ANNUAL REPORT 2025

from ID to INSIGHT

65 Years of Protecting Canadians When It Matters

MedicAlert® FOUNDATION CANADA

July 18, 1961

MedicAlert Foundation Canada receives its Charter of Incorporation.
In a Canada without a national 9-1-1 system — which would not become widespread until more than a decade later — MedicAlert filled a life-saving gap. It ensured that essential health information travelled with the individual, changing emergency care long before modern emergency systems existed.

Message from the Chair of the Board and the President & CEO

Three generations ago, a family faced a simple but terrifying question: **what happens if no one knows my child's medical condition in an emergency?**

From that question, MedicAlert was born – a small metal ID with a big promise: when every second counts, critical health information will be there.

In 2025, as we prepare to mark MedicAlert's 65th anniversary in 2026, that promise remains unchanged. What has changed is everything around it.

We now live in a world of complex health conditions, aging populations, dementia-related wandering, and fragmented health systems. Emergencies can unfold anywhere – at home, on a busy street, at school, in long-term care, or halfway across the country. First responders and clinicians are expected to do more, faster, with less, often without the information they need.

Today, we are a national, data-enabled safety net that connects people, their health information, and the systems that are there to protect them.

We want to show you how your support fueled this evolution—and why it matters now.

Honouring 65 Years of Trust

Over the past 65 years, more than one million of Canadians have trusted MedicAlert with their most personal health information. Families have registered their children, and those children have grown up to register their own parents. First responders have been trained to "look for the ID," and, increasingly, to access the full health profile behind it.

None of this happens by accident. It happens because donors, funders, partners, governments, and subscribers believe that better information saves lives – and have invested in making that belief real.

To everyone who has supported MedicAlert over the past 65 years: thank you. Your support has fundamentally changed what is possible in a moment of crisis.

2025: Protecting People Today

In 2025, your support helped us deepen our impact on the lives of the people who rely on us most.

Children and families engaged with MedicAlert Kids and our S.A.F.E. curriculum, which is evolving to support grades 1 through 8.

People living with dementia, and their care partners, were supported through our Safe & Found program. In 2025, our 24/7 Hotline had a 75% success rate in safely and promptly reuniting individuals who had wandered with their loved ones.

Through our IDEA program, we reduced financial barriers so that people impacted by social determinants of health could still access the safety and security of MedicAlert.

Each of these programs is rooted in a simple idea: no one should face an emergency alone, or unseen, because vital health information wasn't available when it mattered.

Strengthening Systems and Using Data for Good

Your support also allowed us to strengthen the systems around the people we serve.

We expanded and deepened partnerships with first responders, health systems, and community organizations so that MedicAlert isn't only a bracelet or a record – it's part of how communities respond when something goes wrong.

At the same time, we continued to grow as a data-informed organization, using our data to improve training, strengthen tools, and advocate for better access to health information in emergencies. We believe essential health information is infrastructure—without it, emergencies become preventable tragedies.

For donors, funders, and partners, this means your support doesn't just help in the moment of crisis – it helps us change the conditions that lead to those crises in the first place.

Building the Next Chapter

Looking ahead, the need for MedicAlert is not declining; it is changing.

Over the next 1–3 years, we are focusing on scaling partnerships that close information gaps across health and public safety systems, strengthening access to our services, and proving the systemic value of our data to drive better outcomes, inform policy, and sustain our mission.

Our 65th anniversary is not a destination; it is a milestone on the way to something bigger. We are building a future in which no paramedic, police officer, firefighter, clinician, family member, or Good Samaritan must guess in a moment of crisis – because MedicAlert is there with the information they need.

Our Thanks

On behalf of our Board, our staff, and those who have relied on MedicAlert over the past 65 years, we want to extend our deepest thanks to:

- Our donors and funders – foundations, lotteries, corporate partners, governments, and individual supporters – who make our work possible.
- Our community and health partners, who bring our programs into schools, clinics, and neighbourhoods across the country.
- The first responders and emergency professionals who trust and use MedicAlert information to protect the people we serve.
- Our subscribers and their families, who put their trust in us every day.
- Our staff and volunteers, whose dedication keeps this organization moving forward.

Because of you, MedicAlert has been a lifeline for 65 years. Because of you, we are ready for the next chapter. We invite you to continue partnering with us as we scale this work—because the need is growing and the opportunity to prevent harm is real.

With appreciation,

Leslie Quinton
Chair, Board of Directors

Leslie McGill
President & CEO

1972

Canada adopts the 9-1-1 call system.

2025 Impact at a Glance

From lifelong subscribers to growing partnerships and expanded reach, 2025 was a year of meaningful progress for MedicAlert. These highlights capture how our mission continues to evolve — delivering protection today while building for the future.

- Research conducted with our partners at the University of Waterloo shows that when MedicAlert is involved in a dementia-related wandering incident, more than 90% of individuals are safely returned home without harm. In 2025, we improved upon that outcome: 75% of wandering calls that came into our 24/7 Emergency Response Hotline resulted in subscribers who were promptly and safely reunited with family members.
- Last year, our dedicated contact centre team answered and serviced 30,000 calls. Even more impressive: Our team has a Net Promoter Score (NPS) of 64%, indicating the highest satisfaction among our subscribers.
- MedicAlert is committed to strengthening our role as a national partner in public safety and emergency preparedness, and in 2025, we expanded our network of first responder partnerships, increasing the number of fire stations that have a Connect Protect agreement with us by 100%.
- Supporters of MedicAlert's 50/50 lottery contributed more than $11,000 in funding for the Inclusion, Diversity, Equity in Action (IDEA) program. This charitable assistance program represents MedicAlert's commitment to promoting health and reducing inequities in accessing the MedicAlert service among marginalized and underserved populations.
- The MedicAlert Matters Podcast was streamed by viewers and listeners more than 100,000 times during its first year on air, indicating strong awareness growth among our target audiences. We also welcomed several partners as guests on the podcast, further strengthening relationships with first responder services and community organizations.
- 1,105 MedicAlert subscribers are celebrating a 65th anniversary with us this year. That's how many subscribers have been with us since we received our Charter of Incorporation in 1961.

Our Strategic Priorities

MedicAlert's 2025–2027 Strategic Plan focuses on three interconnected priorities that guide how we protect people today while building a stronger system for tomorrow: Partnerships, Access, and Data. Together, these priorities reflect our evolution into a national, data-enabled safety net — one that works across health, emergency response, and community systems to ensure critical information is available when it matters most.

Partnerships strengthen the networks that make protection possible. By deepening relationships with first responders, healthcare providers, community organizations, and governments, MedicAlert expands its reach and ensures emergency response is faster, better coordinated, and more effective.

Access ensures that protection is not limited by circumstance. Through barrier reduction, charitable assistance, and scalable delivery models, MedicAlert works to ensure individuals and families — especially those facing social, economic, or geographic challenges — can access life-saving services.

Data transforms information into action. By securely managing and sharing accurate health information, and by applying research and analysis to our unique dataset, MedicAlert improves emergency response, supports prevention, and contributes evidence that shapes policy and system-level change.

