BOSTON TEACHERS UNION
PARAPROFESSIONAL HEALTH & WELFARE FUND
180 Mount Vernon Street
Boston, MA 02125-3198
(617) 288-5883

Eugene M. McGlynn
Fund Administrator

Dear Covered Paraprofessional:

Enclosed is the Medic-Alert Application you requested.

Please complete the form carefully and clearly and return it to:
B.T.U. Paraprofessional Health and Welfare Fund
180 Mount Vernon Street
Boston, MA 02125-3198

Do not send the form to Medic-Alert.

However, before you complete and return your form to us for processing I want to make the arrangement clear to you. You should be aware that although the Boston Teachers Union Paraprofessional Health and Welfare Fund will pay to the Medic Alert Foundation International their charge for your Medic Alert membership and will forward your Medic Alert Enrollment Form to accomplish that membership, the Fund assumes no other responsibility. For example, and not by way of limitation, the accuracy or completeness of the information you supply on the Enrollment form, or otherwise, to the Medic Alert Foundation, your compliance with the conditions and instructions on the Medic Alert Enrollment Form and the service provided by the Foundation are not responsibilities of the Fund.

Please review your completed form for accuracy before sending it to us.

Your benefit includes the basic stainless steel bracelet or necklace. If you select a bracelet or necklace other than the basic stainless steel type you must enclose a check payable to the B.T.U. Health and Welfare Fund for the difference in cost. Please sign and date this letter and return it with your completed form.

Sincerely,
Eugene M. McGlynn
Eugene M. McGlynn
Fund Administrator

EMM/ds
Enclosure

To the BTU Paraprofessional Health and Welfare Fund:

I understand the above letter and have reviewed my completed Medic Alert Enrollment Form. You may send my Enrollment Form to the Medic Alert Foundation International as it is.

Date

Signature of person enrolling in Medic Alert
(If minor, parent will sign)

Paraprofessional (Print Name)

City ID #
STEP 3: Enroll

3 EASY WAYS TO ENROLL

GO ONLINE: medicalert.org
CALL US: 800.432.5378
MAIL TO: MAF, PO Box 21009
Lansing, MI 48909

ADD INFORMATION FOR PERSON WEARING THE ID
(ALL FIELDS REQUIRED)

FIRST NAME  MIDDLE INITIAL  LAST NAME
☐ Male  ☐ Female  ☐ Nonbinary  ☐ Self Describe

DATE OF BIRTH  LAST 4 DIGITS OF SSN  GENDER

PRIMARY ADDRESS  UNIT/APT #

CITY  STATE  ZIP

EMAIL ADDRESS  MOBILE PHONE

SELECT MEMBERSHIP PLAN
☐ Basic ($24.99/yr)  ☐ Advantage ($49.99/yr)  ☐ Advantage Plus ($74.99/yr)

CALCULATE PAYMENT

$ + $ + $7.00 = $  

ID PRICE  MEMBERSHIP FEE  SHIPPING  TOTAL

METHOD OF PAYMENT
☐ Credit Card  ☐ Check  ☐ Money Order
(Please make check or money order payable to MedicAlert Foundation)

CREDIT CARD NUMBER*

EXP. DATE (MM/YY)  CVV CODE

CARDHOLDER NAME  CARDHOLDER STREET ADDRESS

EMAIL ADDRESS [REQUIRED]  CARDHOLDER CITY, STATE & ZIP

*For your convenience and to avoid interruption of service, your membership will renew automatically on your anniversary date. You can opt out of automatic renewal at any time by calling 1-800-432-5378. Check or money order payments will not have the convenience of auto renew. By enrolling, you agree to our terms & conditions at www.medicalert.org/terms and www.medicalert.org/consent.

How does MedicAlert work?

During an emergency
MedicAlert protects you
by relaying your vital information
24 to ensure fast, accurate treatment

Enroll in 3 easy steps:
1: Choose your Medical ID with custom engraving
2: Select the membership plan that best meets your needs
3: Provide your personal information

MedicAlert Foundation is a 501(c)(3) nonprofit organization.

Recommended for those living with:
Cardiac conditions, Diabetes, Alzheimer's, Allergies, Autism, Asthma, Epilepsy, Multiple medications, Rare conditions, Medical implants, Dementia, and other medical conditions

saves lives

THE ORIGINAL MEDICAL ID
And the only one backed by 24/7 Emergency Services to relay your critical medical information in times of need.
**Member Benefits**

<table>
<thead>
<tr>
<th>Advantage Plus</th>
<th>Advantage</th>
<th>Basic</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/4.99/Year</td>
<td>5/4.99/Year</td>
<td>5/2.99/Year</td>
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**Step 1: Choose Your Medical ID**

- To know if you're qualified, check if any of the following apply:
  - You have a Medicare Advantage Plan
  - You're enrolled in a Medicare Advantage Plan
  - You have a Medicare Supplement Plan
  - You have a Medicare Prescription Drug Plan

**Step 2: Choose Your Medical ID**

1. **Advance Directive / DNR**
2. **Document Storage**
3. **Physician Notification**
4. **24/7 Wandering Support**
5. **Emergency Contact Notification**
6. **Printable Patient Profile**
7. **Emotional Health Profile**
8. **24/7 Emergency Response Team**

**Performance Silicone Bracelet**

- Color: Black, White, Red, Blue (1000)
- Price: $29.99

**Classic Steel Necklace**

- Color: Black, White, Blue (4000)
- Price: $29.99

**Stainless Steel Dog Tag**

- Color: Black, White, Blue (4000)
- Price: $24.99

**Embossed Premium Bracelet**

- Color: Black, White, Blue, Purple (4000)
- Price: $29.99

**Classic Steel Charm**

- Color: Black, White, Blue, Silver (4000)
- Price: $24.99

**Stitch Band**

- Color: Black, White, Blue, Purple (4000)
- Price: $29.99

**Step 3: Have Your Medical ID & Engaging**

- Wear it on your ID
- Characterize this easy-to-read product by using the blank text
- We'll personalize it on your Medicare ID with engraving

**Emergency Contact Information**

- **First Name:**
- **Last Name:**
- **Relationship:**
- **Address:**
- **City:**
- **State:**
- **Zip Code:**
- **Phone Number:**
- **Email Address:**

**Signing Note:** Measure your wrist and add ¼ inch to determine your bracelet size.