

Insulin Pump Program Order Form

D01222830

Rev C

Page 1 of 5

Congratulations on your decision to loan a MiniMed™ 780G insulin pump (780G Pump). The AccessPlus program is designed to give more people the chance to experience the benefits of using a 780G Pump.

Who can apply

1. Australian Resident;
2. Have Type 1 diabetes;
3. Obtain a compatible Medtronic Continuous Glucose Monitoring (**CGM**) through National Diabetes Services Scheme ;
4. Been prescribed an insulin pump by a healthcare professional;
5. Not currently using a MiniMed™ 780G insulin pump; and
6. Currently have one of the following:
 - a. Private Health Insurance (**PHI**); or
 - b. Ability and willingness to take out PHI within 2 months; or
 - c. Ability and willingness to pay \$AUD 8,574.

What you'll need to provide

1. This order form. Please ensure you include the signed approval from your HCP.
2. PHI policy certificate or joining letter which must include confirmation of your current membership with a registered health insurer indicating member name, cover start date, membership number and level of cover (where applicable).
3. Product Disclosure Statement for your PHI (where applicable).

How to submit your application

1. Email: rs.sydzandzs@medtronic.com
2. Fax: 02 9857 9237

The terms and conditions attached to the loan of a 780G Pump are outlined in the attached document and should be fully understood before starting the program.

If you currently hold PHI, this program enables you to access a 780G Pump while your insurance matures. It also applies if you have an in-warranty insulin pump that will be eligible for an upgrade through your PHI within the next 12 months. Loan periods exceeding 12 months may be considered at Medtronic Australasia Pty Ltd's (Medtronic) discretion and could incur additional fees, which will be disclosed upon approval of your application.

If you do not currently hold PHI, you may access a 780G Pump for a two-month trial period. To continue using the pump after this trial, you must obtain PHI that includes insulin pump coverage and provide proof of coverage before the trial ends. This will allow your loan to be extended for up to 12 months.

Medtronic retains ownership of the 780G Pump and is pleased to provide it free of charge for the duration of your loan or trial period, subject to applicable terms and conditions. If you choose to purchase a Medtronic insulin pump through your PHI or decide not to proceed, no additional fees will apply- provided the loan pump is returned to Medtronic within 14 calendar days following the end of the trial or loan period.

We look forward to supporting you throughout your journey.

What happens after you apply

A 780G pump is only available once your completed application is approved at the discretion of Medtronic. To avoid delays, please make sure all required documents are submitted.

