



Office Use Only

Model: _____ Program Code: _____

APPLICATION FORM

Subscriber Personal Information

Date: _____

Mr. ___ Mrs. ___ Ms. ___ Miss. ___

Date of Birth (MM DD YYYY) _____

Last Name _____ First Name _____ Middle Name _____

Phone: _____ Weight: _____

Street Address: _____

Apt. No., P.O. Box, R.R., etc.: _____

City/Town: _____ Postal Code: _____

For Rural Addresses, include directions on how to locate your home

If second button is required for a second subscriber, please enter second subscribers name:

Cats: ___ Names: _____ Dog: ___ Names: _____

Where did you hear about Emergency Alert's services?

- TV/Radio
- Web Site
- Yellow Pages
- Newspaper/Magazine
- Family/Friend
- Display/Special Promotion
- Direct Mail - LL Canada

If referred by either Doctor or HealthCare Professional, please complete.

Doctor Name _____ Clinic Name _____ (T) _____

HealthCare Name _____ Location _____ (T) _____

Application Form Completed By:

Name: _____ Phone: _____

If you have any questions filling out the application, please call Emergency Alert and our staff will be happy to assist you at **579.7082** or toll free at **1.800.563.7082**.

Medical History

Medical Condition(s):

<input type="checkbox"/> Alone periodically <input type="checkbox"/> ALS <input type="checkbox"/> Alzheimer's <input type="checkbox"/> Amputee <input type="checkbox"/> Angina <input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Blackouts <input type="checkbox"/> Broken Limbs <input type="checkbox"/> Cancer <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Chronic Lung Disease <input type="checkbox"/> Cirrhosis <input type="checkbox"/> Congestive Heart Failure <input type="checkbox"/> Confined to Wheelchair	<input type="checkbox"/> Crohn's Disease <input type="checkbox"/> Dementia <input type="checkbox"/> Diabetes <input type="checkbox"/> Dialysis <input type="checkbox"/> Emphysema <input type="checkbox"/> Epilepsy <input type="checkbox"/> Falls, loses balance <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Heart Valve Implant <input type="checkbox"/> Hemophilia <input type="checkbox"/> Hepatitis <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Kidney <input type="checkbox"/> Leukemia <input type="checkbox"/> Limited Mobility	<input type="checkbox"/> Low Blood Pressure <input type="checkbox"/> Living Alone <input type="checkbox"/> Lupus <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Pace Maker <input type="checkbox"/> Parkinson's Disease <input type="checkbox"/> Quadriplegic <input type="checkbox"/> Recovering from Surgery <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Stroke <input type="checkbox"/> Walking cane <input type="checkbox"/> Low Vision Other: _____
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Allergies: _____

Are you a smoker? Yes No

Personal Information Protection and Electronic Documents Act (PIPEDA)

Emergency Alert, in compliance with PIPEDA, has safeguards in place to ensure that personal information is used and managed appropriately.



Responder Information

A responder is a neighbor, loved one or a professional monitor who has agreed to assist you in the event you need help. **It is important that your responders have a key to your home.** Your first responder should be someone who lives fairly close to you.

Responder 1

Name: _____ Street: _____

City/Town: _____ Postal Code: _____

Home: _____ Work: _____ Cell: _____

Relationship: _____ Does this responder have a key? : _____

Responder 2

Name: _____ Street: _____

City/Town: _____ Postal Code: _____

Home: _____ Work: _____ Cell: _____

Relationship: _____ Does this responder have a key? : _____

Responder 3

Name: _____ Street: _____

City/Town: _____ Postal Code: _____

Home: _____ Work: _____ Cell: _____

Relationship: _____ Does this responder have a key? : _____

Responder 4

Name: _____ Street: _____

City/Town: _____ Postal Code: _____

Home: _____ Work: _____ Cell: _____

Relationship: _____ Does this responder have a key? : _____

EMERGENCY ALERT SERVICE AND BILLING AGREEMENT

MONTHLY FEES:

The monthly fee is billed on the first day of the month. The fees quoted are subject to change without notice.

- \$40.00 + HST** **Central Monitoring through Philips Lifeline**
The *call for help* goes directly to Lifeline's response center where trained personal response associates are there 24/7 to answer the call. For more information visit lifeline.ca.
A one-time data management fee of \$22.00 + HST applies.
- \$35.00 + HST** **Combined Monitoring through Philips Lifeline**
The *call for help* first goes to family/friends (responders). If responders are unavailable to answer, the *call for help* goes directly to Lifeline's response center where trained personal response associates are there 24/7 to answer the call.
A one-time data management fee of \$22.00 + HST applies.
- \$30.00 + HST** **Lifeline in North East Avalon 911 area**
The *call for help* goes directly to the St. John's Regional Fire Department's 911 center where a dispatcher is there to answer the calls 24/7.
- \$30.00 + HST** **Community Service**
The *call for help* goes to family, friends and neighbours.
- \$5.00 + HST** **Second Button** – if a second button is required

PLEASE SELECT ONE OF THE FOLLOWING METHODS OF PAYMENT

MONTHLY CHEQUE OR MONEY ORDER

PRE-AUTHORIZED BANK PAYMENT

I authorize Emergency Alert to process a debit, in paper, electronic or other form in the amount selected above, on my account monthly, on or around the 1st day of the month.

