

How the Program Works

Lifetime membership with MedicAlert® is available through Health Canada's Non-Insured Health Benefits (NIHB) Program.

NIHB will cover the initial cost of any bracelet, sport band or necklace included in this application form plus membership. Medical updates to your file are **FREE OF CHARGE**.

NIHB will only collect, use, disclose and retain your information in the form attached to approve and pre-pay MedicAlert for your lifetime membership. Health Canada protects your personal information in accordance with applicable Federal laws and policies. Should you have any questions about the information collected by Health Canada, kindly contact your regional office.



Please submit the completed form with a doctor's or nurse practitioner's signature and a copy of your prescription to MedicAlert Foundation Canada by mail or fax.

Note: MedicAlert Foundation Canada will submit your registration form to NIHB for approval. NIHB approval could take up to 8 weeks.

About MedicAlert® Foundation Canada

Only MedicAlert

- Has a 24/7 Emergency Hotline that answers calls within an average of 5 seconds in 140 languages
- Engraves IDs based on globally recognized medical editing standards verified by doctors and paramedics
- Will notify loved ones of the member's condition and whereabouts
- Is a registered charity that has served over 1 million Canadian members for over 50 years

To learn more, visit medicalert.ca/nihb.

Tel: 1.800.668.1507 | Fax: 1.800.392.8422



MedicAlert® is a Registered Trademark and Service Mark. MedicAlert® Foundation Canada is a national registered charity. Charitable Registration No. 10686 3293 RR0001.



Join for **FREE***



Exclusive Offer for
First Nations & Inuit Peoples

*See inside for details about this special subsidized program.

Select a MedicAlert® ID that suits your style

Bracelets



Stainless Steel Bracelet Small Emblem (#100) ■

Stainless Steel Bracelet Large Emblem (#101) ■



Urban Links Bracelet Pink (#167) ○



Urban Links Bracelet Blue (#165) ○



Urban Links Bracelet Purple (#166) ○



Urban Links Bracelet Black (#159) ○

Sport Bands

Neon Blue Sport Band, 6 1/2", 8" and 9 1/2" (#289)



Neon Purple Sport Band, 6 1/2", 8" and 9 1/2" (#290)



Chopper Sport Band (#249) △



Canadiana Sports Band (#277) △



Pink & Purple Sport Band (#214) △



Green Camouflage Sport Band (#223) △



Soccer Sport Band (#218) △



Necklaces

Stainless Steel Dog Tag, 30" (#106)



Black Stainless Steel Dog Tag, 30" (#109)

Stainless Steel, 26" Necklace (#102)

SIZING INFORMATION

Use a cloth ruler to measure your wrist comfortably in inches. When measurement is 1/4 inch size, order the next 1/2 inch size up.

Use the chart below to find your size.

Necklaces not suitable for children under the age of 10.

Find wrist size	■	○	△
5"	5"	5 1/2"	N/A
5 1/2"	5 1/2"	6"	N/A
6"	6"	6 1/2"	5 1/2"
6 1/2"	6 1/2"	7"	6"
7"	7"	7 1/2"	7"
7 1/2"	7 1/2"	8"	7 1/2"
8"	8"	N/A	8 1/2"
8 1/2"	8 1/2"	N/A	N/A
9"	9"	N/A	N/A
10"	N/A	N/A	N/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.
Client ID # _____ **Band ID #** _____ **Family ID #** _____
Communications English French Date of Birth (m/d/y) ____ / ____ / ____ Gender M F
Mailing Address _____ Apt _____
City _____ Province/Territory _____ Postal Code _____
Best # to Contact (____) _____ Alternate Tel. (____) _____ Ext. _____
Best Time to Call AM PM Email* _____ Not Available

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. Parent or guardian should be the first Personal Emergency contact.
Name _____ Relationship _____
Address _____ City _____ Prov. ____ Postal Code _____
Home Tel. (____) _____ Alternate Tel. (____) _____ E-mail* _____

Emergency Medical Contacts

Physician 1 _____ Address: _____
Specialty _____ Tel (____) _____ Ext. _____ Is this the Referring Physician?
Physician 2 _____ Address: _____
Specialty _____ Tel (____) _____ Ext. _____ Is this the Referring Physician?

