MedicAlert saves lives.

We’ll speak when you can’t.

Paramedics, police and other emergency responders are trained to look for the official MedicAlert emblem, and then respond immediately to your unique needs.

“The night we found Maria, her MedicAlert bracelet and quick response from the hotline service provided us with the details we needed to get her home quickly and safely.”

Constable Shawn Richard
Ontario Provincial Police
Niagara Falls Detachment

The emergency responders’ first choice.

Do you or a loved one live with one of these conditions?

If you have one or more of the following conditions, consider signing up for MedicAlert today.

Medical and cognitive conditions
including Alzheimer’s, asthma, autism, diabetes and heart disease

Medications
including Beta blockers, blood thinners and insulin

Allergies
including allergies to animals, nuts, bee stings, drugs and other

Devices
including artificial heart valve, cochlear implant, insulin pump and pacemaker

Talk to your doctor or healthcare professional about MedicAlert.

MedicAlert is so much more than your ID.

Other IDs stop at basic engraving on an emblem. MedicAlert keeps your up-to-date medical profile in a secure database. In a crisis, an emergency responder can access this vital information, and respond to your needs with confidence.


<table>
<thead>
<tr>
<th>Benefits</th>
<th>MedicAlert</th>
<th>Other ID providers or Drug Store IDs</th>
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<tbody>
<tr>
<td>24/7 Emergency Hotline with live agents</td>
<td>✔</td>
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<tr>
<td>Emergency responders can access your detailed, up-to-date medical profile</td>
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<td>Family notification service</td>
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<td>Your ID is reviewed by medically trained staff</td>
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<td>Free mobile app</td>
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Canada’s #1 choice. Make it yours.

Join MedicAlert subscribers coast-to-coast who wouldn’t trust any other medical ID service. Sign up today.

> VISIT US ONLINE medicalert.ca
> CALL US 1.855.724.2499
Monday – Friday / 9 a.m. – 8 p.m., EST
> MAIL THE COMPLETED FORM TO MedicAlert Foundation Canada Morneau Shepell Centre II 895 Don Mills Road, Suite 600 Toronto, ON M3C 1W3

“Why should I compromise on something that could save my life?”

Why Maggie chooses MedicAlert:
Only globally accepted medical standards are used.
We save lives.
No other medical ID service offers you the range of benefits that MedicAlert does:

Your voice in an emergency.
If you’re too hurt or ill to speak, MedicAlert tells emergency responders what they need to know about you—and empowers them to make informed medical decisions.

Engraved using globally-accepted terminology.
Our medically trained specialists ensure that only standardized medical terminology is used on your ID—terminology preferred by emergency responders.

Critical assistance in seconds.
The exclusive 24/7 Emergency Hotline with live agents relays your key medical information to emergency responders.

Family notification service.
We’re the only medical identification service that notifies your family of your situation and location in an emergency.

If the ID doesn’t say MedicAlert, it’s not MedicAlert.

The most trusted medical identification service. Period.
For over 55 years, MedicAlert has been providing Canadians with lifesaving service and protection. We are your voice when you are unable to speak.

To sign up, call 1.855.724.2499, visit medicalert.ca or return the completed form attached.

To explore our selection of more than 150 styles, visit medicalert.ca/styles

Special offer for you!
$10 OFF any ID*

USE OFFER CODE HCP19N

Leather Cuff in Signature Red. Stainless Steel (length: 6” - 7.5”) $149 / #397 (length: 6” - 8”)

Eclipse Time Watch - White (length: 6” - 8”) $189 / #397 (length: 6” - 8”)

Crystal Adjustable Bolo Bracelet (length: 5”, 6”, 6.75”) $70 / #223

Crystal Round Link Bracelet (length: 5”, 6” - 6.5”) $70 / #223

AmberBay Square Bracelet, Stainless Steel (length: 6” - 6.5”) $70 / #223

Sterling Silver Bracelet - Large Engraved Bracelet (length: 5” - 7” in half size increments) $129 / #201

Black Cross Dog Tag Pendant (length: 20” - 24”) $89 / #225

Emblem (length: 5” - 9” in half size increments) $149 / #397

Sterling Silver Bracelet - Small Emblem, Black (length: 5” - 6” in half size increments) $109 / #450

Sterling Silver Bracelet - Small Emblem, White (length: 5” - 6” in half size increments) $109 / #450

Sterling Silver Bracelet - Small Emblem, Silver (length: 5” - 6” in half size increments) $109 / #450

Finger Silver Bracelet, Small Emblem (length: 5” - 6” in half size increments) $109 / #450

Finger Silver Bracelet, Medium Emblem (length: 5” - 6” in half size increments) $109 / #450

Finger Silver Bracelet, Large Emblem (length: 5” - 6” in half size increments) $109 / #450

(All prices are subject to change without notice.

