

This is a pledge between two OA members to support and to be accountable to one another. If you think this agreement could be helpful for you, fill out your name and other information as the "I" on one side of the form and have another OA member complete the other half. Cut the forms apart and exchange sides. Place the agreement in a prominent spot to remind you of your commitment to recovery and to service.

### RECOVERY INSURANCE POLICY

I \_\_\_\_\_ on this day do hereby give \_\_\_\_\_ (a recovering OA member) permission to take me to a meeting if she/he does not receive a phone call from me within \_\_\_\_\_ days of our last conversation; or if she/he does not see me at an OA meeting within the last \_\_\_\_\_ weeks. She/he has the right to use all means of communication to contact me, including contacting \_\_\_\_\_ (a friend/relative) for assistance. This agreement may only be terminated after we have had contact and mutually agree to end this agreement.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

My address: \_\_\_\_\_

My phone numbers: \_\_\_\_\_

My email: \_\_\_\_\_

Friend/relative's phone no.: \_\_\_\_\_

**Always to extend the hand and heart of OA to all who share my compulsion; for this I am responsible.**

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