

**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 visit <https://www.medicalert.org/medical-id> for the most up to date available options.

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

B.T.U. Paraprofessional Health and Welfare Fund  
Attn: Deb Arruda  
180 Mount Vernon Street  
Boston, MA 02125-3198

Do **not** send the forms 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 # \_\_\_\_\_