



MEDICAL ALERT SERVICES

Saves Lives When Seconds Count®



mobile
medical
alert
system



Follow these 3 steps to activate your device.

STEP 1

**PLUG-IN AND CHARGE LIFEZONE
VOICE-IN-PENDANT DEVICE**

STEP 2

CALL TO ACTIVATE! 1-800-940-0262

STEP 3

**COMPLETE AND MAIL BACK
THE ENCLOSED EMERGENCY
CARE PLAN AGREEMENT**

At-Home and On-The-Go GPS Voice-in-Pendant
User's Guide

YOUR VOICE-IN-PENDANT



Red battery light at top of call button

While charging, the red battery light will flash every 5 seconds until the device is fully charged.

Once fully charged, the red battery light will be solid.

Blue call light around call button

During an Emergency call, the blue call light will be solid.

The blue call light will flash every 5 seconds while charging and for a short time after a call ends.

STEP 1

Install LifeFone Equipment

IMPORTANT: Fully charge device before first use.

Step 1: Charge your Voice-In-Pendant

1. Plug the Power Cord into a standard wall outlet.
2. Place Voice-In-Pendant into the charging cradle. Voice in Pendant is charging when it is in the charging cradle **and** the Emergency Call Button is flashing red.
3. Typical charging time is 2-3 hours. The red battery light flashes every 5 seconds while charging and is solid when the device is fully charged.
4. Turn on the pendant by pressing the Power button on the right side and holding it down for 3 seconds, you will then see all LED indicators illuminated and feel a brief vibration.
5. It is normal for the light around the call button to be off when the device is not in the charging cradle



NOTE: For best results, charge your Voice-In-Pendant device when needed. Battery life is up to 30 days.

⚠ IMPORTANT: When the LED around the Emergency Call Button is flashing red, your Voice-in-Pendant needs to be charged.

⚠ IMPORTANT: Voice-In-Pendant is not ready for use until you have charged Voice-In-Pendant in the Charger for 3 hours and then completed the set up call with your LifeFone response team.

STEP 2

Test your Voice-in-Pendant

Step 2: Press the Emergency Call Button

1. Press the Button in the center of the Voice-In-Pendant to connect to LifeFone.
2. With Voice-In-Pendant in the Charger, press and hold the Call Button until Voice-In-Pendant initiates the call. Voice-In-Pendant can remain in the Charger during the call to your LifeFone response team.
3. Tell the LifeFone Care Specialist that you are testing your system.
4. When you complete the call with LifeFone, Voice-In-Pendant will be set up.



Note: If Voice-In-Pendant does not power on and begin the activation process or cannot detect a cellular network, call LifeFone Customer Service at 1-800-940-0262.

Complete and Mail Back the Enclosed Emergency Care Plan

**Your Emergency Care Plan Agreement
authorizes LifeFone to respond properly in the
event of an emergency.**

WE MUST RECEIVE YOUR SIGNED SERVICE AGREEMENT WITHIN SEVEN (7) DAYS FROM YOUR ORIGINAL RECEIPT TO ENSURE THE BEST PROTECTION POSSIBLE.

Enclosed are two (2) copies of your Emergency Care Plan Agreement. **Make sure to review all of the information in this document carefully to ensure accuracy.**

Once you've confirmed that all of the information on your Agreement is correct, **please sign and date the bottom of the Agreement where indicated**, and return it to us in the prepaid envelope provided.

Please keep the yellow copy for your own personal records.

LifeCare Emergency Care Plan Agreement

This form sets out the agreement which will allow after medical review, the following services to be provided to you or your dependent in the project apartment. Call our advisors: 800.880.2081.

Box file this form at 1-800-747-2081
or email: projectapartments@lifecare.com

I. PERSONAL INFORMATION

<p>First Name: _____</p> <p>Last Name: _____</p> <p>Home Address: _____</p> <p>Apartment/Project: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Country/Province: _____</p> <p>Home Care Street: _____</p> <p>Home Phone: () _____</p> <p>Alternate Phone: () _____</p> <p>Date of Birth: _____</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>Box Number: _____</p> <p>Last Name: _____</p> <p>Building Name: _____</p> <p>City: _____</p> <p>Phone 1: () _____ Phone 2: () _____</p> <p>Phone 3: () _____ Phone 4: () _____</p> <p>Relationship to Subject: _____</p>
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II. MEDICAL KEY AND LOCK BOX

Last Known Address

A. PHYSICIAN RESPONSES (fill in primary doctor I-4, and indicate please allow alternate: **Physician**, **Clinic**)

<p>1. Name: _____</p> <p>Relationship: _____</p> <p>Phone 1: () _____ Phone 2: () _____</p> <p>Phone 3: () _____ Phone 4: () _____</p>	<p>2. Name: _____</p> <p>Relationship: _____</p> <p>Phone 1: () _____ Phone 2: () _____</p> <p>Phone 3: () _____ Phone 4: () _____</p>
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<p>3. Name: _____</p> <p>Relationship: _____</p> <p>Phone 1: () _____ Phone 2: () _____</p> <p>Phone 3: () _____ Phone 4: () _____</p>	<p>4. Name: _____</p> <p>Relationship: _____</p> <p>Phone 1: () _____ Phone 2: () _____</p> <p>Phone 3: () _____ Phone 4: () _____</p>
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III. MEDICAL INFORMATION