Personal Emergency Contacts (family/friends)

1. Name _____ Relationship _____
Home Tel. (____) _____ Alternate Tel (____) _____
2. Name _____ Relationship _____
Home Tel. (____) _____ Alternate Tel (____) _____
I give permission to the emergency contact(s) above to access my medical information: Contact #1 Contact #2

TO BE COMPLETED BY DOCTOR/NURSE PRACTITIONER – This section must be completed before submission

Doctor/Nurse Practitioner name (please print) _____ College of Physicians # _____
Patient Requires MedicAlert Prescription Attached Signature _____

Medical Conditions Recognized medical terminology and abbreviations will be used.

Engraving language English French
Medical Conditions (include any major surgeries or medical procedures) _____
All prescription medications _____
Allergies/anaphylaxis _____
Do you use an epinephrine injector? Yes No
Implants/Devices (include a copy of your implant card if possible) _____
TYPE _____ MANUFACTURER _____ MODEL NO. _____ SERIAL NO. _____
Special Needs _____

* By providing your email address, you are giving MedicAlert the permission to email you to collect your communication preferences.

Order Form

# PRODUCT CODE	PRODUCT NAME	SIZE	PRICE
			\$ 39.00
		Shipping & Handling	\$ 8.99
		SUBTOTAL	\$ 47.99
		GST (# 10686 3293)	\$ 2.40
		SUBTOTAL	\$ 50.39
		Lifetime Membership Fee	\$ 50.00
		TOTAL	\$ 100.39

SUBSCRIBER STATEMENT

By subscribing to a Service Plan from MedicAlert® Foundation Canada ("**MedicAlert**") and agreeing to the terms of this Subscriber Statement, you agree to and shall become a Member of MedicAlert ("**Agreement**"). This Subscriber Statement also explains how personal information is collected, used and disclosed regarding your MedicAlert services (the "**Services**").

If you have selected to join one of MedicAlert's partnership programs ("**Program Partner(s)**"), your personal information is also subject to that Program Partners' privacy practices. Please visit <https://www.medicalert.ca/Help/Subscriber-Statement> for a list of Program Partners and how to contact them. You understand that you can opt out of MedicAlert transferring your information to a Program Partner by calling 1-800-668-1507.

1. Terms and Conditions

I ACKNOWLEDGE and agree that:

- I will pay all fees, taxes and charges related to my Service Plan. • Services are offered according to the following "**Service Plans**": **Monthly**: I will be required to prepay on a monthly basis, in advance of receiving the Services. MedicAlert is authorized to charge the credit card or bank account that I provided. **Annual Prepaid 12, 24 or 36 Months**: Subscription is for 12, 24, or 36 months depending on my selection ("**Annual Prepaid Plan**"). Payment is due for the entire Annual Prepaid Plan prior to the beginning of the committed period. • I will notify MedicAlert of any change(s) in payment information. • Fees, taxes and other charges may change on the renewal date of my Service Plan, if I change my Service Plan, or as required by law. • **Renewal: Monthly**: I will be notified of the fee and any changes by MedicAlert before my account is charged, and for all subsequent monthly charges. **Annual Prepaid Plan**: I will be notified by MedicAlert before expiry of the Service Plan that I can: i) renew on the terms available at that time, ii) cancel my Service Plan by submitting a Service cancellation release form ("**Release Form**") and iii) if I do not respond, I will be automatically switched to the Monthly Service Plan. • **Cancellation of Services**: I may cancel at any time by completing a Release Form, available by calling 1-855-581-3795. Cancellation is effective as of the date on the completed form ("**Cancellation Date**") MedicAlert will reimburse me for any Services that have not been used by the Cancellation Date, subject to any obligations under an Annual Prepaid Plan. **GPS Guardian Connect ("GPS-GC") subscribers**: If I fail to pay my fees, my GPS-GC device will be deactivated and service will be terminated within 30 days from my expiry date, however, my MedicAlert subscription will continue and I am still obligated to pay for the Services until I submit a Release Form. MedicAlert may cease to provide the Services at any time with minimum 12 months prior notice. We, MedicAlert, may suspend or terminate my Service Plan without notice, if: (i) we reasonably believe there has been a violation of this Agreement; (ii) you have failed to make any required payments; (iii) we reasonably believe the Services are being used for fraudulent or unlawful purposes; or (iv) MedicAlert suspends, discontinues or terminates the Services in accordance with the above.