These priorities work together to ensure MedicAlert not only responds in moments of crisis, but helps build the conditions that prevent harm and strengthen outcomes across Canada.

1974

London, Ontario, becomes the first Canadian city to implement 9-1-1. Its use begins to spread across the country.

Pillar 1: Partnerships

Strengthening Emergency Response Through First Responder Partnerships

In an emergency, every second matters, and access to the right information can make a life-saving difference. MedicAlert is focused on strengthening the systems that protect people in moments of crisis by working closely with first responders and the emergency response infrastructure that supports them. Central to this work is Connect Protect, a program designed to ensure that critical health information is available to those who need it most, exactly when they need it.

At the heart of Connect Protect is a unique support service for Public Safety Answering Points (PSAPs) — more commonly known as 9-1-1 dispatch centres. Through the Connect Protect program, dispatchers can securely access a MedicAlert subscriber's personal health record either directly through the MedicAlert database or via integration with Rapid SOS, allowing agencies to use the tools they already have. This information is displayed in a format designed specifically for first-response triage, allowing dispatchers to relay critical details to responders before they arrive on scene.

This system-level approach reduces reliance on manual processes, such as identifying a MedicAlert ID on scene and calling the 24/7 Emergency Hotline — though that hotline always remains available as a vital backstop. Instead, Connect Protect enables faster, more informed responses, freeing frontline responders to focus on care, safety, and resolution.

Originally developed with police services in mind, Connect Protect was built to improve safety and outcomes for vulnerable individuals during emergency situations. Over time, the program has evolved to reflect the realities of frontline response. In 2025, MedicAlert expanded Connect Protect to include fire services, recognizing their increasingly critical role in medical emergencies, rescues, and incidents involving people living with chronic conditions, disabilities, or dementia. Fire responders are often the first on scene, and rapid access to reliable health information can significantly influence decision-making, safety, and patient outcomes. By extending Connect Protect to fire services, MedicAlert is strengthening the entire emergency response ecosystem.

Today, Connect Protect supports all first responders, including police, fire, and paramedic services, by providing timely access to essential health information such as medical conditions, allergies, medications, and communication needs. "By ensuring that critical health information is always accessible, Connect Protect empowers first responders to act quickly, make informed decisions, and save lives when every second counts," said Kavita Mehta, MedicAlert Vice President, Public Affairs & Programs.

By embedding reliable health information directly into the workflows of first responders and dispatchers, MedicAlert is committed to strengthening our role as a national partner in public safety and emergency preparedness.

Behind the Call: Gananoque Police Service

For Carole Steacy, PSAP Manager at the Gananoque Police Service, emergencies demand fast decisions with limited information. That reality was clear when an elderly woman wandered into the police station, confused and unable to identify herself.

As Carole sat with her, she noticed a MedicAlert ID on the woman's wrist. An officer photographed the ID and shared it with dispatch, who contacted MedicAlert's 24/7 Emergency Response Hotline. Within moments, the woman's emergency profile was accessed and her husband was identified.

Within 15 minutes, the woman was safely reunited with her family.

"Without that bracelet, it would have taken much longer and required far more resources," Carole said. "MedicAlert changed everything."

What This Shows

- Fast identification: Critical information was accessed immediately when the individual could not speak for herself.
- Efficient response: Reduced guesswork and resource use for police and dispatch.
- Stronger systems: Partnerships between MedicAlert and first responders lead to calmer, faster, safer outcomes.

1970s-1990s

The MedicAlert symbol becomes a trusted national safety signal. First responders across the country are trained to "look for the ID," recognizing it as an authoritative source of truth when every second matters. Families pass this trust from one generation to the next — parents registering their children, and those children eventually registering their own aging parents.

Building Safety Through Local Partnerships

As MedicAlert continues to strengthen partnerships across health and community sectors, our commitment to ensuring access to services for all remains a core priority. Protection in emergencies does not happen in isolation — it depends on trusted local partners and systems that work together so people are seen, supported, and safe, especially those facing additional barriers. Through collaboration and shared purpose, we are building a more inclusive and responsive emergency care system.

Working Together to Reduce Barriers

In 2025, MedicAlert advanced work on a scalable access model designed to reduce barriers for people who would benefit most from having reliable health information available in an emergency. Exploratory discussions with Surrey Place, a Toronto-based organization supporting individuals with developmental disabilities, autism, and visual impairments, focused on how subsidized MedicAlert access could be integrated into existing community service pathways.

These early efforts centred on designing an approach that recognizes both heightened safety risks and financial constraints — with the goal of creating a model that could be replicated beyond a single organization. While still in development, this work represents an important proof point: that access to emergency health information can be embedded into community-based supports in a way that is practical, equitable, and scalable.

Looking ahead to 2026, MedicAlert aims to build on this foundation by expanding and replicating similar partnerships with organizations across Canada, applying lessons learned to extend protection to more people through trusted community networks.

Supporting Canadians to Age in Place

In 2025, MedicAlert also strengthened system-level support for older Canadians through a new partnership with HomeEquity Bank, Canada's only Schedule I bank dedicated to homeowners aged 55 and better. The partnership reflects a shared understanding that aging in place requires more than medical support alone — it depends on safety, confidence, and financial stability working together.

Through this collaboration, HomeEquity Bank matched donations to MedicAlert during our spring campaign, directly expanding access to life-saving services for older Canadians. The partnership also created tangible value for MedicAlert members by offering a rebate on reverse mortgage solutions, supporting financial flexibility as people plan for future care needs.

For MedicAlert, the partnership demonstrates how working beyond traditional health and emergency sectors can strengthen outcomes and extend reach.

"True security comes from knowing both your health and your independence are supported," said Leslie McGill, President & CEO of MedicAlert. "By partnering with organizations that share our commitment, we can help more Canadians live safely, confidently, and on their own terms."

Together, these partnerships illustrate how local collaboration can drive system-level impact. By developing scalable access models and aligning with trusted partners, MedicAlert is strengthening community safety and building pathways that ensure protection reaches those who need it most — today and into the future.

Early 2000s

MedicAlert begins its digital pivot, enabling members to enroll and update their health information online for the first time. What started as a physical ID evolves into the gateway to a 24/7 connected health profile — a secure database containing comprehensive information on chronic health conditions, dementia, allergies, medications, implantable devices, and other critical health factors. This shift marked the beginning of MedicAlert's transition into a data-enabled safety net. Through every evolution, our mission stayed the same: critical information available instantly in emergencies.

Pillar 2: Access

MedicAlert Kids and S.A.F.E.: Empowering the Next Generation

For 65 years, MedicAlert has been committed to providing peace of mind by ensuring critical health information is available when it matters most. While that promise is often associated with emergency response, it begins much earlier — by building confidence, awareness, and self-advocacy among children living with chronic and episodic health conditions.

Across Canada, thousands of children must communicate their health needs to teachers, caregivers, coaches, and peers. Through MedicAlert Kids and our S.A.F.E. (Students Assisting Friends Everywhere) teacher resources, we help ensure they are not navigating that responsibility alone.

