

## Application Form - eevi Gateway 4G VoLTE on Monitoring Care Plan

Thank you for purchasing your eevi Gateway 4G VoLTE. Before we get started, we need a few details from you in order to complete the onboarding process. Please fill out your details in the fields below.

### Primary Resident *This application has a Secondary Resident see page 6* *(please tick if applies)*

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Nearest Cross Street: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please tick your preferred contact number**

Mobile Number : \_\_\_\_\_  Home Number: \_\_\_\_\_

### Access to your Premises *if NO continue to next section*

Access to my premises is via Hidden Key Safe:      Yes       No

Code: \_\_\_\_\_ Location: \_\_\_\_\_

### Hardware and Plan Pricing *(unless noted charge includes GST)*

Description	Details	Price
Outright Hardware Purchase with plug and play self installation*	Eevi Gateway 4G VoLTE, includes 1 x Pendant	\$520 GST Exempt
	Set Up	\$33
Peripherals	Additional Pendant each <b>Qty to supply</b> _____	\$99 GST Exempt
	eevi emergency call point each <b>Qty to supply</b> _____	\$125 GST Exempt
Tech Angel Installation Please supply <input type="checkbox"/> <i>(tick here)</i>	One hour or part therefore onsite to setup your gateway for operation and integrate the Google Voice Assistant	\$165.00 per hour

	to your eevi Gateway. *Self Installation cannot be selected.	
Freight	Flat Rate Shipping	\$33.00
<b>Total Payable Upfront</b>		<b>\$</b>
Ongoing Monthly Recurring Charges	Select one :Plan <input type="checkbox"/> Care Plan - Professionally Monitored <input type="checkbox"/> Care Plan – Emergency Contact Monitored	\$39 per month \$35 per month
Monthly Recurring Rental Charge  (No Outright Hardware Purchase charge applies)	Select Rental Plan: <input type="checkbox"/> eevi Gateway 4G VOLTE Rental	\$17.60 per month
<b>Total Monthly Recurring</b>		<b>\$</b>

1. I understand that the service relies on reliable mobile network coverage and uses the SIM card that is within the device to provide this access and coverage. In the event of a mobile network outage or unreliable mobile network coverage, my service will not work and I should call 000 for emergency assistance.
2. I understand that it is my responsibility to ensure that my contact details, medical changes, Next of Kin and emergency contacts are regularly verified and updated when necessary with eevi Life.
3. I understand for the google integration to work by voice assistant that I must have a valid gmail email address and a wifi connection in home to support this product.
4. I understand that a Tech Angel session is required to set up the google voice assistant to the eevi gateway.
5. I understand a minimum 12 month contract applies, except for Rental Plan contracts which have a minimum 24 month contract.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please tick this box if you do **not** wish to receive information regarding Eevi product offers and announcements:

Do you consent to provide access to data regarding alerts: Yes  No

### NDIS Information [Optional]

NDIS number: \_\_\_\_\_

NDIS Plan Management: Self-Managed  NDIS / Agency Managed  Plan Managed

Plan Expiry: \_\_\_\_\_

Plan Manager: \_\_\_\_\_

Organisation Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## Alternate Billing if NOT Wearer OR NDIS [Optional]

Organisation Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## Google Voice Integration to the eevi Gateway

Please remember that you need to have a Google Account and a phone or tablet that has the Google Home App.

### Resident 1

Email Address: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

### Resident 2

Email Address: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

## Primary Resident Medical Information *(please tick all that apply)*

- **If you have elected to have your service Self Monitored by Family and Friends, this page is not required.**
- **If you do not wish to provide Medical Details to the response centre but prefer to keep your medical file in a location within your premises.**

***Please advise below the location so we can guide emergency services if required***

Location: \_\_\_\_\_

Weight Range:    up to 70kg         71kg to 100kg         above 100kg

Blood Pressure:    Normal         Low         High         Fluctuates

Diabetes:        Type 1         Type 2

Other:    Epilepsy     Asthma     History of falls     History of Stroke     Blood Thinners

Mobility Problems:    Arthritis     Walking Stick     Walking Frame     Wheelchair

Allergies (*specify*): \_\_\_\_\_

Heart Problems (*specify*): \_\_\_\_\_

Breathing Problems (*specify*): \_\_\_\_\_

Life dependent medications (*specify*): \_\_\_\_\_

Other conditions (*specify*): \_\_\_\_\_

Ambulance Cover:      Yes       No

Name of Doctor (optional): \_\_\_\_\_

Contact phone number of Doctor: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

## Emergency Contacts

Please list details of people who have agreed to be contacted in the event you require assistance. Remember your nominated contacts should live within a reasonable distance, have a telephone and will be willing to respond in the event of an emergency if requested / required. Please tick below which scenario applies to you to indicate you understand the actions that will take place in the event of an emergency.