IMPORTANT: This is a binding agreement between myself and MedicAlert and, unless I sign and submit a Release Form, I am responsible for all fees owing under the Agreement. If I submit a Release Form, MedicAlert will remove all identifying Personal Information in my Profile, cease providing me with the Services, and I will stop wearing my MedicAlert® ID.

Responders, MedicAlert, its officers, directors, employees and representatives, will not be liable for any consequences of any kind, including without limitation: a) claims, actions, proceedings, damages and losses arising out of or in connection with errors or omissions in my Personal Information; or b) any service disruption as a result of Acts of God (fire, flood, earthquake, storm, hurricane, natural disasters), terrorist activities, failure of electricity, disruption to telephone and/or cellular services or other variables beyond MedicAlert's control.

- This Subscriber Statement may be changed periodically. Notification of changes will be provided electronically.
- I agree to receive administrative and transactional communications from MedicAlert related to the Services, support, research invitations and other relevant information.
- If I subscribe to GPS-GC, my subscription is conditional upon my acceptance of the GPS-GC Terms of Use and Privacy Notice and the LocationNow Terms of Use provided by Laipac Technology Inc.

2. Privacy Statement

When I subscribe, MedicAlert will create an electronic profile ("Profile") with my name and personal information that I provided myself or through others ("Personal Information").

- Personal Information will be stored in Toronto, Ontario; however, MedicAlert may contract with certain service providers located outside of Canada.
- I will review and confirm my Personal Information at least once per year and will advise MedicAlert promptly of any error(s) or changes.
- My Personal Information will be used for, but not limited to: i) my MedicAlert Identification Product ("ID"); ii) the 24/7 Emergency Hotline; iii) communications pertaining to MedicAlert; and iv) accessing my Profile.
- MedicAlert may use and disclose my personal information to third parties, including, but not limited to: police fire, ambulance, health professionals etc. and their representatives ("**Responders**") for the purposes of providing and administering the Services and to resolve an emergency (i.e. wandering or lost persons, scenarios where urgent health or emergency care is required etc.) and/or resolve an emergent situation (i.e. incidents involving violence). MedicAlert may share or transfer my information to third party service providers retained to assist MedicAlert and Responders in providing the Services. MedicAlert and Responders may contact my identified emergency contacts ("**Contacts**") to administer the Services in an emergency or a situation deemed emergent. In non-emergencies MedicAlert may discuss, my Profile with Contacts if: i) I have provided consent or the Contacts can legally act on my behalf; and ii) the Contacts can authenticate themselves.
- MedicAlert may aggregate my Personal Information in a manner that does not identify me or any of my Contacts, and use this information for research. The MedicAlert Privacy Policy and information regarding accessing or correcting my personal information is available at www.medicalert.ca/privacy or by calling **1.866.679.3217**.

By checking the pink permission box below, I consent to receiving New Product information, Offers and Promotions by email. I may change my communication preferences by unsubscribing or by calling 1-855-724-2499.

Signature: _____ Date: _____

Name (print): _____

Telephone Number: _____

Relationship to Member: _____

Please send the **completed application form to MedicAlert Foundation Canada directly** as it contains medical information that is personal and confidential.

Submit the completed form with a **Doctor or Nurse practitioner's signature** and a **copy of your prescription** to:

MedicAlert Foundation Canada
Morneau Shepell Centre II, 895 Don Mills Road, Suite 600
Toronto, ON M3C 1W3

FAX: 1.800.392.8422