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 #

3 EASY WAYS TO ENROLI

medicalert.org GO ONLINE:

800.432.5378

MAIL TO:

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

FIRST NAME	MIDDLE INITIAL	LAST NAME Male Female Nonbinary Self Describe	☐ Nonbinary
DATE OF BIRTH	LAST 4 DIGITS OF SSN	GENDER	
PRIMARY ADDRESS		UNIT/APT#	

ZIP STATE

CITY

How does MedicAlert work?

MOBILE PHONE

SELECT MEMBERSHIP PLAN

During an emergency

EMAIL ADDRESS

CALCULATE PAYMENT

MedicAlert protects you

by relaying your vital

information

\$ = SHIPPING + \$7.00 MEMBERSHIP FEE ID PRICE

METHOD OF PAYMENT

☐ Credit Card ☐ Check ☐ Money Order

(Please make check or money order payable to MedicAlert Foundation)

CREDIT CARD NUMBER*

accurate treatment to ensure fast,

CVV CODE EXP. DATE (MM/YY)

CARDHOLDER NAME

Enroll in 3 easy steps:

CARDHOLDER CITY, STATE & ZIP EMAIL ADDRESS (REQUIRED)

CARDHOLDER STREET ADDRESS

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

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

10386 Rev.3

STEP 3: Enroll

MAF, PO Box 21009 Lansing, MI 48909

saves lives

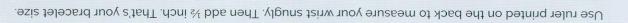
THE ORIGINAL MEDICAL ID

And the only one backed by 24/7 Emergency Services to relay your critical medical information in times of need.



CALL 1-800-432-5378 USA BLOODTHINNERS ALLERGICTO PCN HEART DISEASE ALZHEIMERS MEDICALERT ID#

Recommended for those living with:



STEP 1: Choose your MedicAlert medical ID & engraving

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



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"

5½" 6" 6½" 7" 7½" 8" 8½" 9" 9½" 10'



EMBOSSED PREMIUM BRACELET

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

Circle bracelet size (inches): 5" 5%" 6" 6%" 7" 7%" 8" 8%" 9" 9%" 10'



STRETCH BAND

☐ Gold Tone & Steel - \$44.99 (A704)

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

(Gold Tone & Steel shown)

Circle bracelet size (inches): Small: 5"-6", Medium: 6.5"-7.5", Large: 8"-9"



(Steel/Red shown)

Comes with a 30" inch beaded neck chain

☐ Steel/Red (A601) ☐ Black/Red (A600) **STAINLESS STEEL DOG TAG - \$24.99**

CLASSIC STEEL NECKLACE - \$29.99

Circle neck chain length (inches): 26" or 30" ☐ Red (A721) ☐ Black (A738) ☐ Purple (A730)



PERFORMANCE SILICONE BRACELET

☐ Black (A022) ☐ White (A023 - \$29.99

■ Red (A024) ☐ Blue (A025)

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

(Black shown)

7 inches around, you'll need to order a 7.5 inch bracelet your bracelet size. For example: If your wrist measures Sizing note: Measure your wrist, then add 1/2 inch to determine

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

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

LINE 4	LINE 3	LINE 2	LINE 1

STEP 2: Choose your

membership plan

		MOST FOFULAR	
Member Benefits	Basic \$24.99/year	Advantage \$49.99/year	Advantage Plus \$74.99/year
24/7 Emergency Response Team	4	4	4
Emergency Health Profile	4	4	4
Printable Patient Profile	4	4	4
Emergency Contact Notification	_	4	4
24/7 Wandering Support		4	4
Physician Notification			4
Document Storage			4
Advance Directive / DNR			4

- 6"

| |5

EMERGENCY CONTACT FIRST NAME

LAST NAME

RELATIONSHIP TO PERSON WEARING ID

2

(Only available on Advantage & Advantage Plus plans.)

WHO SHOULD WE CONTACT

IN AN EMERGENCY?

		1	
		1	
		1	
		1	
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MORE THAN A MEDICAL ID

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MOBILE PHONE NUMBER

EMAIL ADDRESS

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

4"

- 7"

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