

ACKNOWLEDGEMENT OF UNDERSTANDING
BACKUP PLAN

ISC Name: _____ Consumer: _____

Please place original form in consumer's file.
And also provide a copy for the consumer.

<u>Triggering Event</u>	<u>Consumer Action</u>	<u>Contact Phone Numbers</u>	<u>Coverage Plan</u>

(If additional space is needed please continue onto second page. Please staple all pages of this Acknowledgement together upon completion)

IN THE EVENT OF AN EMERGENCY CALL 911 IMMEDIATELY.

I have reviewed all _____ triggering events and backup procedures. I understand that it is my responsibility to activate the backup plan(s) once the triggering event has occurred. Further, I am aware and understand how to successfully activate the backup plans.

Signature of Consumer

Date

ACKNOWLEDGEMENT OF UNDERSTANDING
BACKUP PLAN (*CONTINUATION*)

ISC Name: _____

Consumer: _____

<u>Triggering Event</u>	<u>Consumer Action</u>	<u>Contact Phone Numbers</u>	<u>Coverage Plan</u>