

The Membership Assistance Program provides partial subsidy for a Standard MedicAlert membership for Canadians in financial need, who may benefit from a MedicAlert® membership.

Individuals eligible for the Membership Assistance Program will be enrolled as a Standard member and may be required to re-qualify on an annual basis. Membership includes: a stainless steel bracelet or necklet, wallet card, electronic health record stored on the MedicAlert secure database and comprehensive 24-hour protection through the MedicAlert® Emergency Hotline.

If you are currently enrolled as an Advantage member your membership will be converted to a Standard membership.

The following information is required to review and approve your application for membership assistance. Please complete Sections A through E and sign before submitting. If you have any questions, please contact MedicAlert at 1 800 668 1507.

## Section A

### Personal Information

Are you, or have you ever been a MedicAlert member?  No  Yes, MedicAlert ID # \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Mr.  Mrs.  Ms.  Dr.

Communications:  English  French Date of Birth: (month, day, year) \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F

Mailing Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ Prov./Terr. \_\_\_\_\_ Postal Code \_\_\_\_\_

Tel: (\_\_\_\_\_) \_\_\_\_\_ Alternate Tel: (\_\_\_\_\_) \_\_\_\_\_ ext: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Parent/Guardian Information

If new member is a minor or an adult in the care of a guardian, please specify name of parent/guardian responsible for keeping the member record up to date.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: (\_\_\_\_\_) \_\_\_\_\_ Alternate Tel: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Emergency Medical Contacts

Physician 1: \_\_\_\_\_ Specialty: \_\_\_\_\_

Tel: (\_\_\_\_\_) \_\_\_\_\_ ext: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ Pager: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov./Terr. \_\_\_\_\_ Postal Code: \_\_\_\_\_

Physician 2: \_\_\_\_\_ Specialty: \_\_\_\_\_

Tel: (\_\_\_\_\_) \_\_\_\_\_ ext: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ Pager: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov./Terr. \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Personal Emergency Contacts (non-medical)

1. Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Tel: (\_\_\_\_\_) \_\_\_\_\_ Bus. Tel: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Tel: (\_\_\_\_\_) \_\_\_\_\_ Bus. Tel: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

## Section B

**To be eligible** for Membership Assistance, this Section must be completed and signed by one of the following referrals:

Referred by:  Physician  Nurse  Social Worker  Pharmacist

Referral Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

I, \_\_\_\_\_ have sufficient knowledge about the applicant and his/her circumstances and health condition to recommend a *subsidized* MedicAlert® membership on the basis of financial need.

Referral Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section C**

**Medical Information**

Note: Standard medical terminology and abbreviations will be used.

Engraving  English  French

Medical Conditions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Allergies: \_\_\_\_\_  
 \_\_\_\_\_

All Current Medications: (dosage not required) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Devices/Implants: \_\_\_\_\_

Special Needs: \_\_\_\_\_  
 \_\_\_\_\_

**Section D**

**Identification Products**



**Sizing:** Chain link bracelets come in half inch increments. Measure your wrist snugly and MedicAlert will add additional links for comfort.

Bracelet/Necklet Code #			Size
<input type="checkbox"/> I100-A	<input type="checkbox"/> I101-B	<input type="checkbox"/> I102	

**Please note: Necklets are not recommended for children under the age of 10.**

MedicAlert reserves the right to verify the information provided and may request additional supporting documentation.

**Section E**

The Membership Assistance Program provides a partial subsidy of the Standard MedicAlert® Membership valued at approximately \$100.00. We encourage a minimum contribution of \$39 to cover a portion of the membership fee; however, any contribution would be greatly appreciated. In support of this membership application, a cheque in the amount of \$\_\_\_\_\_ is enclosed.

**Member Statement**

Membership with the Canadian MedicAlert® Foundation ("MedicAlert") is conditional on an individual's acceptance of the following terms and conditions (the "Member Statement").

I ACKNOWLEDGE and agree that:

- on my becoming a member, MedicAlert will create and maintain, an electronic member record ("File") containing personal and personal health information that I provide or arrange to have provided to MedicAlert (together "my Personal Information"), which File will be identified by my name and held at 2005 Sheppard Avenue East, Suite 800, Toronto, Ontario M5J 5B4 and will provide me with: i) a custom engraved MedicAlert bracelet, necklet or watch; ii) the 24-hour MedicAlert Emergency Hotline service; iii) a MedicAlert membership card and iv) secure web based access to my File (collectively the "Services");
- MedicAlert will use and disclose my Personal Information for the purposes of providing and administering the Services, including without limitation, providing my Personal Information to emergency responders and other health professionals (collectively "Responders") who contact MedicAlert, may transfer my Personal Information to third party service providers retained by MedicAlert to assist it in administering or providing the Services where necessary for the provision of the Services, and will allow MedicAlert Foundation International, which operates in the USA, access to my File for the purpose of providing the MedicAlert Emergency Hotline;
- I will advise MedicAlert promptly of any error on my File, MedicAlert bracelet, necklet or watch or membership card, update my File information at least once per year and pay any and all service fees associated with my membership on or before the renewal date of my membership and I understand that if I do not pay applicable service fees or have not updated my File, MedicAlert will stop providing me with regular Services
- MedicAlert or Responders may contact the emergency contacts I have provided for or with information about me in case of an emergency and MedicAlert will accept information about my health from emergency contacts and guardians listed in my File, provided the contacts and guardians know my member number; full name, date of birth, and address, but will not disclose my Personal Information unless I have instructed otherwise;

- MedicAlert, its officers, directors, employees and representatives, will not be liable for any claims, actions, damages, losses or consequences of any kind arising out of or in connection with any errors or omissions in my Personal Information (regardless of whether such information is provided by me or by a third party); MedicAlert may use aggregate health information, which is not in a form that identifies me or any other individual, for research projects or studies of interest to the health care community; and
- unless I have checked the applicable box below, I will receive by e-mail or any other method of communication chosen by MedicAlert, informational mailings such as the MedicAlert newsletter and information on charitable works, programs and services that may be of interest to me ("Informational Mailings");
  - Do not send me Informational Mailings
  - Send me Informational Mailings by ordinary post only.
- I UNDERSTAND that I may obtain a copy of MedicAlert's privacy policy, more information about its privacy practices and information about accessing or correcting my Personal Information on MedicAlert's website at <http://www.medicalert.ca> or by calling MedicAlert's Chief Privacy Officer at 1.866.492.0939.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (print) \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Relationship to member self parent guardian \_\_\_\_\_

Other (Specify) \_\_\_\_\_

If not the member, I have the authority to bind the member. \_\_\_\_\_