

How the Program Works

Military personnel working for the Department of National Defence are eligible for full MedicAlert® coverage through their benefits.

DND personnel are authorized to receive a lifetime membership plus one stainless steel identification when they join MedicAlert.

Can family members benefit from MedicAlert protection?



Dependents of military personnel and civilians working for the DND are eligible to receive a discount when signing up with MedicAlert and the option to choose from over **150 ID styles** – including watches, sports bands, bracelets, necklaces and more.

For information about this discount and how to sign up, please visit: medicalert.ca/dnd

Our mission is to ensure that the right information is delivered at the right time for you to receive the best possible care, when it matters most.

About MedicAlert® Foundation Canada

Only MedicAlert

- Is a registered charity that has served over 1 million Canadian members for over 50 years
- Exclusive 24/7 Emergency Hotline with live agents who answer calls 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

To learn more, visit medicalert.ca/dnd



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***



Important Offer for **Military Personnel** working for the **Department of National Defence**

*See inside for details about this special subsidized program.

Who Needs MedicAlert®?

One in three Canadians have a medical condition, allergy or special need that emergency responders need to know about. MedicAlert ensures that your life-saving information is immediately known and accessible when seconds count.

MedicAlert is for those who:

- Live with chronic health conditions such as **diabetes, heart conditions, asthma, seizures, hypertension, or COPD**
- Experience food, chemical and drug **allergies**
- Take **special medications** such as blood thinners
- Have **medical devices** and implants (such as pacemakers)

How MedicAlert® Works



ACTIVATE your MedicAlert membership and complete your personal medical profile. Our medical specialists will ensure the vital engraving on your MedicAlert ID is concise and relevant to emergency responders.



WEAR your MedicAlert ID. For over 50 years, we continue to work with healthcare professionals and train paramedics to look for authentic MedicAlert ID to assist in your treatment.



KNOW that the MedicAlert 24/7 Emergency Hotline number on your ID gives responders access to medically trained specialists who will explain your detailed medical profile in over 140 languages and also transfer the information to the hospital treating you.



REST assured that the MedicAlert hotline staff can then reach out to your loved ones about your emergency and whereabouts.

How to Become a Member?

To join MedicAlert Foundation Canada, follow these two simple steps and we will take it from there.

1. Fill out the attached application form.
2. Submit the completed form with your unit medical officer's or a unit medical authority's signature and a copy of your prescription via ONE of the below methods.

Mail

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

Fax

1.800.392.8422

Should you have any questions about this subsidized program, please call MedicAlert toll-free at **1.800.668.1507** or send an email to **DND@medicalert.ca**

Authorization and Order Form

For members of the Canadian Forces applying for a MedicAlert® Membership and Identification. (MedicAlert to provide services requested herein, and forward to the member's mailing address)

Once all sections of the application form have been completed, send it to MedicAlert:

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

By fax: 1.800.392.8422

CF Member Information

Healthcare # (Blue Cross Card) _____ Service # _____
Rank _____ Name _____ Initials _____
Unit _____ Base _____

Personal Information

Are you, or have you ever been a MedicAlert® member? No Yes MedicAlert ID# _____
First Name _____ Last Name _____ Mr. Mrs. Ms. Dr.
Communications English French Date of Birth (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

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

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.

Choose your ID



A Stainless Steel Dog Tag with 30" Beaded Chain



B Stainless Steel Necklace with 1" Medallion and 26" Chain (no clasp).



C Stainless Steel Bracelet with a 1 1/2" Emblem

Sizes
5"
5 1/2"
6"
6 1/2"
7"
7 1/2"
8"
8 1/2"
9"

The issue of the following product/service are authorized:

- Lifetime Membership (initial request only)
- A** – Stainless Steel Dog Tag
- B** – Stainless Steel Necklace
- C** – Stainless Steel Bracelet Size in inches _____

Bracelet Sizing: 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 to find your size.

Note: DND authorizes the issue and payment of a stainless steel necklace only, plus applicable taxes and shipping/handling fees, and covers the cost of a lifetime membership for new members. The stainless steel bracelet may be authorized by exception. Current price list available from MedicAlert® Foundation Canada.