Insulin Pump Program Order Form

ACCESSPLUS PROGRAM: TERMS AND CONDITIONS

1. The AccessPlus Program (**Loan Program**) provides you (**Eligible Pump User**) access to MiniMed™ 780G Pump (**Loan Pump**) subject to the terms and conditions below.
2. An Eligible Pump User (also referred to as 'you') for the Loan Program:
 - a. is an Australian resident with Type 1 diabetes;
 - b. has been prescribed insulin pump therapy by a healthcare professional (**HCP**);
 - c. obtains a compatible Medtronic CGM through National Diabetes Services Scheme;
 - d. not currently using a MiniMed™ 780G insulin pump; and
 - e. currently has one of the following:
 - a. Private Health Insurance covering insulin pump therapy (**PHI**); or
 - b. Ability and willingness to take out PHI within two (2) months of commencing the Loan Program; or
 - c. Ability and willingness to pay \$AUD 8,574
4. If the Eligible Pump User does not have PHI, the term of the loan is two (2) months from the date of delivery of the Loan Pump to the Eligible Pump User or their HCP's address (**Trial Period**).
5. An Eligible Pump User can extend the term of the loan for up to an additional twelve (12) months under clause 4 by providing Medtronic with confirmation of PHI funding approval and any additional paperwork required by their individual PHI before the end of the Trial Period (**Extended Term**). The Eligible Pump User must continue to have the correct level of PHI during the Extended Term until their PHI is billed.
6. If the Eligible Pump User has PHI the term of the loan is from the date of delivery of the Loan Pump to the Eligible Pump User or their HCP's address to the date you can access your new MiniMed 780G insulin pump through PHI (**Term**).
7. The Eligible Pump User must remain contactable throughout the duration of the Term and until ownership of the Loan Pump has been transferred to the Eligible Pump User or the Loan Pump has been returned to Medtronic.
8. If the period of your loan is less than two (2) months you will be required to retain your Loan Pump through the 'Loan to Own' option. If your Term is longer than two months you may opt to retain your Loan Pump through the 'Loan to Own' option, Medtronic will discuss this process with you further. Both are subject to PHI or funding approval.
9. If the Eligible Pump User decides not to continue with the Loan Pump or ceases to be an Eligible Pump User under clause 2 of these Terms and Conditions, the Eligible Pump User must return the Loan Pump to Medtronic Diabetes Support Services, the earlier of fourteen (14) calendar days of ceasing use of the Loan Pump or ceasing to be an Eligible Pump User.
10. An Eligible Pump User will not be required to make any payment for use of the Loan Pump, except if your Loan Pump is lost, damaged, or destroyed or if it is not returned within fourteen (14) calendar days at the end of the applicable Trial Period, Extended Term or Term. You will be liable for the replacement cost of the Loan Pump up to the value of AUD \$8,574.00 (GST exempt). Medtronic may take further action to recover the value of the Loan Pump.
11. Medtronic retains full title to the Loan Pump. The Eligible Pump User, while in possession of the Loan Pump, is regarded as a bailee. The Eligible Pump User must not mortgage, pledge, sell, charge, encumber, sub-let, part with possession of, grant any lien, license or other encumbrance over or otherwise dispose of or deal with or permit to exist any license or other encumbrance over the Loan Pump or any part of it and the Eligible Pump User must keep the Loan Pump free from any distress, execution or other legal process.
12. The Eligible Pump User is required take reasonable care to prevent loss, damage or misuse of the Loan Pump. Medtronic acknowledges that fair wear and tear may occur with normal use and will not hold you liable for such wear.
13. The Eligible Pump User undertakes that during the applicable Trial Period, Extended Term or Term they will: (a) be the only user of the Loan Pump; and (b) comply with the instructions and recommendations of Medtronic and the manufacturer in relation to the Loan Pump and its use.
14. To the extent permitted by law, Medtronic is not liable to the Eligible Pump User for any loss, damage, cost, or claim arising out of or in connection with the Loan Pump, including but not limited to its use, operation, maintenance and safe keeping or any third party claims. The Eligible Pump User agrees to indemnify and hold harmless Medtronic and its directors, officers, employees, agents and representatives from and against all claims, proceedings, costs (including legal costs on a solicitor/own client basis) incurred or sustained by Medtronic, whether directly or indirectly, as a result of or in connection with the use, operation or safekeeping of the Loan Pump by the Eligible Pump User.
15. This Agreement is governed by New South Wales law. The parties will attempt to resolve all disputes by negotiation. Any unresolved dispute will be mediated promptly by a qualified mediator. The Eligible Pump User must report all Loan Pump related adverse events and/ or equipment complaints to Medtronic at the time of occurrence.
16. Medtronic is committed to protecting the Eligible Pump User's privacy and will only use personal information and health information for the purposes for which it was collected in accordance with the privacy statement and the Privacy Policy at www.medtronic-diabetes.com.au/privacy-statements. Medtronic will collect the Eligible Pump User's information for the purposes of providing the Loan Pump.

Insulin Pump Program Order Form

D01222830

Rev C

Page 3 of 5

OR email form direct to rs.sydzandss@medtronic.com

Pump User

Name:

Date of Birth:

If minor, parent/guardian name:

Street Address:

Suburb:

State:

Postcode:

Email:

Mobile Number:

Alternative Number:

Type of Diabetes:

1

2

NDSS Registration Number:

To help us assess eligibility for future programs, you may choose to provide the following optional information:

Providing this information is optional. It will only be used to help identify eligibility for future services or programs. Your information will be stored securely and handled in line with our Privacy Policy.

Does the Pump User or their guardian hold a concessional card (e.g., Health Care Card, Pensioner Concession Card)?

Yes

No

Is the Pump User of Aboriginal or Torres Strait Islander origin?