In 2025, MedicAlert deepened this work through a strengthened partnership with the Ontario Physical and Health Education Association (Ophea). Curriculum-aligned S.A.F.E. lesson plans were fully updated for Grades 1 through 6, and new resources were developed for Grades 7 and 8 following a successful pilot. Designed in alignment with Ontario curriculum expectations, these tools support educators in delivering age-appropriate learning that builds health literacy, social-emotional skills, and practical self-advocacy.

Across all grades, the curriculum is designed to grow with students — moving from understanding emotions and personal safety, to recognizing individual differences, to confidently advocating for one's own health and supporting peers with conditions such as allergies, asthma, epilepsy, and diabetes.

To extend access and usability, MedicAlert is investing in digital delivery. In 2026, all S.A.F.E. materials will be available through a centralized Learning Management System (LMS), making them easier for educators to adopt and more accessible to schools across diverse communities, including rural and underserved regions.

Together, MedicAlert Kids and S.A.F.E. demonstrate that protecting people today starts with empowering the next generation — equipping children with the knowledge, confidence, and tools to understand their health and speak up when it matters.

Program Snapshot

Adoption
- Curriculum-aligned S.A.F.E. resources updated for Grades 1–6
- New Grades 7–8 resources launched following pilot success
- Developed in partnership with Ophea

Reach
- Designed for classroom use across Ontario
- LMS delivery expanding access for educators province-wide
- Supports children living with chronic and episodic conditions

Outcomes
- Increased student confidence and self-advocacy
- Safer, more inclusive school communities
- Stronger foundations for lifelong health and independence

2015

MedicAlert launches Connect Protect, an initiative that provides police services with digital access to a registered subscriber's health information. While every first responder has access to our health information by calling our 24/7 Emergency Response Hotline, the launch of Connect Protect meant faster access for first responders by providing 911 dispatch systems with direct access to our database.

IDEA Program: Making Access Possible

For many Canadians, cost remains a barrier to emergency health protection. The Inclusion, Diversity, Equity in Action (IDEA) Program helps remove that barrier — ensuring people facing social and economic inequities can access MedicAlert services when they need them most.

In 2025, an independent evaluation of the program reviewed 218 participants and confirmed that IDEA is reaching the individuals it was designed to support. The assessment validated that subsidy levels are effectively aligned with financial need, ensuring charitable assistance is directed where it has the greatest impact.

Thanks to donor support, IDEA provides more than financial relief — it delivers peace of mind to individuals and families who would otherwise be unprotected in an emergency. Evaluation findings are now guiding program enhancements and expansion planning, allowing MedicAlert to strengthen access responsibly and extend support to more communities.

Donor support makes this possible. Through IDEA, contributions are directly translated into access, safety, and more equitable emergency outcomes for Canadians who need protection most.

Safe & Found: Protecting People When it Matters Most

When MedicAlert is involved in a dementia-related wandering incident, more than 90% of individuals are safely returned home without harm. That outcome depends on recognition, preparation, and rapid access to reliable information — not luck.

Anne's experience illustrates how that system works in practice. A 74-year-old woman living with dementia, Anne wandered away from her Winnipeg home and became disoriented in cold conditions. Unable to communicate where she was or how to get home, she was increasingly vulnerable. What changed the outcome was a simple but critical moment: a Good Samaritan recognized Anne's MedicAlert ID and knew to act.

Through MedicAlert's 24/7 Emergency Response Hotline, Anne was quickly identified and reunited with her husband and care partner, John. What could have escalated into a prolonged search or serious harm was resolved safely — because the right information was available at the right time.

This is the purpose of Safe & Found, Canada's only national safety net designed specifically to support people living with dementia who are at risk of wandering. The program combines trusted identification, a national registry, round-the-clock emergency response, and partnerships with first responders and community members who know how to recognize and respond when someone is missing or disoriented.

In 2025, MedicAlert continued to strengthen the Safe & Found system by expanding partnerships and developing new supports for care partners. This work reflects a clear understanding: protection does not begin at the moment someone goes missing. It begins with preparation, awareness, and systems that are ready to respond.

Looking ahead, MedicAlert is preparing to launch a new suite of GPS-enabled safety solutions in 2026, designed to complement Safe & Found and respond to the realities families face every day. These tools are being developed with comfort, wearability, and ease of use in mind — and with systems designed to reduce uncertainty, not add complexity. For care partners, they offer an added layer of reassurance. For individuals living with dementia, they support independence while prioritizing safety.

Safe & Found demonstrates how expanding access to protection, supported by trusted partnerships and powered by reliable data, can turn moments of highest risk into outcomes of safety — and how access becomes even more powerful when information flows seamlessly across systems.

June 2017

The Next Generation 911 (NG911) system is announced as the Canadian Radio-Television and Telecommunications Commission (CRTC) requires all Public Safety Answering Points to upgrade networks and technology. The system upgrades the decades-old analog technology to a digital network that lays the groundwork for dispatchers to receive texts, photos, and videos from callers in the future.

Pillar 3: Data

Research: Data in Action

As MedicAlert has evolved alongside emergency response systems, we have also continued to grow as a data-informed organization. Through research collaborations and careful analysis of our data, we are learning more about dementia-related wandering, the realities our subscribers face, and where the system is leaving people behind.

“Our unique dataset allows us to see patterns others can’t. When we translate that insight into action, we strengthen emergency response systems and improve outcomes for people and families across Canada,” said Stefanie Tan, MedicAlert Vice President, Research.

EarlyAlert: From Published Research to Predictive Prevention

The EarlyAlert project represents a paradigm shift from reactive emergency response to proactive prevention of wandering incidents related to dementia. Based on the peer-reviewed study published in BMC Geriatrics (Cruz et al., 2024), the EarlyAlert algorithm was developed by applying evidence-based risk factors identified in the study to create a risk stratification tool. The tool aims to identify MedicAlert subscribers at elevated risk for wandering incidents.

In 2025, EarlyAlert completed an initial retrospective validation of the tool with promising results. All six reviewed wandering incidents studied occurred among individuals identified as medium risk, while no incidents occurred among those categorized as low risk.

EarlyAlert transforms research into action by enabling targeted monitoring and prevention strategies for individuals at elevated risk. Rather than responding after a crisis occurs, MedicAlert is now positioned to help “take the worry out of wandering” through systematic, evidence-based prevention. Future phases will focus on establishing a long-term road map through the formation of an EarlyAlert Advisory Board to guide strategic research priorities and implementation pathways, ensuring we continue to deliver meaningful real-world prevention solutions.

DHOMA: Supporting Independent Living through Collaborative Innovation

The Dementia Home Operations Monitoring Assessment (DHOMA) project addresses a critical and underserved population: people living with dementia who reside alone, representing 20–30% of those living with dementia. These individuals face heightened safety risks, while caregivers often experience significant stress and uncertainty.

DHOMA is an 18-month innovation study evaluating passive in-home monitoring systems designed to support safe independent living while reducing caregiver burden. The project brings together complementary expertise from multiple partners: MedicAlert as the Community Lab and Project Lead; Josephine Care, provider of innovative passive monitoring technology; and CIUSSS du Nord-de-l’Île-de-Montréal, contributing innovative evaluation expertise. This collaborative framework ensures that technology, research, and community needs are aligned from the outset.

