

Self-Service Enrollment Portal Help Guide

This guide contains an overview of the information needed to complete the self-service enrollment process for a Lifeline personal emergency response service.

Effective January 2023

Introduction

The Lifeline self-service enrollment portal is optimized for Google Chrome and Internet Explorer. We recommend using either of these browsers for a seamless enrollment experience.

The enrollment process should take between 5 and 7 minutes to complete. Please be sure you can complete the process in one sitting. If not, you will have to start over when you return.



You will need to provide the following information:

- Member ID
- Full Name
- Home Address
- \cdot Date of Birth
- Phone Number
- Email Address
- · Caregiver Information (family member, neighbor, etc.)

If you are a caregiver completing this on behalf of someone else, please be sure to have the above information available.

Note: At the top of every portal page is a dedicated Customer Service phone number. Call this phone number at any time for help or to complete the enrollment process by phone.

Click the "Get started" button to begin



Membership verification

The membership verification is the beginning of the enrollment process. Please choose your provider from the drop down list. A picture of your card will appear to help you choose. Enter the requested information to confirm your eligibility for this service.

If Service I	Enrollment	ur eligibility and to co	omplete the process of	setting up your
lical alert servic	e account.			Jerring ap your
Membership Verification	Select your product	Member's Information	Caregiver Information	Review & Complete
Membersh	ip Verification			
This informat	ion helps us verify you ne *	ur benefit coverage. F	ields marked (*) are m	andatory.
* Enter last i	name			
Enter your M	ember ID *			
* Enter Men	iber ID			
Date of Birth				
* Choose a l	Date	ו		
Enter your Zi Please use the	o Code • zip code on record with	your plan		
* Enter Zip C	Iode			
l'm no	ot a robot	reCAPTCHA Privacy-Terms		
	Ve	artfy		

Membership verified



If you receive the message below, please re-enter your information to continue.



If your membership record is not found, you may have mistyped your information. Please review your information – including the Membership ID and the zip code that your plan has on record for your address – and try again. After three tries you will be directed to call customer service for help.

Membership record not found
We could not find the ID you entered. Please try re-typing your number again.
If that does not work, or you need assistance, please call our customer service team.

After you are verified, there are a few questions you need to answer to continue in the enrollment process. This information allows us to determine which products are available to you as part of your benefit, and based on product screening criteria.

Please be sure to select YES/NO for each question.

If you answer **YES** to any of the questions, you will be directed to call our Customer Service line to complete your enrollment. A Lifeline representative will help you choose the product best suited for your needs.

In order to recommend the right service to you, please answer the following questions:
1. Do you have a pacemaker? • 🚺
Yes No
2. Do you already have a Lifeline medical alert service? *
Yes No
3. Do you have Alzheimer's or dementia? *
◯ Yes ◯ No



Select your product

The product selection process starts with an assessment to determine the right product for you.

2	Select your product This section will recommend product(s) available to you based on your answers to the questions below.
	Select your phone connection type: ① Please enter the phone number at your residence. If you have both a landline and cell phone number, please enter your landline phone number.
	Do you have a Landline? O Yes O No

If you have both a landline and a cellular connection, you will have the chance to enter both numbers. It is important to provide your phone number so that we can validate your product options.

You will first answer Yes/No to having a landline and then enter that phone number. You will then answer Yes/No to having a cell phone and will enter that phone number.

Based on your answers, you will be presented with available product options. Each product will have a picture and a short description. You will be able to click on the "**Learn More**" link for a pop-up screen that presents more detailed product information.

After reviewing the available product options, select your preference and then click "**Next**" at the bottom of the screen to continue with the enrollment process.



Member's Information

Please provide the necessary information to set up your account. Fields marked (*) are mandatory.

f Service Enrollme	nt			
	(2) Select your Product (3) Member's Information	on 🕢 Caregiver	Information 🕞 Review &	
	Ŭ			
Mambarla Darson	al Information			
3 Member's Person Please provide your inference of the please place of the place o	ormation to set up your account. Please use your home addre	ess which will be used if I	help needs to be sent. Fields marke	ed (*)
are mandatory.				
lasashian	Middle Name	DOF		
Josephine	Middle Name	DOE		
Address1 *			Apt/Suite	
Address2				
City *	* Select your state	✓ Zip Cod	le *	
Email				
Deneral Secol				
Reconfirm Email				
Phone Number *	To speak with our service representative *	Gender *	Date of birth *	
617-555-1212	* Select your language 🗸 🗸	* Select	✔ 1959-06-23	
)o you have a Hidden K	ey? *			
f you have hidden a key, tel	Il us the location. This location is private and will only be sha	ared with responders.		
🕐 Yes 🔘 No				

4

Caregiver information

Please enter your caregiver information – up to three (3) – and then assign each a role of "Responder" or "Notify."

