



ResMed Sleep-on-it Promise

Please complete all sections on this return form and send to **plans@resmed.com.au**. The ResMed Customer Care Team will then organise a courier to pick up the returned ResMed products that are part of the ResMed device therapy plan. See Partner Instructions for full terms and conditions. **Valid for customers who have signed up to a ResMed device therapy plan between 28 October 2020 to 30 April 2021.**

1. Authorised Dealer name: _____
Authorised Dealer location: _____
Customer's name: _____ sleepvantage member no.
ResMed device therapy plan chosen: _____
ResMed device therapy plan sign up date: _____
ResMed device therapy plan cancellation date: _____
ResMed mask included: _____
If signed up to an AirMini plan, was it used as a primary or secondary device: _____

2. Is the device or mask damaged or does it have a quality defect? NO YES
If you answered yes, please do not use this form. Please send this product in for service under the normal warranty process.

3. **Reason for cancellation**
Please select the primary reason for canceling the ResMed device therapy plan and any specific issues within that category.

The customer disliked using the device:	The customer:
<input type="checkbox"/> Reported discomfort while using the device	<input type="checkbox"/> Wanted to pay upfront
<input type="checkbox"/> Disliked humidification	<input type="checkbox"/> Chose to stop therapy
<input type="checkbox"/> Disliked AirMini not having humidification on the full face mask	<input type="checkbox"/> Chose an alternative brand of device and/or mask
<input type="checkbox"/> Disliked use of the AirMini App	<input type="checkbox"/> Is in financial hardship
<input type="checkbox"/> Disliked the sound	<input type="checkbox"/> No longer wants to be on a plan and pay monthly fees
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

4. By signing this form you accept the terms and conditions of the ResMed Sleep-on-it Promise.
 You acknowledge that all ResMed products have been returned to the Authorised Dealer in good condition.
Signature of sleep therapist: _____ Date: _____
Printed name of sleep therapist: _____