

ELECTRONIC SIGNATURE AUTHORIZATION FORM

ElderCare 4 Families has established an Electronic Signature Program for the secure electronic transmission and authentication of Caregiver care sheets for Long Term Care purposes. The undersigned participant (Caregiver) wishes to participate in this Program and hereby requests ElderCare 4 Families to accept an Electronic Signature for the purpose of submitting and certifying as accurate and complete all documents and related communications requested by ElderCare 4 Families to comply with Long Term Care Insurance filings.

By authorizing ElderCare 4 Families to accept an Electronic Signature, Caregiver agrees with each of the following statements:

- Any electronic signature shall be as valid as a manually signed document submitted on paper.
- Any and all information submitted on behalf of the ElderCare 4 Families shall be true, accurate, and complete. Caregiver accepts total responsibility for the accuracy of all information submitted to ElderCare 4 Families via electronic means,.
- Caregiver agrees to hold harmless and indemnify ElderCare 4 Families from any and all claims, actions, damages, liabilities, costs and expenses, including reasonable attorneys' fees and expenses, which arise out of or are alleged to have arisen out of or as a consequence of the utilization of this Electronic Signature Program.
- ElderCare 4 Families agrees to protect all Caregivers' non-public private information. Such information may only be transmitted electronically to ElderCare 4 Families via the telephony system.
- This Electronic Signature Authorization Form will remain in force unless revoked or amended in writing. To amend this authorization, Caregiver must manually sign and deliver a new Electronic Signature Authorization Form. To revoke this authorization in its entirety, Caregiver must submit written instructions to ElderCare 4 Families in either electronic or physical form.

Caregiver:

Type Name

Signature

Phone Number

E-mail Address