In 2025, DHOMA achieved several key milestones and funding successes, most notably through the envisAGE initiative, a national funding program supporting AgeTech innovations, and complementary funding support from the Québec government’s Ministère de l’Économie, de l’Innovation et de l’Énergie (MEIE).

With active recruitment to begin in 2026, DHOMA aims to demonstrate how passive monitoring can reduce caregiver distress while enabling individuals with dementia to live safely at home longer.

Missing Person Case Scenarios: Translating Data into Practice

In partnership with the University of Waterloo, MedicAlert contributed anonymized data from 589 missing incidents involving 454 subscribers to develop a comprehensive set of Missing Person Case Scenarios. These real-world scenarios translate data into practical learning tools.

This knowledge product is designed to inform the development of Good Samaritan programs that train community members to recognize and assist missing persons with dementia, and to enhance first responder training curricula across police, fire, and emergency medical services. By turning data into actionable scenarios, MedicAlert is shaping how communities recognize and respond to dementia-related wandering—demonstrating the real-world impact of emergency identification beyond the moment of crisis.

Unleashing our Data

MedicAlert’s 2025 research portfolio demonstrates a steady transformation into a data-informed organization driving systemic change. Through rigorous research, collaborative partnerships, and a commitment to evidence-based practice, we are not only improving emergency response—we are shaping the future of prevention, policy, and public safety.

As we look to the future, MedicAlert remains committed to leading through research and innovation, ensuring that data does more than describe risk—it helps prevent it, protect lives, and strengthen systems for all Canadians.

Late 2024

MedicAlert completes a groundbreaking pilot with the Ottawa Police Service, known as HELP 9-1-1, our Health Exchange Linking Emergency Police initiative. It is the first-ever direct integration between a subscriber’s MedicAlert health record and a 911 Computer-Aided Dispatch system in Canada. Instead of requiring first responders to identify an ID on scene and call our 24/7 Hotline, critical health information flowed automatically — securely, accurately, and in under one second — the moment a 911 call was received.

Health Data as Infrastructure: From Policy to Practice

MedicAlert's mission has been clear from the beginning: to ensure that critical health information is available when it matters most. What began as a simple idea has evolved into something far more complex — and far more essential. Today, MedicAlert is helping lead a national conversation about how health data should function in Canada: not as a byproduct of care or a compliance exercise, but as critical public infrastructure.

This perspective has shaped MedicAlert's thought leadership and advocacy over the past year under the leadership of President and CEO Leslie McGill. Through public commentary, policy engagement, and national platforms — including an appearance on the Canadian Institute for Health Information (CIHI) podcast — McGill has emphasized the urgent need to move from fragmented digital health systems to true interoperability. MedicAlert's Health Exchange Linking Police (HELP) 9-1-1 Project in Ottawa, which securely connects subscriber health information directly into 9-1-1 dispatch systems, demonstrates what is possible when data is treated as infrastructure and designed to perform under pressure.

MedicAlert's Safe & Found program is another strong example of what's possible. MedicAlert operates Canada's only national wandering registry, working with police, paramedics, and search and rescue to share essential health and behavioural data 24/7. Our research shows that in 90% of wandering cases where MedicAlert is involved, the person is returned home safely. As McGill wrote in a 2025 LinkedIn article: "It's proof that when information is shared effectively across systems, outcomes improve."

This advocacy work is particularly relevant as Canada considers Bill C-72, the Connected Care for Canadians Act. The proposed legislation represents an important step forward, laying legal groundwork to prohibit data blocking, promote interoperability, establish a Canadian Health Data Council, and define core data standards. These are necessary conditions for progress, but legislation alone is not infrastructure.

Without funded implementation, national standards, and clear measurement of outcomes, fragmentation persists. The consequences are real: duplicated tests, delayed diagnoses, inefficient care coordination, and patients and caregivers forced to repeat critical information again and again.

MedicAlert's experience offers a practical counterpoint. "For decades, we have enabled health information to flow across jurisdictions, vendors, and responders," said McGill. "This work has taught us that interoperability is not just a technical challenge. It requires aligned incentives, shared standards, and accountability across governments, providers, and vendors."

As Canada moves forward, what is needed now is execution: investment tied to measurable outcomes, shared analytics that make system-level inefficiencies visible, and national accountability frameworks that ensure progress over time. Access to data is not enough. Interoperability must be standards-based, enforced, and designed in the public interest.

MedicAlert will continue to contribute its expertise, experience, and voice to this conversation. Because health data is infrastructure — and infrastructure only works when it connects.

2025

MedicAlert begins work on GPS wearables. This project extends our mission, helping people live independently with dignity while giving families reassurance when safety risks arise in everyday life. Built on MedicAlert's unique combination of a managed health record and 24/7 support, it connects location, medical context, and human response—so help doesn't just locate, it answers. Success means less uncertainty for families, faster and calmer response in critical moments, and a trusted new safety solution that strengthens MedicAlert's credibility and long-term impact.

Funding the Mission: Innovation & Social Enterprise

Innovation with Purpose

Innovation at MedicAlert is not about adding products — it is about sustaining protection. As needs evolve and systems change, innovation plays a critical role in ensuring MedicAlert remains accessible, relevant, and financially resilient for the people who rely on us.

