



**MEDICAL ALERT SERVICES**

*Saves Lives When Seconds Count®*



**VIP ACTIVE®**

**Follow these 3 steps to activate your device.**

**STEP 1**

**PLUG-IN AND CHARGE YOUR  
LIFEFONE VIP ACTIVE DEVICE**

**STEP 2**

**TEST TO ACTIVATE! 1-800-940-0262**

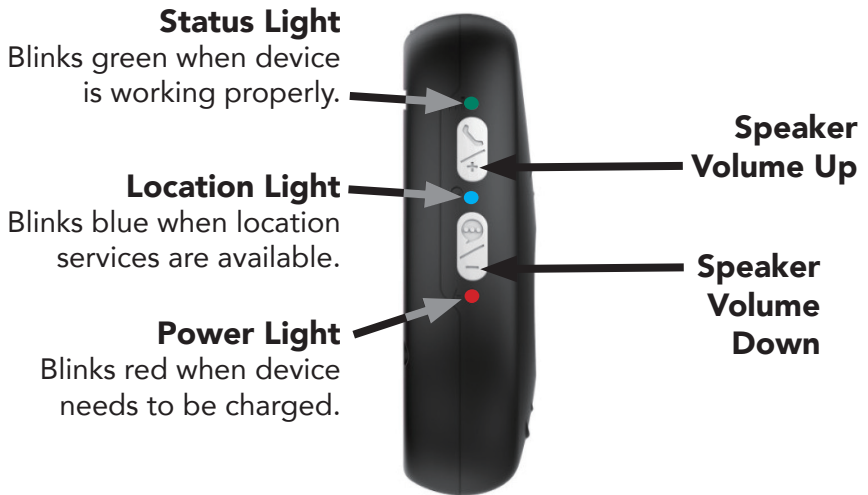
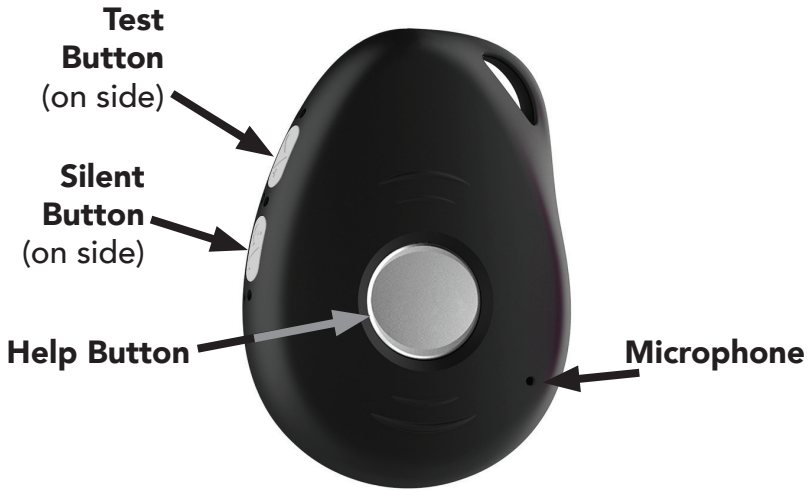
**STEP 3**

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

At-Home and On-The-Go VIP Active®  
with Optional Fall Detection  
**User's Guide**



# LifeFone VIP Active Overview



## STEP 1

# Charge the VIP Active

### Step 1: Charge your VIP Active Device

1. Plug the power cord into a standard wall outlet. Make sure that the wire on the back of the cradle is firmly in place.
2. Place the into the charging cradle. This will turn it on, and you will hear a notice that your device is charging. During charging, the charging cradle light is red. When fully charged, the light on the cradle will turn off.
3. The VIP Active needs to be charged when the Power Light on the pendant flashes red.



**⚠ IMPORTANT: When the light on your device flashes red, your VIP Active needs to be charged.**

**⚠ IMPORTANT: VIP Active is not ready for use until you have charged VIP Active in the Charger and then completed the set up call with your LifeFone response team.**

## STEP 2

# Test the VIP Active Device

### Step 2: Follow these steps to test your device:

1. Press and hold the Test Button on the side of your device. Your VIP Active will initiate contact with the LifeFone response team.
2. Tell the LifeFone Care Specialist that you are testing your system

When you complete the call with LifeFone, your VIP Active will be set up.



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

# STEP 3

## 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.**

**LifeFone Emergency Care Plan Agreement** File This Form In: 1-800-747-2023  
or email: [prof@profplan.com](mailto:prof@profplan.com)

Complete and return this agreement within 48 hours after receipt of equipment. Please retain copy of this agreement in the prepaid envelope. Call with questions: 1-800-940-0262.