Is Subject Anesthetized? ☐ No ☐ Yes **Check all that apply:** ☐ Willing ☐ Over ☐ Mismatched ☐ Doctor Abrogates

Project and Apartment/Project numbers: _____

Healthcare: _____

Primary Care Physician: () _____

Primary Care Physician Name: () _____

Project/Phone Number: () _____

IV. SPECIAL INSTRUCTIONS

V. ACCEPTANCE AGREEMENT

I, the undersigned, agree to the terms and conditions of this Agreement. My signature below indicates that I have read and received a copy of the Agreement. This Agreement will be cancelled with no further obligations on my part in the event of my death or the death of the dependent.

Subscriber Signature	Date	Parent Signature (if beneficiary)	Date
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Project ()	Unit ()	Dependent ()	Box ()
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☐ Lifecare ☐ In-Service ☐ Resident ☐ N/A ☐ 1967 ☐ 1381 ☐ 1382 ☐ 1383 ☐ 1384 ☐ 1385 ☐ 1386 ☐ 1387 ☐ 1388 ☐ 1389 ☐ 1390 ☐ 1391 ☐ 1392 ☐ 1393 ☐ 1394 ☐ 1395 ☐ 1396 ☐ 1397 ☐ 1398 ☐ 1399 ☐ 1400 ☐ 1401 ☐ 1402 ☐ 1403 ☐ 1404 ☐ 1405 ☐ 1406 ☐ 1407 ☐ 1408 ☐ 1409 ☐ 1410 ☐ 1411 ☐ 1412 ☐ 1413 ☐ 1414 ☐ 1415 ☐ 1416 ☐ 1417 ☐ 1418 ☐ 1419 ☐ 1420 ☐ 1421 ☐ 1422 ☐ 1423 ☐ 1424 ☐ 1425 ☐ 1426 ☐ 1427 ☐ 1428 ☐ 1429 ☐ 1430 ☐ 1431 ☐ 1432 ☐ 1433 ☐ 1434 ☐ 1435 ☐ 1436 ☐ 1437 ☐ 1438 ☐ 1439 ☐ 1440 ☐ 1441 ☐ 1442 ☐ 1443 ☐ 1444 ☐ 1445 ☐ 1446 ☐ 1447 ☐ 1448 ☐ 1449 ☐ 1450 ☐ 1451 ☐ 1452 ☐ 1453 ☐ 1454 ☐ 1455 ☐ 1456 ☐ 1457 ☐ 1458 ☐ 1459 ☐ 1460 ☐ 1461 ☐ 1462 ☐ 1463 ☐ 1464 ☐ 1465 ☐ 1466 ☐ 1467 ☐ 1468 ☐ 1469 ☐ 1470 ☐ 1471 ☐ 1472 ☐ 1473 ☐ 1474 ☐ 1475 ☐ 1476 ☐ 1477 ☐ 1478 ☐ 1479 ☐ 1480 ☐ 1481 ☐ 1482 ☐ 1483 ☐ 1484 ☐ 1485 ☐ 1486 ☐ 1487 ☐ 1488 ☐ 1489 ☐ 1490 ☐ 1491 ☐ 1492 ☐ 1493 ☐ 1494 ☐ 1495 ☐ 1496 ☐ 1497 ☐ 1498 ☐ 1499 ☐ 1500

HOW TO CALL FOR HELP

1. Press and hold the call button until the light around the call button on the device turns blue.
2. After a short delay, you will hear a voice message and then tones or ringing.
3. The LifeFone operator will answer the call.
4. The operator can send emergency personnel or loved ones to help you.

TESTING WEEKLY

We recommend that you test the device weekly.

1. To test, press and hold the call button until the light around the call button on the device turns blue.
2. After a short delay, you will hear a voice message and then tones or ringing.
3. The LifeFone operator will answer the call.
4. Tell the operator you are testing.

If your device does not test properly, please contact LifeFone immediately.

If you have any trouble performing this test, please contact customer support 24/7 at 1-800-940-0262.

TO REPLACE LANYARD WITH BELT CLIP

1. If you prefer a belt clip to the lanyard necklace, you can remove the lanyard by pressing the small tab upward to release the clip.
 2. Pull the lanyard and clip away from the device.
 3. Press the clip on the back of the belt clip into the slot on the back of the device until it clicks.
- Note: You can charge the device in its cradle with the belt clip attached.



CLEANING WEEKLY

We recommend that you clean the device weekly to ensure proper charging.

Take a soft cloth, such as an eyeglass cleaning cloth, and gently rub the gold contacts on the device and charging cradle to remove dirt, oil and debris.



You can also spray household cleaner onto the cleaning cloth (though do not spray directly onto the device or cradle) to remove debris.

