

**ELIGIBILITY AND INSTRUCTIONS FOR COMPLETING THIS FORM (Please read)**

- ❖ **Incentive(s) not to exceed the cost of efficiency equipment.**
- ❖ **ALL incentives will be issued in the form of a bill credit on the submitted member's account.**
- ❖ Equipment must be purchased and/or installed in 2026.
- ❖ **Installed equipment must be on the Cooperative's electric lines.**
- ❖ Incentives are in place from **January 1, 2026**, through **December 22, 2026**, or until funds are depleted.
- ❖ Please allow 3-5 weeks for the processing of your incentive once proper documentation has been received.
- ❖ JCE Co-op reserves the right to inspect and verify equipment and installation.
- ❖ All accounts are eligible for only **ONE** incentive per appliance/unit within a 5-year time period.
- ❖ **Submit ALL documentation listed below no later than 3 months after purchase/installation and no later than December 22, 2026,**  
*{however, members are encouraged to submit as soon as possible to ensure incentive}:*
  - ✓ This Incentive Form
  - ✓ A copy of your receipt or invoice for each item purchased (must include model #, size and efficiency specs.)
  - ✓ **AHRI Certified Reference Number to verify efficiency of ALL Systems. (Model #'s must match installed equip.)**

**Do Not  
Staple**

 Submit required documentation to: **JCE Co-op • Attn: Member Services Department; Incentive Request • P.O. Box 390 • Elizabeth, IL 61028**
**MEMBER INFORMATION (Please fill out entire section)**

|   |       |   |       |                  |
|---|-------|---|-------|------------------|
| Member Name   |       | Email<br><br>I wish to receive digital communications with information about the cooperative, its programs and services. <input type="checkbox"/> Opt Out |       |                  |
| Address   |       | Account   | Phone |                  |
| City  | State | Zip   | Date  | Member Signature |
| Incentive for: <input type="checkbox"/> Residential <input type="checkbox"/> Farm <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institution/Government <input type="checkbox"/> Other: |       |   |       |                  |

**INCENTIVE INFORMATION (Please fill in shaded boxes for all items for which you are requesting an incentive)**

| NEW Equipment  | Specifications  | Size: (1 ton = 12,000 btu)<br>If under 1 ton, round to nearest ¼ ton; If over 1 ton, round to nearest ½ ton   | Incentive     | Total:<br>Size x Incentive |
|--|---|---|---------------|----------------------------|
| Air Source<br>Heat Pump & Mini-Split<br>(units that HEAT & COOL) | SEER2 ≥14.3, HSPF2 ≥7.5<br>SEER ≥15.0, HSPF ≥8.8<br><i>(must have an HSPF rating)</i> | <i>Could qualify for Electric Heat Rate<br/><a href="https://www.jocarroll.com/electric-service">https://www.jocarroll.com/electric-service</a></i> | x \$175/ton = | \$ _____                   |
| New Furnace<br>w/ECM Blower Motor                                | Variable Speed Motor (not multi-speed)<br>"or"<br>AFUE ≥ 95% & EAE ≤ 670 kWh/yr       | <b>FURNACE FUEL TYPE</b><br>(Circle one)<br>NG or LP  | X \$35 each = | \$ _____                   |
| Smart Thermostat   | Honeywell or Emerson<br>brand thermostat  | <b>Must be enrolled in Load<br/>Management Program.</b>   | \$25 each     | \$ _____                   |

**Enter ALL of the following required information:**

|   |                           |                       |
|---|---------------------------|-----------------------|
| <b>CONTRACTOR NAME:</b>   |                           | Contr. Incent. (74)   |
| Contractor Contact Phone Number:  | Contractor Contact Email: |                       |
| Manufacturer or Brand name:   |                           |                       |
| <b>AHRI Certified Reference Number for Each System, Heating &amp; Cooling (provided by Contractor):</b>                 |                           |                       |
| Outdoor Unit Model number:  | Indoor Unit Model number: | Furnace Model number: |
| SEER, HSPF, EER, EAE value:   |                           |                       |
| <b>Provide AHRI #'s for ALL Equipment.</b> (Model #'s must match installed equip.) Total Incentive Amount Requested: \$ |                           |                       |

**OFFICE USE ONLY**

|                                   |   |                              |                          |               |             |
|-----------------------------------|---|------------------------------|--------------------------|---------------|-------------|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Not Approved - Reason: | DG System Connection: Y or N |                          | <b>Amount</b> | <b>Code</b> |
| Date of Purchase:                 |   | Invoice Amount:              |                          |               |             |
| Member Services Representative:   |   | Date:                        | <b>Incentive issued:</b> | \$            | 74 (DPC)    |
| Billing Services Representative:  |   | Date:                        |                          | \$            | 83 (JCE)    |