Membership Verification	Select your P	roduct (3) Member		Caregiver Information	5 Review & Complet
4 Caregiver Information This information helps us regis	tering and verif	ying your account. All labe	els with(*) are re	quired fields.	
First Caregiver Information	on *				
First Name *		Middle Name		Last Name *	
Phone *			• Phone typ	e 🗸	Add phone
Email					
Reconfirm Email					
Reconfirm Email Relationship to care recipient		Caregiver role 👔		To speak with our service represe	ntative
Reconfirm Email Relationship to care recipient * Select Relationship	~	Caregiver role () * Assign Role	-	To speak with our service represe	ntative ~
Reconfirm Email Relationship to care recipient ' Select Relationship elect link below to add another care + Add caregiver ?		Caregiver role () Assign Role	• n order for us to	To speak with our service represe * Select your preferred language reach your care circle. You can add	ntative

A Responder is someone who lives nearby, such as a relative, friend or neighbor, who can respond when you need non-emergency services help.

A Notify is a member of your care circle who wants to be notified when you have an incident, however they will not be called to respond when Lifeline has dispatched help to you. For instance, this may be a daughter or relative who lives in a neighboring state.



Review and complete

The final step in the enrollment process is the review & complete step. Here you will see a detailed overview of the information you have already entered. You will have the opportunity to review and update your information and then submit your enrollment.

f Servi	ice Enrollment				
	ship Verification		Member's Information	(2) <u>Caregiver Information</u>	5 Review & Comple
5 Rev This	riew & Complete information provides a summary	y of your product se	lection and gives you the opportu	inity to update your information.	
•	Josephine DOE Member - 0503086 Parson uting this service	Home alert: Auto/ The he around	eSafe medical system with Alert lyour head in or your home.	Subr	mit order
B	Personal Information				~
8	Caregiver Information				~
T	Your Product				~
≣ <mark>~ ∂</mark>	Shipping Information				~
Care Pla	an Agreement – Terms and LIFELINE WORKS	Conditions			
Welcor Compa By sign terms a	me to the Lifeline medical alert se any and its affiliated companies, the ning the accompanying Lifeline Ca and conditions:	rvice! Below are the l e program and/or refe are Plan Agreement fe	egal terms of the Agreement betwee erral source named on your Care Pla orm or by virtue of your use of the E	en you and Lifeline. ("Lifeline" means Lifeli In Agreement and each of their affiliated er Equipment and/or Service, you agree to th	ne Systems ntities.) ne following
What is	is the Lifeline service?				•
🗌 Ву	selecting "Submit order", I am confirm	ning that I have read an	d agree with the Terms and Conditions	of the Lifeline Care Plan Agreement"	
					Submit order

To review your enrollment details, click on the down arrow on the right side of the information section to open up the details within each panel. Click on the "edit" link to update any information.

The Care Plan Agreement is located at the bottom of the page. You will need to check the box to confirm your consent to the terms of the agreement.

Once completed, click the "Submit order" button to send your enrollment information to Lifeline.

Enrollment complete

After completing the enrollment process, your information is submitted to Lifeline and your order will be processed. You should expect to receive your system within 3-5 business days from when your order was processed.

Troubleshooting

Abandon enrollment

If you decide to abandon the enrollment process or if you close your browser, you will have to restart the process from the beginning. You can always call Customer Service to complete the process by telephone.

Poor internet connection

If you experience poor internet connection, you will receive a notification and will experience a "freeze" on your enrollment until the internet is restored.

Lifeline

2023 Lifeline Systems Inc. All rights reserved. Specifications are subject to change without notice. Trademarks are the property of Lifeline Systems Inc. or their respective owners. Lifeline 111 Lawrence Street Framingham, MA 01702-8156