

# Lifeline Medical Alert Service Application

Subscriber's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Salutation:  Mr.  Mrs.  Ms.  Miss Preferred Name/Nickname: \_\_\_\_\_

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

Home Phone: (            ) \_\_\_\_\_ Cell Phone: (            ) \_\_\_\_\_

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

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

Primary Physician's Name: \_\_\_\_\_ Phone: (            ) \_\_\_\_\_

Preferred Hospital Name: \_\_\_\_\_ Phone: (            ) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Multiple Subscriber Household** (Separate Lifeline Application must be completed for each Subscriber. Additional cost associated, see "Unit Options and Payment" section on the back page.)

▶ Name of Additional Subscriber: \_\_\_\_\_

Do you have a Residential Lockbox?  Yes  No

▶ If "No", Hidden Key Location : \_\_\_\_\_

Household Warning (i.e. Medical Oxygen, Pets, Alarm System, File of Life, Etc.): \_\_\_\_\_

Location of telephone system in home: \_\_\_\_\_

## **First Responders (Provide Up to Three Names):**

Individuals to contact in an emergency for immediate assistance. **Examples:** Close family member, neighbor with a key

▶ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Key Holder?  Yes  No

Street Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Home Phone: (            ) \_\_\_\_\_ Cell Phone: (            ) \_\_\_\_\_ Other: (            ) \_\_\_\_\_

▶ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Key Holder?  Yes  No

Street Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Home Phone: (            ) \_\_\_\_\_ Cell Phone: (            ) \_\_\_\_\_ Other: (            ) \_\_\_\_\_

▶ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Key Holder?  Yes  No

Street Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Home Phone: (            ) \_\_\_\_\_ Cell Phone: (            ) \_\_\_\_\_ Other: (            ) \_\_\_\_\_

## **People to Notify:**

Individuals to contact after an incident has happened and help has arrived. **Example:** Family that lives out of town.

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

Home Phone: (            ) \_\_\_\_\_ Cell Phone: (            ) \_\_\_\_\_ Other: (            ) \_\_\_\_\_

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

Home Phone: (            ) \_\_\_\_\_ Cell Phone: (            ) \_\_\_\_\_ Other: (            ) \_\_\_\_\_



# Lifeline Medical Alert Service Application

### Unit Options: HomeSafe (Pendant Included)

- Basic Landline Unit = \$8/Month
- Wireless Unit = \$16/Month

### GoSafe (Includes AutoAlert)

- Pendant Purchase = \$149 (One Time)
- GoSafe Landline = \$24/Month
- GoSafe Wireless = \$28/Month

### Additional Options/Fees (For HomeSafe ONLY)

- Multiple Subscriber = Additional \$5/Month/Person
- Auto Alert = Additional \$8/Month/Person
- Voice Extension Unit = Additional \$6/Month

### Payment Frequency:

- Quarterly (3 months)
- Semi-Annually (6 months)
- Annually (12 months)

**Total Cost:** = \$ \_\_\_\_\_ = \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**Payment Method:**       Invoice       Credit Card       Debit Card

**Card Type (if applicable):**     VISA       MasterCard       Discover

Name (as it appears on Card): \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature of Subscriber: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Payer (if different): \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail Address (for electronic receipt): \_\_\_\_\_

### **Agreement to Pay Reimbursement for Lost, Stolen, or Damaged Equipment:**

The reimbursement price for lost, stolen, or damaged beyond repair Lifeline Equipment is as follows: PRS Equipment \$400.00 per unit; Help Buttons \$25.00 per unit; and Handsets or Voice Extenders \$100.00 per unit. If for any reason the Lifeline Equipment, after delivery to me/us, is lost, stolen or damaged beyond repair (so that it cannot be repaired and sent back out to another subscriber including, but not limited to, liquid spills and insect infestations), I/we agree to reimburse the City for the Lifeline Equipment, or the City may, at its discretion, charge my/our credit card for such reimbursement.

### **General Consent, Waiver & Release:**

I/we grant permission to the City of Independence (the "City") to enter upon my/our property to install equipment. I/we understand that installation of the equipment will require connection to my/our current telephone system. The City, its employees, agents and officials, are not responsible for any liability, loss, claim, or expense which may result from the installation of the equipment or active or passive negligence, and I/we expressly waive any claim and release the City and its employees, agents and officials from any liability in exchange for their services.

**Please sign below to acknowledge that you have read and understand the Agreement to Pay Reimbursement, as well as the General Consent, Waiver & Release.**

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

### **FOR OFFICE USE ONLY:**

**Installation Date:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

**Original Form:** Fire Department      **CC:** Community Services