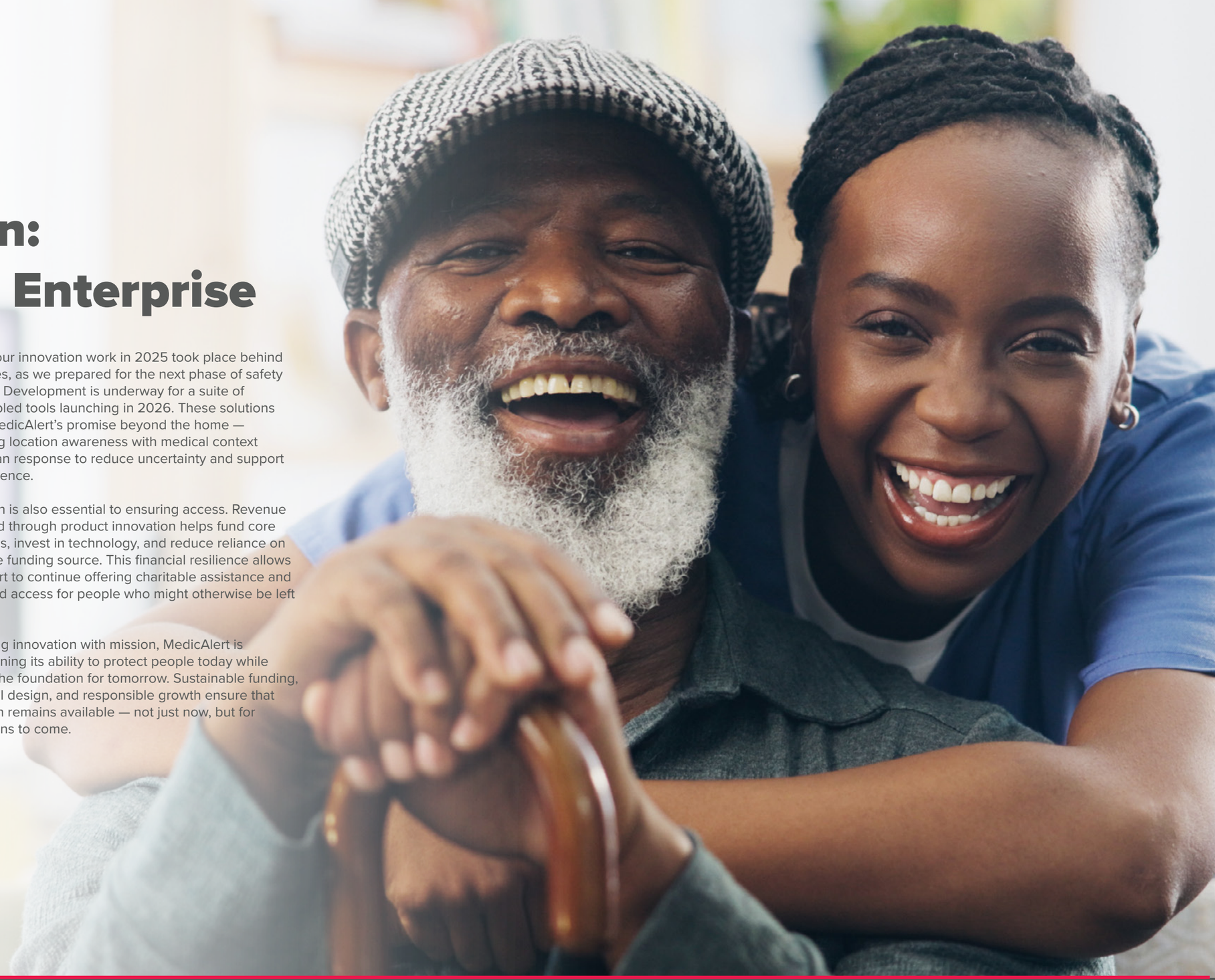
In 2025, we continued to invest in modern forms of identification that integrate seamlessly into daily life. Products such as the Smartwatch Band ID reflect a broader strategy: meeting people where they are, reducing friction in how protection is worn and used, and ensuring that MedicAlert remains part of everyday routines. When protection is intuitive, more people choose it — strengthening both safety outcomes and long-term sustainability.

We also expanded our Designer Collection through collaborations with Canadian and Indigenous designers. Beyond aesthetic appeal, these partnerships support local creativity while broadening engagement with MedicAlert's mission. Design-forward options help attract new audiences, grow earned revenue, and reinforce MedicAlert's role as a purpose-driven social enterprise.

Much of our innovation work in 2025 took place behind the scenes, as we prepared for the next phase of safety solutions. Development is underway for a suite of GPS-enabled tools launching in 2026. These solutions extend MedicAlert's promise beyond the home — combining location awareness with medical context and human response to reduce uncertainty and support independence.

Innovation is also essential to ensuring access. Revenue generated through product innovation helps fund core operations, invest in technology, and reduce reliance on any single funding source. This financial resilience allows MedicAlert to continue offering charitable assistance and subsidized access for people who might otherwise be left out.

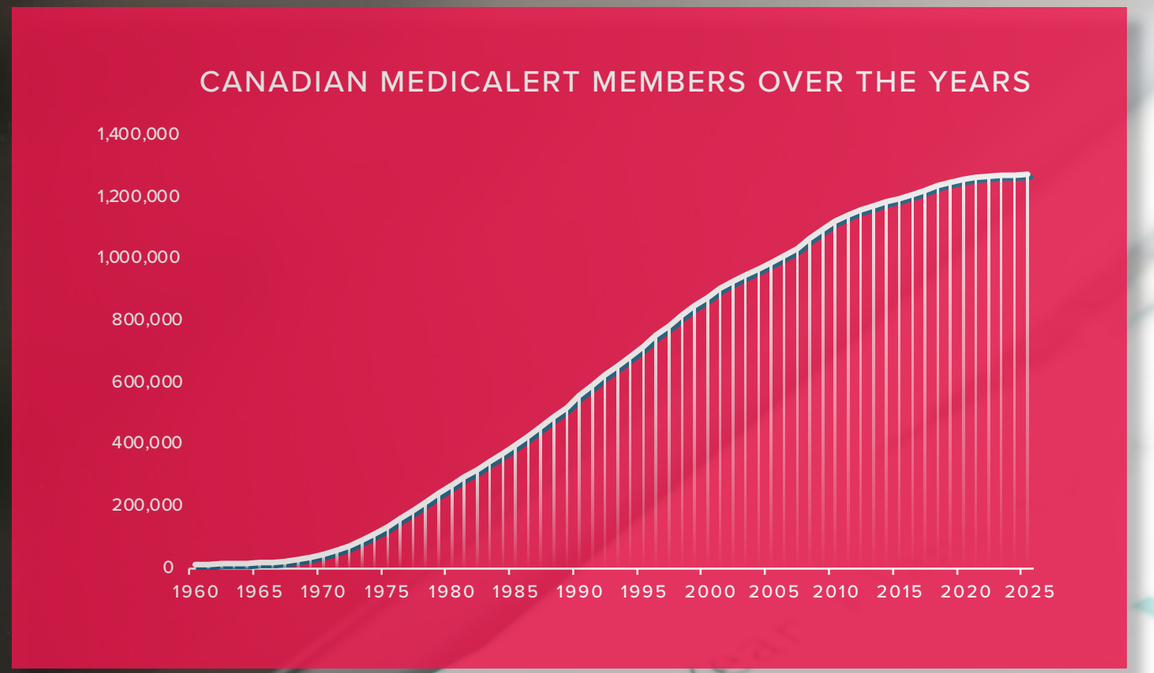
By aligning innovation with mission, MedicAlert is strengthening its ability to protect people today while building the foundation for tomorrow. Sustainable funding, thoughtful design, and responsible growth ensure that protection remains available — not just now, but for generations to come.

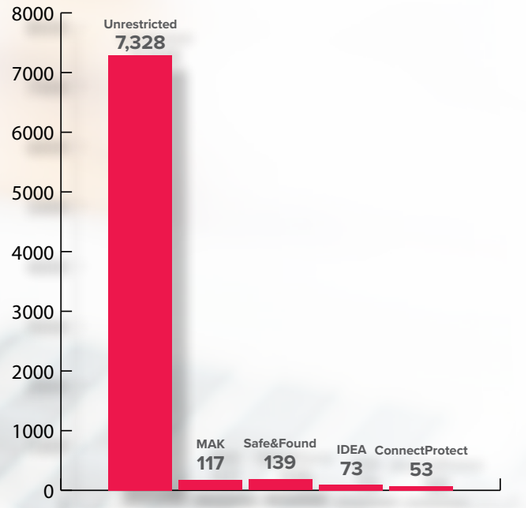


Looking Forward: Innovation Driven by Purpose

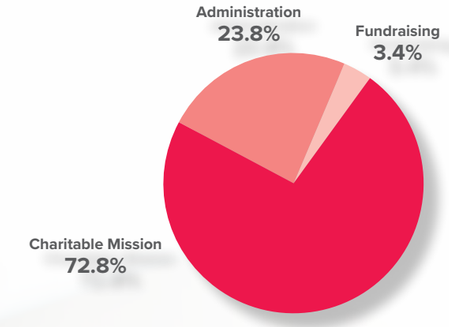
For 65 years, MedicAlert has evolved alongside Canada's emergency response systems — from engraved bracelets to integrated digital health profiles. But our mission remains unchanged: ensuring that the right information gets to the right people at the right moment.