UNIT MEDICAL OFFICER'S or UNIT MEDICAL AUTHORITY'S SIGNATURE:

Rank _____ Name _____

Signature _____ Date _____

Base _____

Medical Unit Phone Number (_____) _____ Ext. _____

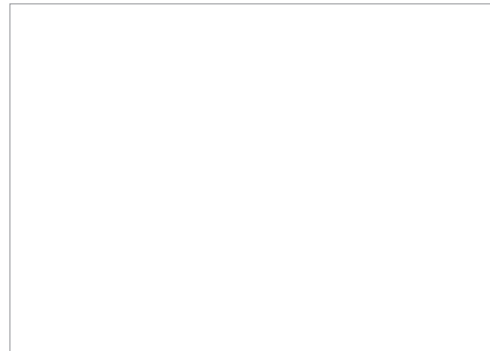
To MedicAlert: The supporting Canadian Forces medical unit has pre-authorized the payment through Blue Cross for the services requested above.

Distribution of Annex A: Original: CF 2034 - Medical Envelope

One copy: Fax to MedicAlert Foundation Canada

One copy: CFH SVCS GP / G6 Health Records

One copy: CF member



Payment pre-authorized Unit stamp/signature

SUBSCRIBER STATEMENT (PLEASE READ AND SIGN BELOW)

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. Your subscription and membership are conditional on your acceptance of the following terms and conditions (the "**Subscriber Statement**").

I ACKNOWLEDGE and agree that:

- On my becoming a member, MedicAlert will create and maintain, an electronic subscriber profile ("**Profile**") containing personal and personal health information that I provide or arrange to have provided to MedicAlert (together "my Personal Information"), which Profile will be identified by my name and held at the MedicAlert data centre located in Toronto, Ontario, and will provide me with: i) a custom engraving on my MedicAlert Identification Product ("ID"); ii) the 24/7 MedicAlert Emergency Hotline service; iii) Communications Pertaining to MedicAlert; and iv) electronic access to my File (collectively the "**Services**").
- MedicAlert will use and disclose my Personal Information, to emergency responders and other health professionals (collectively "**Responders**"), for the purposes of providing and administering the Services and where necessary for these purposes, may transfer or otherwise allow access to my Personal Information to third party service providers retained by MedicAlert to assist it in administering or providing the Services, (including a firm contracted by MedicAlert to provide MedicAlert Emergency Hotline Services. This firm may be located in the United States of America).
- I will advise MedicAlert promptly of any error, or change on my Profile, MedicAlert ID or wallet card, review and confirm my Profile information at least once per year and I recognize that this is a binding agreement between myself and MedicAlert and, unless I sign and submit a Service cancellation release form, **I shall be responsible for all Service Plan fees that I owe under this agreement. Further, if I submit a Service cancellation form, MedicAlert will remove all identifying Personal Information in my Profile, and cease providing me with the Services; and I will stop wearing my MedicAlert® Identification.**
- MedicAlert and Responders may contact the emergency contacts, guardian and or caregivers (collectively "**Contacts**") that I have identified, to obtain or disclose my Personal Information in circumstances which the Responders deem to be an emergency. In addition, in circumstances which are not emergencies, MedicAlert will discuss my Profile with my Contacts as necessary if: i) I have provided my consent or the Contacts are otherwise legally authorized to act on my behalf; and ii) the Contacts can authenticate themselves.
- **MedicAlert, its officers, directors, employees and representatives, will not be liable for any consequences of any kind whatsoever, including without limitation, claims, actions, proceedings, damages and losses arising out of or in connection with any errors or omissions in my Personal Information (regardless of whether such information is provided by me or by a third party).**
- MedicAlert may aggregate my Personal Information with other health information, in a manner that does not identify me or any of my Contacts, and use the aggregate information for research projects or studies of interest.
- If I am a participant in the MedicAlert Safely Home program, MedicAlert will also provide my demographic information to the Alzheimer Society of Canada, and the local Alzheimer Society chapter for the purpose of: offering me access to support and education; and unless I opt out by calling 1.855.581.3794.

By becoming a member of MedicAlert, I agree to receive periodic communication from MedicAlert related to Information and News, Service Administration, Service Support, Research and Service Continuity. Other communications will be based on the preferences indicated below. I may change my communication preferences at any time by calling 1.855.724.2499.

I UNDERSTAND that I may obtain a copy of the MedicAlert privacy policy, more information about MedicAlert privacy practices and information about accessing or correcting my Personal Information in my Profile on the MedicAlert Foundation Canada website at medicalert.ca/privacy or by calling the MedicAlert Chief Privacy Officer at 1.866.679.3217.

Signature: _____ Date: _____

Telephone Number: _____

Name (print): _____

Relationship to Member: _____