Yes, Aboriginal

Yes, Torres Strait Islander

Yes, both Aboriginal and Torres Strait Islander

No

Prefer not to say

By signing below, I confirm that I, as the Pump User or their Guardian, agree to the following:

- I have read and understood the Privacy Collection Statement & Privacy Policy (<https://www.medtronic-diabetes.com.au/privacy-statements>).
- I have read and understood the AccessPlus Program Terms & Conditions provided with this application.
- I acknowledge that it is my responsibility to ensure the loan insulin pump remains in my possession throughout the loan period and is returned to Medtronic at the end of that period. I understand that I am liable for the full replacement cost of AUD \$8,574 if the pump is sold, donated, loaned, or otherwise transferred to any third party, including healthcare professionals.
- If applicable, I am responsible for maintaining valid private health insurance coverage for the duration of the loan period. I also agree to remain contactable during this time and understand that Medtronic may verify my insurance coverage at any point during the loan period.
- I consent to the nominated healthcare professional submitting my personal and sensitive information (if applicable), and that of the Pump User if I am acting as their Guardian, to Medtronic for the purpose of processing this order.

Pump User's signature
(if minor, parent/guardian signature)

Date

Insulin Pump Program Order Form

D01222830

Rev C

Page 4 of 5

Loan Pump & CGM Order (Excludes Travel Loan Pumps)

Pump Model Selection

MiniMed™ 780G - Price: AUD \$8,574. Rebate Code: MI452

Is your smartphone listed on the Medtronic compatibility webpage?

Yes No

Check your smartphone's compatibility with the MiniMed™ 780G at <https://www.medtronic-diabetes.com.au/mm780g-supported-devices>



CGM Order

Current CGM Therapy

- Medtronic CGM
- Other CGM Brand. Brand: _____
- Not currently using CGM

I can confirm I will order compatible Medtronic CGM via

- NDSS
- Medtronic eShop

Loan Pump Order

What is your current pump therapy status?

- New to insulin pump therapy
- Using Medtronic MiniMed insulin pump
- Using another insulin pump provider. Other brand: _____

Loan Period End Date

The loan period end date will be determined by your eligibility to claim an insulin pump; either your insulin pump warranty date or by the maturation date of your current private health insurance policy, whichever is later. Please select option that is applicable for you:

- I am serving private health insurance waiting period to access an insulin pump. Maturation Date: _____
- I am still within the pump warranty. Warranty end date: _____
- Initial Trial period up to 2 months with no PHI *(on approval basis only)*

Private Health Insurance (if applicable)

Private Health Insurance Provider: _____

Membership Number: _____

Cover Start Date: _____

Attach your supporting documents here (if applicable):

PHI Policy Certificate or joining letter
Must include confirmation of your current membership with a registered health insurer indicating Member Name, Cover Start Date, Membership Number and Level of Cover.

Product Disclosure Statement
for your PHI

Insulin Pump Program Order Form

D01222830

Rev C

Page 5 of 5

Hospital/Clinic & Healthcare Professional Information

Name of Hospital/Clinic:

Hospital/Clinic Address (include unit/clinic):

Suburb:

State:

Postcode:

Name of Diabetes Educator:

Contact Number:

Email Address:

Name of Prescribing Clinician/Endocrinologist:

Pump start will occur under a CPT Medtronic Agreement:

Yes

No

Pump start date:

Delivery Option:

To the pump user's address

To the hospital/clinic address

Other address. Specify address:

(Expected shipping time is approximately one week from receipt of completed application.)

By signing the below, I certify that I am a registered healthcare professional & that the named patient is indicated for treatment using the Medtronic therapies ordered on this form. A copy of this order will be retained as part of the patient's medical record. I give my consent to Medtronic to liaise with the patient's health fund on my behalf & I confirm that I have communicated the Privacy Statement below to my patient & obtained their permission to share their personal & sensitive information with Medtronic. I understand that Medtronic disclaims all liability with respect to the falsification or modification of this attestation of clinical need & my confirmation that my patient consents to my sharing of their data with Medtronic.

I understand that Medtronic's insulin pumps are registered on the Australian Register of Therapeutic Goods for single-patient use only. That is, used by the original purchaser. Second-hand use is therefore an off-label use of a Medtronic insulin pump, & Medtronic does not endorse or support the off-label use of its products.

Healthcare Professional Signature

Date

Attach supporting documents here (if applicable):

PHI Policy Certificate or joining letter

Must include confirmation of your current membership with a registered health insurer indicating Member Name, Cover Start Date, Membership Number and Level of Cover.

Product Disclosure Statement for your PHI

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