

5Star Personal Emergency Profile (PEP) Form

IMPORTANT: Information that can help you in an emergency. Please complete.

Please complete the front and back of this worksheet with information you would like GreatCall's Agents to be prepared with in the case of an emergency. Print in capital letters and write only within the designated boxes. Submit the Personal Emergency Profile to GreatCall in one of three easy ways:

1. Visit www.mygreatcall.com and complete the online form
2. Mail this form to **GreatCall, Inc. | ATTN: 5Star Account Support | P.O. Box 4428, Carlsbad, CA 92018**
3. Fax this form to 5Star Account Support at **1-800-767-8745**

General information about the user

First name: Last name:

Home Phone: - - Email: @

Primary language (e.g. English):

What is your ethnicity? African American Caucasian American Indian Asian
 Native Hawaiian or Other Pacific Islander Other

Gender: Male Female Date of Birth (MM/DD/YYYY): / /

Is this PEP form for a GreatCall cell phone? Yes No

If so, what is the phone number of that phone? - -

Is this PEP form for a single button GreatCall safety device? Yes No

If so, what is the serial number of that device?

• The serial number can be found on the label located on the back of the device.

Locations the user visits regularly

Please provide locations the user visits on a regular basis (e.g. office, gym, daughter's house). This information can help us locate the user faster in an emergency.

Location 1:

Name (e.g. office): Phone: - -

Address: City: State: Zip:

Additional information (e.g. gate code/hidden door key):

Location 2:

Name (e.g. gym): Phone: - -

Address: City: State: Zip:

Additional information (e.g. gate code/hidden door key):

Emergency contacts *Contact 1 listed below will be called in the event of an emergency. A phone number is required.*

I choose not to provide emergency contacts.

The contacts you provide will be authorized to call 5Star on your behalf in an emergency, including requesting your current location.

Contact 1:

First name: Last name:

Address: City: State: Zip:

Phone 1: - - Phone 2: - -

Relationship (e.g. brother): Does this person live with you? Yes No

Is this person authorized to make changes to your profile? Yes No

Please continue to the back side of this form >>>

5Star Personal Emergency Profile (PEP) Form (continued)

Emergency contacts (continued)

Contact 2:

First name: Last name:
 Address: City: State: Zip:
 Phone 1: - - Phone 2: - -
 Relationship (e.g. brother): Does this person live with you? Yes No
 Is this person authorized to make changes to your profile? Yes No

Medical information *This information will help emergency responders in case of a medical crisis.*

I choose not to provide medications.

Medications you take

	Medication name	Dosage	Unit	Instructions
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I choose not to provide medical/physical conditions.

Medical/Physical conditions (e.g. disabilities, diabetes, COPD, high blood pressure):

1. Is this an allergy? Yes No
 2. Is this an allergy? Yes No
 3. Is this an allergy? Yes No
 4. Is this an allergy? Yes No

I choose not to provide doctor and hospital information.

Doctor and hospital

First name: Last name:
 Type of doctor: Hospital:
 Address: City: State: Zip:
 Phone: - - Email: @

Vehicles

I choose not to provide vehicle information.

Vehicle 1:

Year: Make: Model:
 Color: License Plate: State:

Vehicle 2:

Year: Make: Model:
 Color: License Plate: State: