

**Definitions**

*DSM Rate Adjustment Factor:* Mechanism utilized by utilities to collect Energy Efficiency Program Costs.

*Energy Efficiency (EE) Program:* A program that is (1) sponsored by the Company or a third party administrator; and (2) designed to implement energy efficiency improvements (as defined in 170 IAC 4-8-1(j)) for customers. The term does not include a program designed primarily to reduce demand.

*Energy Efficiency (EE) Program Costs:* Costs recovered under Rider 683, including program costs, net lost revenues and incentives, and reconciliation of applicable costs as approved by the Indiana Utility Regulatory Commission.

*Qualifying Customer:* A Customer that receives electric service under an approved Rate Schedule at a Single Site constituting more than 1,000 kilowatts (“kW”)/one megawatt (“MW”) of electric capacity.

*Qualifying Load:* A Single Site with at least one meter constituting more than 1,000 kW/one MW of electric capacity for any one billing period within the previous 12 months prior to the Qualifying Customer’s opt out notification to the Company. Such demand shall be measured with a demand meter that is used to measure demand for billing purposes. Electric capacity will be determined the same way demand is determined as indicated in the Company’s Electric Service Tariff.

*Single Site:* A Single Site shall be defined as contiguous property unless aggregation of multiple delivery points is specifically permitted under the applicable approved Rate Schedule.

**Instructions**

Complete this form to notify Indiana Michigan Power Company (“I&M”) if your Qualifying Account(s) will be participating in I&M’s Energy Efficiency (EE) Program. Please return this form via one of the following methods on or before November 15 of the current calendar year in order to opt in effective with the first billing cycle for January of the following calendar year.

Email: redepoy@aep.com

US Mail: Indiana Michigan Power - C&I Attn:  
Roger DePoy  
2929 Lathrop  
South Bend, IN 46628

**THIS COMPLETED FORM MUST BE RETURNED TO I&M BY NOVEMBER 15<sup>th</sup> OF THE CURRENT CALENDAR YEAR TO OPT IN TO THE ENERGY EFFICIENCY (EE) PROGRAMS EFFECTIVE WITH THE FIRST BILLING CYCLE FOR JANUARY OF THE FOLLOWING CALENDAR YEAR.**

By opting in, the applicable DSM Rate Adjustment Factor(s) of the Demand-side Management / Energy Efficiency Program Cost Rider will be charged for each account located within a Single Site with Qualifying Load.

These sites will be eligible to participate in Indiana Michigan Power Energy Efficiency Program effective January 1 of the calendar year following your notice to Indiana Michigan Power and for a period of at least three years. Further information regarding the opt in process may be found in Demand-side Management / Energy Efficiency Program Cost Rider.

- List all services for accounts using 1MW or more electric capacity at a Single Site.
- Indiana Michigan may be required to provide the Indiana Utility Regulatory Commission with a list of those industrial or large commercial customers that have opted out of participation.

**You may opt back out of the Energy Efficiency Program effective January 1 of any year by providing notice by November 15 of the previous year. HOWEVER, if you opt out again before the end of the three year period, you remain liable for and must continue to pay rates that include the Energy Efficiency Program Costs. See Demand-side Management / Energy Efficiency Program Cost Rider for additional information.**

*If needed, use a separate document to list additional accounts, and include it where you submit this form to Indiana Michigan Power*

Provide account information <i>exactly</i> as it appears on your [insert utility name] bill. Check all boxes that apply.		ENERGY EFFICIENCY
Company Name (as it appears on your bill): _____		
Account Number(s)	Facility Address (Street, city, state, zip)	Opt In

*Please check the box to acknowledge the statement.*

- We hereby notify Indiana Michigan Power of our election, pursuant to Ind. Code 8-1-8.5-9(g), to participate in any Indiana Michigan Power EE program at our eligible sites. We acknowledged that we understand we must participate in the EE Program for at least three years after the date on which our opt in commenced and that if we terminate participation during the three year period, we shall be responsible for EE Program Costs for the remainder of the three year period.**

Complete this section with information about the person at your company who is authorized to make decisions concerning this form and your Indiana Michigan Power account. In addition, provide your company information, as it appears on your Indiana Michigan Power bill.

\_\_\_\_\_  
*First and Last Name (please print)*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Company Name (as it appears on your bill):*

\_\_\_\_\_  
*Phone No.*

\_\_\_\_\_  
*Mailing Address 1*

\_\_\_\_\_  
*Fax No.*

\_\_\_\_\_  
*Mailing Address 2*

\_\_\_\_\_  
*Email Address*

\_\_\_\_\_  
*City, State, Zip*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*