

# Personal Emergency Profile Form

**IMPORTANT:** Your Personal Emergency Profile (PEP) contains important information that can help you in an emergency. Only complete this form if you will be using our Urgent Response Service.

- To ensure we receive your information quickly, we encourage you to use the online form available on your account page at [lively.com/myaccount](https://lively.com/myaccount).
- If you do not have access to a computer, complete this form and mail it to:  
**Lively | Urgent Response Acct Support | 9390 Gateway Dr., Suite 100, Reno, NV 89521**

## General Information About the User

FIRST NAME	LAST NAME	TODAY'S DATE (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
HOME PHONE NUMBER	EMAIL ADDRESS	
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> @ <input type="text"/>	
GENDER	DATE OF BIRTH (MM/DD/YYYY)	PRIMARY LANGUAGE (e.g. ENGLISH)
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
THIS PEP FORM IS FOR THE FOLLOWING DEVICE (select one only)		
<input type="checkbox"/> LIVELY PHONE	OR	<input type="checkbox"/> ALL-IN-ONE MEDICAL ALERT
Phone number of the Phone	OR	Serial number found on the back of the medical alert
<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/>

## Emergency Contacts

I CHOOSE NOT TO PROVIDE EMERGENCY CONTACTS

The contacts you provide will be authorized to call Urgent Response on your behalf in an emergency, including requesting the device's current location.

CONTACT 1 (This contact may be called in the event of an emergency. A phone number is required.)

FIRST NAME	LAST NAME	RELATIONSHIP TO USER (e.g. Brother)
<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET ADDRESS	CITY	STATE ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
PHONE NUMBER 1	DOES THIS PERSON LIVE WITH THE USER?	IS THIS PERSON AUTHORIZED TO MAKE CHANGES TO THE USER'S PROFILE?
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
PHONE NUMBER 2		
<input type="text"/> - <input type="text"/> - <input type="text"/>		

### CONTACT 2

FIRST NAME	LAST NAME	RELATIONSHIP TO USER (e.g. Brother)
<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET ADDRESS	CITY	STATE ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
PHONE NUMBER 1	DOES THIS PERSON LIVE WITH THE USER?	IS THIS PERSON AUTHORIZED TO MAKE CHANGES TO THE USER'S PROFILE?
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
PHONE NUMBER 2		
<input type="text"/> - <input type="text"/> - <input type="text"/>		

Please go to [lively.com/myaccount](https://lively.com/myaccount) to confirm, update and add additional information including medications, medical conditions, physical conditions, doctors, hospitals, vehicles and frequented locations.