MedicAlert by the Numbers

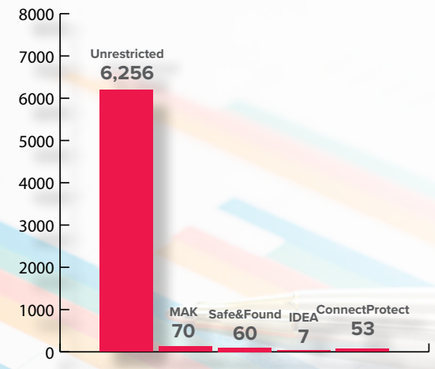




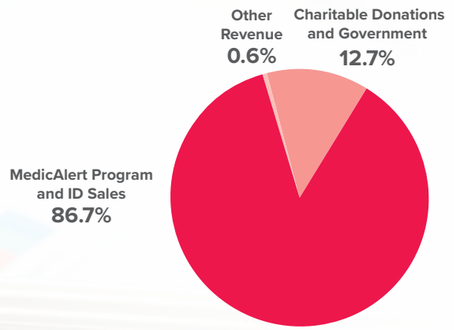
TOTAL NUMBER OF DONATIONS: 7,710



TOTAL EXPENSES



TOTAL NUMBER OF DONORS: 6,446



TOTAL REVENUE

Looking Forward: Innovation Driven by Purpose

As the country prepares for NG911 and emerging technologies reshape the future of public safety and healthcare, MedicAlert will continue to lead with innovation grounded in purpose. Our commitment to protecting Canadians living with chronic and complex health conditions remains as strong as ever — and our journey from ID to data-driven health profile is only the beginning of what comes next. The next phase is about scaling what works—safely, securely, and equitably—so more Canadians can benefit.

Looking Ahead: The Next Chapter After 65

MedicAlert was created to solve a simple but urgent problem: how to ensure critical health information is available when someone cannot speak for themselves. That idea reshaped emergency response in Canada. Today, as health systems grow more complex and emergencies more unpredictable, the need for MedicAlert has not diminished — it has evolved.

The story of 2025 is not only one of impact delivered, but of foundations laid. MedicAlert has grown into a national, data-enabled safety net that connects people, their health information, and the systems designed to protect them. The work of the past year positions us to move confidently into the next phase of our mission.

Our Strategic Plan sets a clear direction for the years ahead, focused on three interconnected priorities. We are strengthening **partnerships** by expanding integration with first responders and emergency response systems. We are increasing **access** by reducing barriers and developing scalable delivery models that reach underserved populations. And we are advancing **data** as a force for prevention — generating evidence, translating insight into action, and contributing to national conversations on health and public safety.

In practical terms, this means continuing to expand programs such as Safe & Found, scaling education and support tools, deepening interoperability across emergency response, and translating research into real-world prevention and system change. It also means launching mission-sustaining technologies responsibly, ensuring innovation strengthens both impact and long-term viability.

Delivering this next chapter will require collaboration. We are seeking partners and funders who share our belief that better information saves lives — and who are ready to help scale access, embed interoperability where it matters most, and accelerate evidence-based prevention. As we move forward, we are committed to measuring progress against our strategic priorities and reporting transparently on results.

Our 65th anniversary is not a destination. It is a milestone that reflects trust earned over generations — and a responsibility to what comes next. The future we are building is one in which no family faces an emergency without support, no first responder must guess in a moment of crisis, and no person is unseen because vital information was inaccessible.

Together, we can write the next chapter — and ensure MedicAlert remains a lifeline for generations to come.

Thank You

MedicAlert Foundation Canada would like to extend a sincere thank you to all our donors. Without your support, we would be unable to continue our work of protecting people in their most vulnerable moments. You make possible all that we do – thank you!

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Katharine Harris – Vice President, Marketing, Communications & Philanthropy
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Financial statements of

Canadian Medic-Alert Foundation Incorporated

December 31, 2025

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Bay Adelaide East
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Toronto ON M5H 0A9
Canada

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Independent Auditor's Report

To the Members of
Canadian Medic-Alert Foundation Incorporated

Opinion

We have audited the financial statements of Canadian Medic-Alert Foundation Incorporated (the "Foundation"), which comprise the statement of financial position as at December 31, 2025, and the statements of operations and changes in net assets, and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Foundation as at December 31, 2025, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards ("Canadian GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Foundation in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Foundation's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Foundation or to cease operations, or has no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian GAAS will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Foundation's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Foundation's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Foundation to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Deloitte LLP

Chartered Professional Accountants
Licensed Public Accountants
April 14, 2026

Canadian Medic-Alert Foundation Incorporated

Statement of financial position

As at December 31, 2025

	Notes	2025 $	2024 $
Assets			
Current assets			
Cash		**343,311**	673,163
Investments	3	**6,988,949**	7,615,739
Restricted investment	3	**25,000**	50,000
Accounts receivable	5	**40,133**	16,194
Inventory		**79,663**	64,683
Prepaid expenses		**40,396**	15,776
		7,517,452	8,435,555
Capital assets	4	**72,501**	85,807
		7,589,953	8,521,362
Liabilities			
Current liabilities			
Accounts payable and accrued liabilities	5	**579,290**	911,124
MedicAlert program prepayments		**49,912**	82,874
Deferred lease liability		**74,256**	86,462
Deferred revenue – future services	6	**2,302,306**	2,164,756
Deferred revenue – other	6	**11,250**	—
Deferred revenue – restricted contributions	7	**90,913**	168,827
		3,107,927	3,414,043
Deferred revenue – long-term future services	6	**999,042**	1,189,978
		4,106,969	4,604,021
Net assets			
Invested in capital assets		**72,501**	85,807
Operating fund		**3,410,483**	3,831,534
		3,482,984	3,917,341
		7,589,953	8,521,362

The accompanying notes are an integral part of the financial statements.

Approved by the Board

DocuSigned by:
Leslie Quinton
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, Director

Signed by:
Stacey Myers
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, Director

Canadian Medic-Alert Foundation Incorporated

Statement of operations and changes in net assets

Year ended December 31, 2025

	Notes	2025 $	2024 $
Revenue			
MedicAlert program fees	6	**4,350,226**	4,416,228
MedicAlert IDs		**902,701**	1,128,062
Restricted contribution revenue	7	**238,753**	293,656
Donations		**530,087**	555,396
Other revenue		**33,750**	—
		6,055,517	6,393,342
Expenses			
MedicAlert program services	8	**2,633,231**	2,524,391
Marketing and communications	8	**884,359**	929,520
Governance and administration	8	**1,439,621**	1,318,789
Cost of MedicAlert IDs	8	**351,374**	521,867
Restricted programs	7 and 8	**1,005,663**	1,167,805
Fundraising		**232,051**	237,076
License fees	9	**154,171**	190,542
		6,700,470	6,889,990
Deficiency of revenue over expenses before the undernoted items		**(644,953)**	(496,648)
Other income			
Realized loss on sale of investments		**—**	(6,299)
Investment income		**210,596**	393,129
		210,596	386,830
Deficiency of revenue over expenses for the year		**(434,357)**	(109,818)
Net assets, beginning of year		**3,917,341**	4,027,159
Net assets, end of year		**3,482,984**	3,917,341

The accompanying notes are an integral part of the financial statements.

