



Dear SafeGuardian Subscriber,

We sincerely appreciate the opportunity to have been of service to you, your family or loved ones. You may cancel your SafeGuardian services at any time without penalty or early termination fees.

All cancellation requests must be in writing and be delivered to us – along with all rental/leased equipment – no less than seven (7) days prior to your next service plan renewal date to avoid being automatically charged for your next service period.

There are no refunds for pre-paid service plans - however any remaining pre-paid service period is fully transferrable to another subscriber.

To quickly and easily cancel your SafeGuardian service, simply follow these two easy steps:

- 1) Complete the Account Cancellation Request (below).
- 2) Mail your Cancellation Request and SafeGuardian SOS device back to us. Be sure to enclose a check for any balance due to enable us to close your account. Send it to:

**SafeGuardian Medical Alarms
Attn: Subscriber Cancellations
825 College Blvd, Ste 102-310
Oceanside, CA 92057-6263**

Important: Please feel free use the shipping service most economical for you. For your protection, we STRONGLY recommend obtaining and keeping a tracking or delivery confirmation number from your shipping service. SafeGuardian is not responsible for lost or undelivered returns.

Please Let Us Know How We Did!

Please take a minute to provide your comments & suggestions about your experience using a SafeGuardian Medical Alarm System. Your experience is valued by our entire staff – and other families considering such a system - and is important as we strive to continuously improve our service.

Thank you!

SafeGuardian Customer Care

SAFEGUARDIAN ACCOUNT CANCELLATION REQUEST

Date: _____

Hello SafeGuardian,

Please cancel the SafeGuardian monitoring account for the subscriber below:

Subscriber (User) Name: _____

Account Number (*If Available*): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Subscriber Phone: _____

- ☐ Please cancel my SafeGuardian service effective _____ (date).
☐ Check enclosed In the amount of \$_____ for final payment.

Comments/Suggestions:

Requested by:

Signature: _____

Print Name: _____

Phone: _____

Email: _____

PRE-ADDRESSED RETURN SHIPPING LABEL

**SafeGuardian Medical Alarms
Attn: Subscriber Cancellations
825 College Blvd, Ste 102-310
Oceanside, CA 92057-6263**