<b>1. SUBSCRIBER</b>		<b>2. PAYER (if different from subscriber)</b>	
First Name: _____	Last Name: _____	First Name: _____	Last Name: _____
Street Address: _____	Street Address: _____	Mailing Address: _____	Mailing Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
County (optional): _____	County (optional): _____	Phone #: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Phone #: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Business Code (select): _____	Business Code (select): _____	Phone #: ( ) _____	Phone #: ( ) _____
Home Phone: ( ) _____	Home Phone: ( ) _____	Alternate Phone: ( ) _____	Alternate Phone: ( ) _____
Mobile Phone: ( ) _____	Mobile Phone: ( ) _____	Relationship to Subscriber: _____	Relationship to Subscriber: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		

**3. HIDDEN KEY AND LOCK BOX** Lock Box Code: \_\_\_\_\_

Indicate the location:

<b>4. PERSONAL RESPONDERS (List in priority order. If 4, indicate phone type. Select last used notification method).</b>		<b>5. PERSONAL RESPONDERS (List in priority order. If 4, indicate phone type. Select last used notification method).</b>	
<b>1.</b> Name: _____ Relationship: _____	<b>2.</b> Name: _____ Relationship: _____	<b>3.</b> Name: _____ Relationship: _____	<b>4.</b> Name: _____ Relationship: _____
Cell Address: _____	Cell Address: _____	Cell Address: _____	Cell Address: _____
Phone #: ( ) _____	Phone #: ( ) _____	Phone #: ( ) _____	Phone #: ( ) _____
Phone #: ( ) _____	Phone #: ( ) _____	Phone #: ( ) _____	Phone #: ( ) _____

**6. MEDICAL AND PERSONAL INFORMATION**

Do not remove information from this page. Check off that apply.  Trauma  Color  Intoxication  Poisoning

Medical Conditions, Physical Limitations: \_\_\_\_\_

Allergies: \_\_\_\_\_

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

Healthier City and State: \_\_\_\_\_

Healthier Phone Number: ( ) \_\_\_\_\_

Person's Date of Birth: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Phone Number: ( ) \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

SEXUAL ORIENTATION: Male \_\_\_\_\_ Female \_\_\_\_\_ Bisexual \_\_\_\_\_ Other \_\_\_\_\_

**7. ACCEPT AGREEMENT**

I, the undersigned, hereby agree and acknowledge that I have read this document, I understand its contents, I have read the instructions and I have read the terms and conditions. I have authorized the use of my information and I have authorized the use of my information for the purposes of the agreement. I have authorized the use of my information for the purposes of the agreement. I have authorized the use of my information for the purposes of the agreement.

Subscriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Payer Signature (if not Subscriber): \_\_\_\_\_

PLEASE PRINT OR TYPE: Name \_\_\_\_\_ SSN: ( ) \_\_\_\_\_ Relationship: ( ) \_\_\_\_\_

LifeFone 16 Newkirk Avenue, White Plains, NY 10627-5324 Phone: 1-800-850-2292 Fax: 1-800-147-2022

## VIP Active and Charger Notes

- The charging cradle is for holding the VIP Active while charging. The Power Cord connects the charging cradle to a standard wall outlet.
- The Help Button, when pushed, initiates a two-way call to LifeFone's response team
- The Speaker allows you to hear LifeFone's response team speak to you. You can adjust the speaker volume using the + and - buttons on the side.
- The Microphone allows LifeFone's response team to hear you
- While wearing your device, the status light will blink green to indicate that your device is working properly.
- Charging contacts connect the Charging Cradle to the VIP Active. Be sure to keep the contacts clean and free of debris; gently wipe with a soft cloth.
- The VIP Active device is water resistant. You can wear it in the shower, but it should not be submerged.
- For best results, wear your help button on a lanyard outside of all your clothes.



**LifeFone VIP Active  
in Charging Cradle**

# Placing an Emergency Call

To make an emergency call using your VIP Active:

Step 1. Press and hold the center Help Button once until you feel a vibration or hear the activation tones.

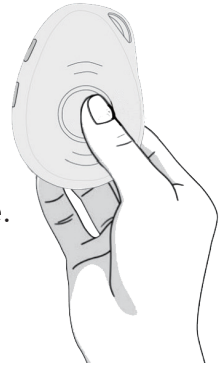
Step 2. LifeFone's response team will answer your call, talk to you to assess your needs, and notify emergency services if appropriate.

**Important: To cancel an accidental activation, press and release the Help Button when prompted.**

## Testing VIP Active

### Test Your System Monthly

- Press the pendant Help Button firmly once.
- Once the alarm is received by LifeFone, an emergency operator will communicate with you through the speaker.
- Please state clearly to the operator that "THIS IS A TEST." If you do not explain to the operator that you are testing your unit, emergency help will be dispatched.
- It's recommended that you test your system once a month, every month.



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



## Location-Based Services

This system uses GPS, BLE and WiFi to provide fast and accurate location service. As with all location-based services, it may not always be possible to determine your location. Multi-level buildings, parking garages, and even dense urban areas can make it difficult for satellites and cell phone towers to determine an exact location.