- If you have elected Professionally Monitored, an ambulance will be called if we cannot contact you and any nominated keyholders per the eevi No Voice Contact protocol.
- If you have elected Emergency Contact Monitored, these contacts will be added as your part of your 5 Family and Friend Contacts. These contacts will receive an alert when you use your medical alarm. They must have the icon and notification setup on their Smartphone to receive the alerts real time.

### Emergency Contact #1

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Next of Kin:    Yes                       No

What is their relationship to you: \_\_\_\_\_ (*partner, family, friend*)

What is their travel time to your home in minutes: \_\_\_\_\_

Do they have an access key to your home: Yes     No     Knows key location

### Emergency Contact #2

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Next of Kin: Yes  No

What is their relationship to you: \_\_\_\_\_ (*partner, family, friend*)

What is their travel time to your home in minutes: \_\_\_\_\_

Do they have an access key to your home: Yes  No  Knows key location

### **Emergency Contact #3**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Next of Kin: Yes  No

What is their relationship to you: \_\_\_\_\_ (*partner, family, friend*)

What is their travel time to your home in minutes: \_\_\_\_\_

Do they have an access key to your home: Yes  No  Knows key location

### **Emergency Contact #4**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Next of Kin: Yes  No

What is their relationship to you: \_\_\_\_\_ (*partner, family, friend*)

What is their travel time to your home in minutes: \_\_\_\_\_

Do they have an access key to your home: Yes  No  Knows key location

### **Emergency Contact #5**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Next of Kin: Yes  No

What is their relationship to you: \_\_\_\_\_ (*partner, family, friend*)

What is their travel time to your home in minutes: \_\_\_\_\_

Do they have an access key to your home: Yes  No  Knows key location

## **Friends & Family App**

*Linking directly to the eevi Gateway, the 'Friends & Family app' is a mobile application that provides information about your device. It is an app as well as a text service that sends alerts and updates directly from the device. It is available on the iOS and Android platforms and can be downloaded from the app store directly on your phone. A login will be created by the Eevi team to provide access to this app.*

Additional logins in excess of 5 may be provided at a cost of \$5 per month and can be arranged directly with your Eevi representative.

Please nominate a contact to have access to the eevi Friends & Family app. A maximum of 5 can be chosen:

1.                       2.                       3.                       4.                       5.

Alternatively, if you would like another family member or friend to have this app login access that you have not listed as an emergency contact please fill out their details:

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Next of Kin: Yes                       No

What is their relationship to you: \_\_\_\_\_ (partner, family, friend)

What is their travel time to your home in minutes: \_\_\_\_\_

Do they have an access key to your home: Yes     No     Knows key location

## Second Occupant

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Nearest Cross Street: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Please tick your preferred contact number**

Mobile Number : \_\_\_\_\_     Home Number: \_\_\_\_\_

Weight Range:    up to 70kg     71kg to 100kg     above 100kg

Blood Pressure:    Normal     Low     High     Fluctuates

Diabetes:            Type 1             Type 2

Other:    Epilepsy     Asthma     History of falls     History of Stroke     Blood Thinners

Mobility Problems:    Arthritis     Walking Stick     Walking Frame     Wheelchair

Allergies (specify): \_\_\_\_\_

\_\_\_\_\_

Heart Problems (specify): \_\_\_\_\_

\_\_\_\_\_

Breathing Problems (specify): \_\_\_\_\_

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Life dependent medications (*specify*): \_\_\_\_\_

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Other conditions (*specify*): \_\_\_\_\_

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Ambulance Cover:      Yes       No

Name of Doctor (optional): \_\_\_\_\_

Contact phone number of Doctor: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_