If a void cheque is not available, please obtain a completed authorized debit form from your bank.

I will notify the Payee in writing of my changes in the account information or termination of this authorization prior to the next due date of the pre-authorized debit.

VOID CHEQUE ATTACHED OR

STAMPED BANK DEBIT FORM ATTACHED

Account Holder Signature: _____

If someone other than the subscriber is paying for the Emergency alert service, please complete the billing information:

NAME: _____ PHONE: _____

MAILING ADDRESS: _____

CITY: _____ POSTAL CODE: _____

tax upon the signing of this Agreement. The monthly charge may be changed from time to time by Emergency Alert providing written notice thereof to the Customer 30 days before the effective date of any change.

4. The Customer will provide at his/her sole expense suitable electric and telephone service to permit installation and operation of the Equipment, proper space for the Equipment, and will pay all the charges for such telephone and electric service, including taxes, if applicable.

The Customer will make no alterations or repairs to the Equipment and will not move the Equipment without the written authorization of Emergency Alert. The Customer grants a right of access to his/her residence to Emergency Alert, its employees, agents and Responders for the purposes of provision, installation, maintenance and protection of the equipment and provisions of services to the Customer.

5. The Equipment will at all times remain the property of Emergency Alert and Emergency Alert may supply new or reconditioned Equipment at its sole option. In the event of default by Customer, Emergency Alert shall have the right to repossess the Equipment without demand or notice and without any Court Order or other process of law.

6. Emergency Alert agrees that it will install the Equipment (where possible) and it will provide reasonable maintenance of same, but only upon and at the request of the Customer. Maintenance will be performed within a reasonable time after receipt of a request from Customer, and will be performed at the expense of Emergency Alert, except that any maintenance caused by the negligence of Customer, or by the negligence of anyone at the Customer's residence, will be performed at the sole expense of the Customer and the Customer agrees to promptly pay for such maintenance. By way of example, should the Customer lose his/her Personal Help Button, the cost of replacement will be the responsibility of the Customer.

7. Any Customer who has more than one telephone in his/her residence may arrange with the telephone company to install a security jack so that Emergency Alert equipment will be able to access the Customer's telephone line should any phone at the Residence be in use or "off the hook."

The responsibility for arranging this security jack is that of the customer. It is not necessary to purchase the security jack in order to have Emergency Alert install Personal Support and Response Equipment; however, Emergency Alert will not be responsible for any Equipment failure.

8. The Customer understands that the purpose of the Equipment is to transmit, to the ERC, signals which may indicate the presence of an emergency at the Customer's residence. The Customer agrees not to use the Equipment to transmit signals that are not reasonable necessary to the customer's safety and well being. Emergency Alert agrees that ERC will take reasonable care to monitor signals from the Customer and that ERC will make reasonable efforts to notify one of the Responders of any incoming signal from the Customer.

9. The Customer hereby irrevocably consents for any Responders or any law enforcement or emergency medical personnel to enter the Customer's residence, with force, if necessary, and relieves and releases Responders, Emergency Alert, and any members, personnel or employees thereof from any and all liability for injury or damage done to the customer's residence in making such entry.

10. The Customer will be responsible for payment of any costs incurred by any person responding to a call from the ERC, occasioned by the signals from the Equipment.

11. Emergency Alert shall not be responsible nor liable for the failure of the Equipment nor for any damage, injury or death resulting from such failure. Emergency Alert is further not responsible for the promptness, sufficiency of adequacy of the actions of Emergency Alert, the Responders or any emergency response personnel which Emergency Alert may notify. The Customer understands and acknowledges that the operation of the Equipment may be interrupted by radio, television, or airplanes noises and other outside interference and that the effectiveness of the Equipment depends upon adequate vocal projection by the hearing ability of the customer.

The Customer agreed indemnify and hold harmless Emergency Alert and its officers, employees, members, agents and servants against all claims, suits, damages and costs.

12. This agreement constitutes the entire agreement between Emergency Alert and the Customer. The agreement may be assigned by Emergency Alert but may not be assigned or transferred by the Customer.

13. This agreement may be terminated by either party following receipt of (30) days written notice to the other party.

IN WITNESS WHEREOF the parties have executed this Agreement.

By: _____

Customer Signature: _____

Date: _____

Date: _____

Your checklist

In order for us to process your application, please make sure you have included:

- Completed four page application form.
- Signed and dated agreement (agreement must be signed before order will be processed).
- “Void” cheque and banking information if using pre-authorized payment.

Thank you for subscribing to Emergency Alert’s Personal Response and Support service!