**NOTE: A cellular signal may not be available in all areas.**

**⚠️ FOR PROPER OPERATION, VIP ACTIVE REQUIRES ADEQUATE CELLULAR COVERAGE! POOR CELLULAR COVERAGE MAY RESULT IN THE INABILITY TO PLACE A CALL OR AUTOMATICALLY DETECT A FALL!**  
*Check with LifeFone for known coverage limitation.*

## Battery Notes


The VIP Active battery is designed to operate on a single charge for up to 5 days but may be reduced as a result of user activity, cellular coverage, talk time, device-specific settings, and device life. When fall detection is added to your LifeFone service, battery life may be reduced.


**Low battery may result in the inability to place a call, automatically detect a fall, and/or properly locate you automatically during an emergency.**

**⚠️ Important: VIP Active requires an adequate battery charge to function properly. Prior to use, please charge VIP Active at least 3 hours.**

## Wearing VIP Active

VIP Active should be worn as a pendant around your neck using the supplied Lanyard. We recommend that the VIP Active be worn outside clothing, to make it easier to reach the Emergency Call Button in an emergency. Talk to your health care provider regarding the most effective way to wear your VIP Active.

 **Use only the LifeFone-provided Lanyard. To reduce risk of strangulation, the VIP Active Lanyard is designed to break apart under certain conditions. Any cord worn around the neck, however, can pose a risk of strangulation, including the possibility of serious injury and death. VIP Active users and caregivers should exercise care with the Lanyard to ensure it does not get caught or tangled in wheelchairs, walkers and other such equipment.**

 **Important: VIP Active requires a vertical position with the Call Button facing away from the body to operate properly.**

- You should wear your pendant around your neck and adjust the lanyard so that it rests at chest level with the emergency button facing forward, so that it is easier for you to press.

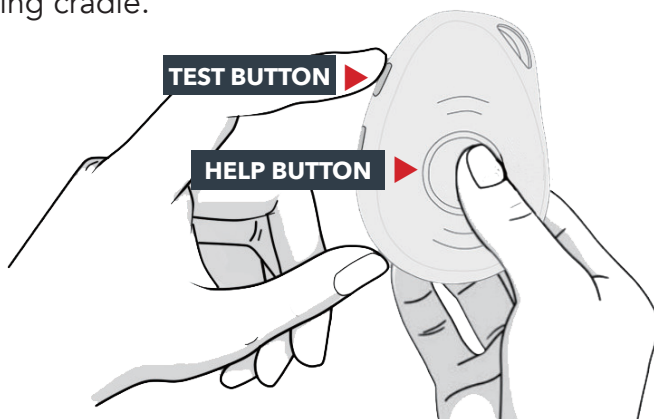
- Do not put the pendant buttons through the clothes washer or dryer, or attempt to dry your button out in the oven or microwave.
- VIP Active is water resistant, but should never be submerged in water.

## Turning Off and On

### **IMPORTANT SHIPPING or MAILING NOTE:**

If you need to mail the VIP Active device for any reason, please power it off first. To power off the device, press and hold the Help and Test buttons together until you feel a vibration. All lights on the device should turn off within one minute.

To turn your device back on, you can press the Test and Help buttons together, or you can place the device in the charging cradle.



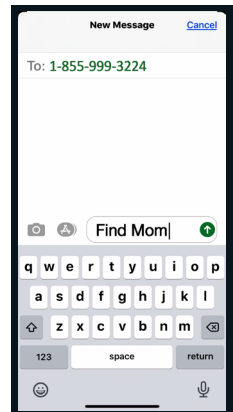
# Locate a Lost VIP Active Device

**Device Finder** — If your VIP Active is misplaced or lost, our Customer Care team can ring the device and use GPS location technology to help locate it.

## Text-to-Locate the VIP Device

Approved caregivers can find their loved ones using Text Messages.

1. Text **find locator-name** to **1-855-999-3224** from a phone which has been registered on your LifeFone account
  - **find** can be uppercase or lowercase
  - **locator-name** is the subscriber's first name
2. The system will send a text message with the location of the VIP device.
3. If you wish to add new contacts, or edit the contacts on your list, please call LifeFone at 1-800-940-0262.



## Optional Features:

Contact LifeFone to enable these optional features for an additional fee: 1-800-940-0262

## Optional Fall Detection or Man-Down Protection

For devices with Fall Detection enabled, your LifeFone VIP Active can automatically connect to Care Specialists if it detects a fall. The unit also enables the user to cancel a fall alert. The VIP Active can be located with GPS and WiFi location technologies.

**The automatic Fall Detection is not 100% accurate, so there may be a chance the unit will not detect your fall. You are always required to press your Emergency Call Button if you are able and you need assistance.**



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**

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White Plains, New York 10607-1324  
Web: [www.LifeFone.com](http://www.LifeFone.com)  
Phone: 1-800-940-0262

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