Canadian Medic-Alert Foundation Incorporated

Statement of cash flows

Year ended December 31, 2025

	2025 $	2024 $
Operating activities		
Deficiency of revenue over expenses	**(434,357)**	(109,818)
Items not affecting cash		
Amortization	**13,306**	14,036
Realized loss on sale of investments	**—**	6,299
	(421,051)	(89,483)
Changes in non-cash operating items		
Accounts receivable	**(23,939)**	29,414
Inventory	**(14,980)**	1,890
Prepaid expenses	**(24,620)**	29,343
Accounts payable and accrued liabilities	**(331,834)**	299,669
MedicAlert program prepayments	**(32,962)**	36,957
Deferred lease liability	**(12,206)**	86,462
Deferred revenue – future services	**(53,386)**	901,395
Deferred revenue – other	**11,250**	—
Deferred revenue – restricted contributions	**(77,914)**	(59,173)
	(560,591)	1,325,957
	(981,642)	1,236,474
Investing activities		
Net redemption (purchase) of investments	**626,790**	(1,334,139)
Net redemption of restricted investment	**25,000**	25,000
	651,790	(1,309,139)
Net cash outflow	**(329,852)**	(72,665)
Cash, beginning of year	**673,163**	745,828
Cash, end of year	**343,311**	673,163

The accompanying notes are an integral part of the financial statements.

1. Purpose of the Foundation

The Canadian Medic-Alert Foundation Incorporated ("MedicAlert" or the "Foundation") is a national charitable organization focused on saving lives and protecting individuals by providing personalized medical information to emergency response services. These services ensure that first responders and healthcare providers have immediate access to critical health information, enabling effective and timely care.

Incorporated under the laws of Ontario without share capital, the Foundation continues under the federal *Canada Not-for-Profit Corporations Act (*"CNCA") and is a registered charity exempt from income tax under the *Income Tax Act*.

Since 1961, the Foundation has advanced health by offering life-saving services and providing healthcare information to medical professionals, caregivers, and emergency responders. The Foundation also supports education through research on public health and medical issues, and shares these findings to improve health outcomes. Additionally, the Foundation provides educational programs for healthcare providers, schools, and the public to promote health literacy and awareness.

2. Significant accounting policies

These financial statements have been prepared in accordance with the Canadian accounting standards for not-for-profit organizations published by the Chartered Professional Accountants of Canada, using the deferral method of accounting for restricted contributions.

Financial instruments

Financial assets and financial liabilities are initially recognized at fair value when the Foundation becomes a party to the contractual provisions of the financial instrument. Subsequently, all financial instruments are measured at amortized cost, with the exception of cash and investments which are measured at fair value. Changes in fair value are recorded in the statement of operations and changes in net assets. Financial instruments reported on the statement of financial position are measured as follows:

Asset/liability	Category
Cash	Fair value
Short-term investments	Amortized cost
Restricted investment	Amortized cost
Accounts receivable	Amortized cost
Accounts payable and accrued liabilities	Amortized cost

Financial assets measured at amortized cost are assessed at each reporting date for indications of impairment. If such impairment exists, the asset is written down and the resulting impairment loss is recognized in the statement of operations and changes in net assets.

Transaction costs are expensed as they are incurred.

The Foundation has investments and restricted investments in guaranteed investment certificates, which are recorded at amortized cost using the effective interest method.

Inventory

Inventory is valued at the lower of cost and net realizable value.

2. Significant accounting policies (continued)

Capital assets

Capital assets are recorded at cost. Amortization is provided over the estimated useful lives using the following methods and annual rates:

Assets	Method	Rate
Computer hardware	Straight-line	4 years
Office equipment	Straight-line	10 years
Leasehold improvements	Straight-line	Over the term of the lease

Capital assets acquired during the year are amortized at one-half the standard annual rate.

Deferred lease liability

Deferred lease liability consists of a leasehold improvement allowance which is amortized on a straight-line basis over the term of the lease.

Deferred revenue-future services and other

Deferred revenue-future services represents MedicAlert program fees (formerly membership fees) collected but not yet earned as the term of the service plan has not yet expired.

Deferred revenue-other represents funds received where the stipulations of the funding have not yet been met.

MedicAlert program prepayments

MedicAlert program prepayments (formerly member prepayments) represent paid orders which have not yet been processed.

Revenue recognition

Registration fees are recognized when a new MedicAlert program member's file is completed and a MedicAlert number has been assigned.

MedicAlert program fees are recognized on the straight-line basis over the term of the service plan.

MedicAlert ID sales (formerly product sales) are recognized when orders are placed with the ID suppliers.

The Foundation follows the deferral method of accounting for contributions. Restricted contributions, donations and grants are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions, donations and grants are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Other revenue is recognized as revenue when earned.

Allocation of expenses

Certain officers and employees perform a combination of program and administrative functions; as a result, salaries and benefits are allocated based on the time dedicated to the functional activity. Other organizational expenses used to support the programs are also allocated based on transaction volumes and management estimates. Such allocations are reviewed regularly by the Foundation.

2. Significant accounting policies (continued)

Use of estimates

The preparation of financial statements in accordance with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions. These estimates and assumptions affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates. Accounts requiring significant estimates and assumptions include the useful lives of capital assets, accrued liabilities and those expenses subject to allocation.

3. Investments

Investments are comprised of:

	2025		2024	
	Market value	**Cost**	Market value	Cost
	$	**$**	$	$
Guaranteed Investment Certificates (GIC)				
Restricted GIC	**25,000**	**25,000**	50,000	50,000
Unrestricted GIC	**6,988,949**	**6,988,949**	7,615,739	7,615,739
	7,013,949	**7,013,949**	7,665,739	7,665,739

Included in investments is a GIC in the amount of $25,000 ($50,000 in 2024) which was purchased as security for the Foundation's new lease, and therefore is not available for use by the Foundation. The GIC is renewed annually, and the lessor will no longer require the Foundation to hold the secured investment as of January 31, 2027.

4. Capital assets

			2025	2024
	Cost	**Accumulated amortization**	**Net book value**	Net book value
	$	**$**	**$**	$
Computer hardware	**7,372**	**4,608**	**2,764**	4,607
Leasehold improvements	**114,637**	**44,900**	**69,737**	81,200
	122,009	**49,508**	**72,501**	85,807

5. Government remittances/receivables

Included in accounts receivable is a net receivable of $18,302 (net receivable of $8,419 in 2024) representing government remittances relating to payroll, commodity tax rebates and commodity taxes receivable.

