

**BOSTON TEACHERS UNION
HEALTH & WELFARE FUND**

180 Mount Vernon Street
Boston, MA 02125-3198
(617) 288-0500

Eugene M. McGlynn
Fund Administrator

Dear Covered Teacher:

Enclosed is the Medic-Alert Application you requested.

Please complete the form carefully and clearly and return it to:

B.T.U. 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 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 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)

Teacher (Print Name)

City ID # _____



MedicAlert® protects you in an emergency

How does MedicAlert work?



During an emergency



MedicAlert protects you



by relaying your vital information



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.

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	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary
DATE OF BIRTH	LAST 4 DIGITS OF SSN	GENDER	<input type="checkbox"/> Self Describe
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
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METHOD OF PAYMENT

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

CREDIT CARD NUMBER*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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EXP. DATE (MM/YY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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CVV CODE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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CARDHOLDER NAME	CARDHOLDER STREET ADDRESS
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EMAIL ADDRESS (REQUIRED)	CARDHOLDER CITY, STATE & ZIP
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**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.*

10386 Rev.3



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.



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

STEP 1: Choose your MedicalAlert® medical ID & engraving

Visit us at medicalert.org to view full selection of medical IDs. Prices are subject to change.



(Red shown)

CLASSIC STEEL BRACELET - \$24.99

- ☐ Red (A126)
- ☐ Black (A739)
- ☐ White (A751)
- ☐ Green (A657)
- ☐ Light Blue (A654)
- ☐ Orange (A656)
- ☐ Pink (A658)
- ☐ Purple (A659)
- ☐ Blue (A655)

Circle bracelet size (inches):

5" 5½" 6" 6½" 7" 7½" 8" 8½" 9" 9½" 10"



(Stainless Steel shown)

EMBOSSED PREMIUM BRACELET

- ☐ Stainless Steel - \$34.99 (A492)
- ☐ Sterling Silver - \$79.99 (A117)

Circle bracelet size (inches):

5" 5½" 6" 6½" 7" 7½" 8" 8½" 9" 9½" 10"



(Gold Tone & Steel shown)

STRETCH BAND

- ☐ Gold Tone & Steel - \$44.99 (A704)
- ☐ Gold Tone - \$44.99 (A706)
- ☐ Steel (A734) - \$34.99

Circle bracelet size (inches):

Small: 5"-6", Medium: 6.5"-7.5", Large: 8"-9"



(Steel/Red shown)

STAINLESS STEEL DOG TAG - \$24.99

- ☐ Steel/Red (A601)
- ☐ Black/Red (A600)

Comes with a 30" inch beaded neck chain

CLASSIC STEEL NECKLACE - \$29.99

- ☐ Red (A721)
- ☐ Black (A738)
- ☐ Purple (A730)

Circle neck chain length (inches): 26" or 30"



(Red shown)

PERFORMANCE SILICONE BRACELET

- \$29.99

- ☐ Black (A022)
- ☐ White (A023)
- ☐ Red (A024)
- ☐ Blue (A025)

One Size (wrist size adjustable from 5-8 inches around)



(Black shown)

Sizing note: Measure your wrist, then add ½ inch to determine your bracelet size. For example: If your wrist measures 7 inches around, you'll need to order a 7.5 inch bracelet.

WHAT DO YOU WANT FIRST RESPONDERS TO KNOW IN AN EMERGENCY?

We'll engrave it on your MedicalAlert ID. Engraving character limits vary per product. We may abbreviate text to fit on your ID.

LINE 1 _____

LINE 2 _____

LINE 3 _____

LINE 4 _____

WHO SHOULD WE CONTACT IN AN EMERGENCY?

(Only available on Advantage & Advantage Plus plans)

EMERGENCY CONTACT FIRST NAME _____ LAST NAME _____

RELATIONSHIP TO PERSON WEARING ID _____

EMAIL ADDRESS _____

MOBILE PHONE NUMBER _____

MORE THAN A MEDICAL ID

Together with your ID, a MedicalAlert membership provides you with complete protection in an emergency.

STEP 2: Choose your membership plan

MOST POPULAR

Member Benefits	Basic \$24.99/year	Advantage \$49.99/year	Advantage Plus \$74.99/year
24/7 Emergency Response Team	✓	✓	✓
Emergency Health Profile	✓	✓	✓
Printable Patient Profile	✓	✓	✓
Emergency Contact Notification		✓	✓
24/7 Wandering Support		✓	✓
Physician Notification			✓
Document Storage			✓
Advance Directive / DNR			✓