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(All prices are subject to change without notice.

† Available in multiple colors. Visit medicalert.ca for more details.

* Offer subject to any manufacturer plans only. Cannot be combined with any other offer, some exceptions apply.
1. Visit medicalert.ca/styles and choose from over 150 ID styles
2. Measure your wrist size if ordering a bracelet or watch
3. Place the product code, product name, preferred size ( sizing information on product page) and price in the appropriate columns
4. Fill out the order form as directed (combined provincial tax, service plan, payment option)
5. Mail completed order form to: MedicAlert Foundation Canada, Monroes Shelpet Centre 8, 895 Don Mills Road, Suite 600, Toronto, ON M3C 1W3

ORDER FORM

<table>
<thead>
<tr>
<th>PRODUCT CODE</th>
<th>PRODUCT NAME</th>
<th>SIZE</th>
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ID Discount Offer Code:

Shipping & Handling: D $ 8.99

Taxable Amount: (add lines A, B & D; subtract C)

Sales Tax: (Line E x prov. tax from chart on left)

METHOD OF PAYMENT

☐ Check

☐ Credit Card

☐ American Express

☐ VISA

☐ MasterCard

☐ Bank Account Debit

I authorize MedicAlert Foundation Canada to debit my bank account for payments and costs (void cheque enclosed).

☐ As per the plan I selected above, I give permission to charge my credit card or debit my bank account (void cheque enclosed) accordingly to keep me protected.

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").

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 Plan: Payment is due for the entire Annual Prepaid Plan prior to the beginning of the committed period. I will notify MedicAlert of any changes in my 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 will be notified of the fee and any changes by MedicAlert before my account is changed, and for all subsequent monthly charges. Annual Prepaid Plan will be notified by MedicAlert before the expiration of the Service Plan. 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. Cancelation of Services: I may cancel at any time by completing a Release Form, available by calling 1-855-581-3799. 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. 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 we reasonably believe there has been a violation of this Agreement; (iv) you have failed to make any required payments; (v) we reasonably believe the Services are being used for fraudulent or unlawful purposes; or (vi) 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, any claims, actions, proceedings, damages and losses arising out of or in connection with errors or omissions in my Personal Information; or 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.

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").

☐ I will review and confirm my Personal Information at least once per year and will advise MedicAlert promptly of any errors 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 party services, 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. Responders and MedicAlert and Responders may contact my identified emergency contacts ("Contacts") to administer the Services in an emergency or a situation deemed emergent. MedicAlert may use my Personal Information 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.

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 Subscriber: ______________

Note: 

1. Prices are subject to change without notice.
2. Cannot be combined with any other offer.
3. ID Discount Offer Code: 2 cannot be combined with any other offer.
4. As per the plan I selected above, I give permission to charge my credit card or debit my bank account (void cheque enclosed) accordingly to keep me protected.

GST/HST Registration # 10686 3293 • GST Reg. 10022707074 National Registered Charity # 10686 3293 RR0001

PERMISSION BOX

☐ I give MedicAlert permission to send New Product Information, Exclusive Offers and Promotions by email
Personal Information

Are you, or have you ever been a MedicAlert® subscriber? ❑ No ❑ Yes ❑ Yes MedicAlert ID# __________

First Name ___________________________ Last Name ___________________________ ❑ Mr. ❑ Mrs. ❑ Ms. ❑ Dr.

Communications ❑ English ❑ French ❑ 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 ___________________________

Parent/Guardian Information

If new subscriber is a minor or an adult in the care of a guardian, please specify name of parent/guardian responsible for keeping the subscriber record up to date. Parent or guardian should be the first Personal Emergency contact.

Name ___________________________ Relationship ___________________________

Address ___________________________ City ___________________________ Prov. _______ Postal Code ____________

Phone ( ) ___________________________ Alternate ( ) ___________________________ E-Mail ___________________________

Emergency Medical Contacts

Physician 1 ___________________________ Specialty ___________________________

Tel. ( ) ___________________________ ext. ____________ ❑ Is this the Referring Physician?

Physician 2 ___________________________ Specialty ___________________________

Tel. ( ) ___________________________ ext. ____________

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 as checked below:

❑ Contact #1 ❑ Contact #2

Medical Conditions Recognized medical terminology and abbreviations will be used.

Engraving language ❑ English ❑ French

Medical Conditions (include any major surgeries or medical procedures)

________________________________________

All Current Medications (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