6. Deferred revenues – future services and other

The Foundation has an obligation to maintain an emergency information service for its MedicAlert program members and updates their records annually through an outreach campaign. Deferred revenue consists of the unrecognized revenue from the sale of MedicAlert program fees.

The deferred revenue for future services consists of:

	2025	2024
	$	$
Balance, beginning of year	**3,354,734**	2,453,339
MedicAlert program fees received	**4,296,840**	5,317,623
	7,651,574	7,770,962
MedicAlert program fees recognized as revenue	**(4,350,226)**	(4,416,228)
	3,301,348	3,354,734
Less: current portion	**(2,302,306)**	(2,164,756)
	999,042	1,189,978

In 2025, the Foundation entered into a partnership agreement with an arm's length third party. Included in deferred revenue-other is a balance of $11,250 ($0 in 2024) which has not been earned as per the agreement.

7. Deferred revenues – restricted contributions

	No child without	**Safe and found**	**IDEA**	**Education**	**Other[(1)]**	**2025 Total**
	$	**$**	**$**	**$**	**$**	**$**
Restricted deferred revenue, beginning of year	**12,500**	**118,671**	**1,102**	**6,500**	**30,055**	**168,828**
New donations received	**4,005**	**13,351**	**2,185**	**4,025**	**—**	**23,566**
New grants received	**26,250**	**60,000**	**—**	**—**	**39,872**	**126,122**
New lotteries received	**—**	**—**	**11,150**	**—**	**—**	**11,150**
Contributions recognized into revenue	**(32,755)**	**(111,109)**	**(14,437)**	**(10,525)**	**(69,927)**	**(238,753)**
Restricted deferred revenue, end of year	**10,000**	**80,913**	**—**	**—**	**—**	**90,913**
Total expenditures incurred on the program	**345,140**	**409,828**	**93,719**	**156,976**	**69,927**	**1,075,590**

(1) Other is comprised of other funding received which has stipulations for the use of the funds. The expenditures incurred of $69,927 have been included in total MedicAlert program services expenses of $2,633,231.

	No child without	Safe and found	IDEA	Education	Other	2024 Total
	$	$	$	$	$	$
Restricted deferred revenue, beginning of year	28,000	200,000	—	—	—	228,000
New donations received	2,818	11,662	3,245	15,440	—	33,165
New grants received	38,500	70,000	—	6,500	59,808	174,808
New lotteries received	9,830	—	16,680	—	—	26,510
Contributions recognized into revenue	(66,648)	(162,992)	(18,823)	(15,440)	(29,753)	(293,656)
Restricted deferred revenue, end of year	12,500	118,670	1,102	6,500	30,055	168,827
Total expenditures incurred on the program	280,472	485,021	119,123	283,189	29,753	1,197,558

8. Allocation of expenses

The Foundation allocates salaries, benefits, and other expenses based on the time and resources dedicated to the restricted programs. Marketing costs incurred on restricted programs were recognized in restricted program expenses directly.

Salaries and benefits and other expenses for fiscal 2025 and 2024 are allocated based on management estimates as follows:

	MedicAlert program services & other[(1)] %	**No child without %**	**Safe and found %**	**IDEA %**	**2025 Education %**
Salaries and benefits	**89**	**3**	**6**	**1**	**1**
Systems	**93**	**1**	**2**	**1**	**3**
Corporate and administration	**89**	**3**	**3**	**2**	**3**
Cost of MedicAlert IDs	**91**	**4**	**4**	**1**	**—**

	Membership services & other[(1)] %	No child without %	Safe and found %	IDEA %	2024 Education %
Salaries and benefits	88	4	6	1	1
Systems	95	1	2	1	1
Corporate and administration	89	2	5	2	2
Cost of MedicAlert IDs	89	5	5	1	—

(1) Other is comprised of expenses from marketing and communications, governance and administration and cost of product sales.

Total expenses subject to allocation:

	2025 $	2024 $
Salaries and benefits	**3,387,362**	3,320,177
Systems	**544,084**	372,110
Corporate and administration	**393,532**	712,186
Cost of MedicAlert IDs	**103,686**	101,454
	4,428,664	4,505,927

8. Allocation of expenses (continued)

The expenses noted above are allocated on the statement of operations and changes in net assets as follows:

	2025 **$**	2024 $
Restricted programs[1]	**479,107**	504,902
MedicAlert program services[2]	**2,117,774**	2,131,444
Marketing and communications[3]	**647,204**	622,861
Governance and administration[4]	**1,090,605**	1,156,060
Cost of MedicAlert IDs[5]	**93,974**	90,660
	4,428,664	4,505,927

(1) Included in restricted program expenses of $1,005,663 ($1,167,805 in 2024)

(2) Included in total MedicAlert program services expenses of $2,633,231 ($2,524,391 in 2024)

(3) Included in total marketing and communications expenses of $884,359 ($929,520 in 2024)

(4) Included in total governance and administration expenses of $1,439,621 ($1,318,789 in 2024)

(5) Included in total cost of MedicAlert IDs expenses of $351,374 ($521,867 in 2024)

9. Licensing agreement

The Foundation has a renewable license agreement with MedicAlert Foundation United States, Inc. ("licensor") which has been effective since January 21, 2009. The license agreement stipulates that the license term lasts for five years and is automatically extended for a further period of five years upon expiry without limit. The license agreement provides the Foundation with the use of the MedicAlert registered trade name, trademark and service mark. Under the terms of the license agreement, the Foundation pays annual royalties of 3% on MedicAlert program fees and other income derived from the sale of MedicAlert services and emblems. The Foundation also paid $50,564 ($41,619 in 2024) in fees for Hotline support. Additionally, during the year the Foundation purchased $36,591 ($12,768 in 2024) of inventory from the licensor.

10. Commitments

The Foundation is committed to a lease for its current premises expiring in 2032. The minimum annual payments are as follows:

	Total $
2026	28,572
2027	28,572
2028	28,572
2029	28,572
2030	28,572
Thereafter	30,953
	173,813

11. Guarantees

In the normal course of business, the Foundation enters into agreements that meet the definition of a guarantee. The Foundation indemnifies all directors, officers, employees, agents, and MedicAlert program members for various items including, but not limited to, all costs to settle suits or actions due to services provided to the Foundation, subject to certain restrictions. The Foundation has purchased liability insurance to mitigate the costs of any potential future suits or actions. The amount of any potential future payment cannot be reasonably estimated.

The nature of these indemnification agreements prevents the Foundation from making a reasonable estimate of the maximum exposure due to difficulties in assessing the amount of liability which stems from the unpredictability of future events and the unlimited coverage offered to counterparties. Historically, the Foundation has not made any significant payments under such or similar indemnification agreements and therefore no amount has been accrued with respect to these agreements.

12. Risk management

Interest rate risk

The Foundation is exposed to interest rate risk on its investments. The Foundation does not use any hedging instruments to manage this risk as the investments held by the Foundation are GICs.

Credit risk

The Foundation’s credit risk is primarily attributable to its accounts receivables. The Foundation manages this risk through proactive collection polices.

Market risk

Market risk is the risk that the fair value or future cash flows of the Foundation’s financial instruments will fluctuate because of changes in market prices.

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