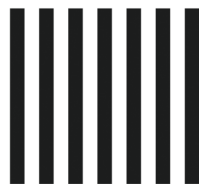


TAKE 5 TO CARE 4 YOURSELF



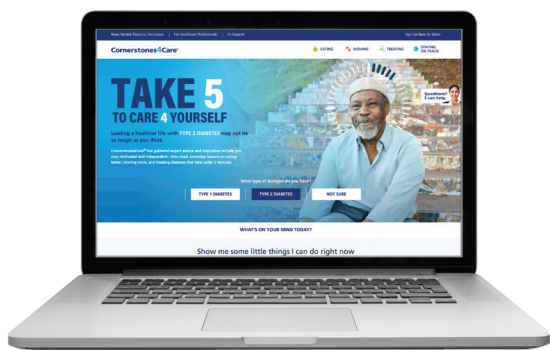
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IF MAILED
IN THE
UNITED STATES



Register today for a **FREE** diabetes support program!

Cornerstones4Care®

You and your care partners can sign up for more information, updates on living with diabetes, and ongoing support to help you manage your diabetes.



It's easy to sign up!

Mail in the card in this brochure



- Go online to **Cornerstones4Care.com**
- Call us at 1-800-727-6500 (option 8 for Spanish) from 8:30am to 6:00pm EST
- Scan this code with a smartphone or tablet



Scan me!

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TRENTON NJ 08650-9816



TAKE 5 TO CARE 4 YOURSELF

Cornerstones4Care®

Get ongoing support and the latest updates about:



Eating



Moving



Treating



Staying
on Track

Sign up today!

Take five minutes to sign up for more help and the latest updates in diabetes care



Online: Visit **Cornerstones4Care.com** or **Espanol.Cornerstones4Care.com**



By phone: Call the Customer Care Center at **1-800-727-6500** (option 8 for Spanish) from 8:30am to 6:00pm EST



By mail: Complete and return the card in this brochure

Or, scan this code with a smartphone or tablet



Scan me!

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Cornerstones4Care®

Diabetes support just for you

A **FREE** program to help you reach your diabetes goals

Sign up today!



TAKE 5
TO CARE 4 YOURSELF

Cornerstones4Care® is a **free** support program to help you stay motivated and empowered to manage your diabetes. Lead a healthier life with helpful information on eating better, moving more, and treating diabetes in a variety of ways.

What do I get with Cornerstones4Care®?

Cornerstones4Care.com

Easily explore our website for practical lessons that take less than 5 minutes to complete!



Ask Sophia!



“Ask Sophia!”
Digital Assistant

Get answers to your questions about diabetes and so much more.

Diabetes
Health Coach

A personalized coaching program that provides one-on-one support when you need it.*



Text and Email Support

You can choose to get texts and emails for more information and to help keep you motivated.



*For people starting certain Novo Nordisk products.

Tear out card and mail today!

PLEASE MOISTEN GLUE, FOLD, SEAL, AND MAIL THIS POSTAGE-PAID CARD.

Cornerstones4Care®

1 Tell us about yourself

Other ways to register:



Go to **Cornerstones4Care.com**



Call **1-800-727-6500**



Fill in the information below, tear off this card, fold and seal it, and mail it back to us



Scan the QR code on the front of this card

All fields with asterisks (*) are required.

* First name _____

* Last name _____ MI _____

* Address 1 _____

Address 2 _____

* City _____

* State _____ * ZIP _____

* Email _____

Birth date (_____/_____/_____) _____

☐ I confirm that I am 18 years of age or older *

Mobile/Phone number _____

2 Tell us a little more

- * What type of diabetes do you have? (Check one)
- ☐ Type 2 ☐ Type 1 ☐ Don't know
- * What type of diabetes medicine has been prescribed? (Check all that apply)
- ☐ Diabetes pills (also called oral antidiabetics or OADs)
- ☐ Non-insulin injectable or GLP-1 RA therapy
- ☐ Combination injectable therapy
- ☐ Insulin
- ☐ Other diabetes medicine
- ☐ None

• If you checked “Non-insulin injectable or GLP-1 RA therapy,” “Combination injectable therapy,” “Insulin,” or “Other diabetes medicine,” please fill in the following for each:

Product 1: _____

How long has this product been taken?

- ☐ Prescribed but not taken ☐ 7-12 months
- ☐ 0-3 months ☐ 1-3 years
- ☐ 4-6 months ☐ 3 or more years

Product 2: _____

How long has this product been taken?

- ☐ Prescribed but not taken ☐ 7-12 months
- ☐ 0-3 months ☐ 1-3 years
- ☐ 4-6 months ☐ 3 or more years

3 Privacy Policy

To complete your registration, we ask you take a moment to read the below information to better understand how Novo Nordisk uses the information you provided us. When you finish reading, check the “I Agree” box and confirm your age. Sign and date below to complete your registration.

Novo Nordisk respects the importance of your privacy and understands your health is a very personal and sensitive subject. Novo Nordisk wants you to understand how it will use the information provided by you on this registration page. By checking “I Agree” and signing below, you are indicating that Novo Nordisk or its partners may use your information for program improvements, quality monitoring, data and analytics for Novo Nordisk commercial purposes, and future Novo Nordisk marketing communications (including branded or unbranded emails, text messages, or direct mail). You also understand that you may opt out from receiving any future communications from Novo Nordisk or its partners by clicking the “unsubscribe” link within any email you receive, by calling 1-877-744-2579, or by sending us a letter containing your full contact information (eg, name, email address, phone) to Novo Nordisk, 800 Scudders Mill Road, Plainsboro, New Jersey 08536.

To better understand how Novo Nordisk values your privacy and what other information may be collected from you while you use this service, please visit www.C4CPrivacy.com.

☐ I agree

Signature (required) _____

Date (required) _____

mm/dd/yyyy