BY USING THIS DEVICE, YOU ACKNOWLEDGE AND ACCEPT THE FOLLOWING INFORMATION.

Coverage:

This product requires that there be adequate cellular coverage to work properly. It is important to test the device to know if it works in your area. Remember that your environmental and topographical conditions may also affect your coverage.

If you experience coverage issues, please call LifeFone immediately at 1-800-940-0262.

Charging:

Your device's rechargeable battery may last up to 30 days per charge. Wear your device at all times and only charge when necessary. Failure to follow charging procedures will result in the device not being able to function properly. You can check the battery level at any time by pressing the battery level indicator button on the side of the device. The device will either say "Battery OK" or "Battery low, please charge."

Water-Resistant:

The device is IP67 water-resistant. It should not be submerged. The device should be towel-dried after exposure to water.

Pacemakers:

Individuals with pacemakers should consult their physician and review their pacemaker materials regarding interaction with cell phones, and take the same precautions the materials recommend for this device.

If you have any questions, please contact customer support 24/7 at 1-800-940-0262.

Location-Based Services:

Some of the Equipment uses technology to permit LifeFone, or its agents, to determine where you are physically located at any given time (the “Location Based Services”). Location Based Services may work even if you are not in communication with the Monitoring Center. The accuracy of the Location Based Services is limited, and LifeFone, its Operators, the Responders, or others may not be able to identify your location or the location of the Equipment precisely or at all. You authorize LifeFone to collect location-based information. We will only share your location-based information with the Operators, the Monitoring Center, the Responders, any person or entity that acquires LifeFone’s interest in and to the Monitoring Services, or any other person or entity you specifically designate and only for the purpose of providing and improving the Monitoring Services.



**FOR PROPER OPERATION, VOICE-IN-PENDANT
REQUIRES ADEQUATE BATTERY CHARGE
AND ADEQUATE CELLULAR COVERAGE! LOW
BATTERY OR POOR CELLULAR COVERAGE MAY
RESULT IN THE INABILITY TO PLACE A CALL OR
LOCATE YOU IN AN EMERGENCY!**

ANY AND ALL LOCATION-BASED INFORMATION IS MADE AVAILABLE FOR INFORMATIONAL AND PLANNING PURPOSES ONLY AND IS NOT INTENDED TO BE RELIED UPON IN SITUATIONS WHERE PRECISE LOCATION INFORMATION IS NEEDED OR WHERE ERRONEOUS, INACCURATE, TIME-DELAYED OR INCOMPLETE LOCATION OR MAP DATA MAY LEAD TO DEATH, PERSONAL INJURY, OR PROPERTY OR ENVIRONMENTAL DAMAGE. YOU AGREE THAT LOCATION-BASED INFORMATION MAY VARY FROM ACTUAL LOCATION(S), ROAD, OR TERRAIN CONDITIONS DUE TO FACTORS THAT CAN AFFECT THE ACCURACY OF THE MAP DATA, SUCH AS, BUT NOT LIMITED TO, WEATHER, ROAD, AND TRAFFIC CONDITIONS, GEOPOLITICAL EVENTS, AND CONDITION OR STATUS OF YOUR CELLULAR PHONE OR CELLULAR SERVICES. WE DO NOT GUARANTEE ACCURACY OR COMPLETENESS OF ANY LOCATION-BASED INFORMATION.



This equipment has been tested and found to comply with the limits for a Class B digital device, pursuant to Part 15 of the FCC Rules

FCC Part 15

This device complies with Part 15 of the FCC Rules. Operation is subject to the following two conditions: (1) this device may not cause interference, and (2) this device must accept any interference, including interference that may cause undesired operation of the device.

This equipment has been tested and found to comply with the limits for a Class B digital device, pursuant to Part 15 of the FCC Rules, and the Canadian Department of Communications Equipment Standards titled, "Digital Apparatus," ICES-003. These limits are designed to provide reasonable protection against harmful interference in a residential installation. This equipment generates, uses and can radiate radio frequency energy and, if not installed and used in accordance with the instructions, may cause harmful interference to radio communications. However, there is no guarantee that interference will not occur in a particular installation. If this equipment does cause harmful interference to radio or television reception, which can be determined by turning the equipment off and on, the user is encouraged to try to correct the interference by one or more of the following measures:

- Reorient or relocate the receiving antenna.
- Increase the separation between the equipment and receiver.
- Connect the equipment into an outlet that is on a different circuit from the one to which the receiver is connected.
- Consult the dealer or an experienced radio/TV technician for help.

Changes or modifications not expressly approved by the party responsible for compliance could void the user's authority to operate the equipment.

This device complies with Industry Canada license-exempt RSS standard(s). Operation is subject to the following two conditions: (1) this device may not cause interference, and (2) this device must accept any interference, including interference that may cause undesired operation of the device.



MEDICAL ALERT SERVICES

16 Yellowstone Avenue,
White Plains, New York 10607-1324

Web: www.LifeFone.com

Phone: 1-800-940-0262

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