



# SPONSORED MEMBER ENROLLMENT FORM

MedicAlert’s sponsored program offers free medical IDs and protection plans for people facing financial hardship. To apply, follow these steps:

- 1. Provide proof of income - see **MedicAlert.org/-free-medical-id** for information.
- 2. Fill out the enrollment form along with brief statement of need.
- 3. Submit completed enrollment form, proof of income - **in 1 of 3 ways**

<b>EMAIL: (THE FASTEST)</b> Member_Services@medicalert.org	<b>FAX:</b> (209) 669-2495	<b>MAIL:</b> Sponsorship Service Program, c/o MedicAlert Foundation PO Box 21009, Lansing, MI 48909
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### Statement of need:

Provide 3-5 sentences explaining your financial hardship.

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To be considered for the sponsored program, **you must submit a complete application that includes both proof of income and the completed enrollment form.** We are unable to process incomplete applications.

Once granted a sponsorship, you will be covered by a MedicAlert protection plan for 1 year. At the end of the one-year term, all sponsored individuals must reapply to continue receiving services.

Sponsored memberships is dependent on funding we receive through donations, MedicAlert cannot guarantee sponsorship and reserves the right to deny sponsorship at any time. **If you have questions or need assistance, please contact our Member Services team at 1-800-432-5378.**

## Add information for person wearing the medical ID

(ALL FIELDS REQUIRED)

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

Male  Female  Prefer to self describe \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ LAST 4 DIGITS OF SSN \_\_\_\_\_ GENDER \_\_\_\_\_

PRIMARY ADDRESS \_\_\_\_\_ UNIT/APT # \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ RELATIONSHIP TO ENROLLEE \_\_\_\_\_

EMERGENCY CONTACT EMAIL \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ SECONDARY PHONE NUMBER \_\_\_\_\_

## List all medical conditions & devices

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## List all known food, drug or other allergies

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## List all medications and dosages, including inhalers

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# Choose your MedicAlert® medical ID & engraving

**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.



## CLASSIC STEEL BRACELET

- Red (A126)
- Large Red (A091)
- Black (A739)
- Large Black (A740)

Indicate bracelet size (inches): \_\_\_\_\_  
 5" 5½" 6" 6½" 7" 7½" 8" 8½" 9" 9½" 10"



Sample engraving on back of Classic ID.



## EMBOSSED PREMIUM BRACELET

- Petite Stainless Steel (A156)

Indicate bracelet size (inches): \_\_\_\_\_  
 5" 5½" 6" 6½" 7" 7½" 8" 8½" 9" 9½" 10"



## STAINLESS STEEL DOG TAG

- Steel/Red (A601)

Comes with a 30" inch beaded neck chain



## STAINLESS STEEL DOG TAG

- Black/Red (A600)

Comes with a 30" inch beaded neck chain



## CLASSIC STEEL NECKLACE

- Red (A507)

Indicate neck chain length (inches): \_\_\_\_\_  
 26" or 30"



## SHOE TAG ACCESSORY

- Silicone and Steel (A664)

Made for velcro style shoes but can also be added to shoe laces, watch bands and bracelets.



## LACED UP SHOE TAG

- Stainless Steel (A661)

Loops through the laces of most shoes.

## What do you want engraved on your ID?

We'll engrave it on your MedicAlert ID. Engraving character limits vary per product. We may abbreviate text to fit on your ID. Engraving should include your most critical medical information that you want communicated in an emergency. For example: Diabetes, Epilepsy, Allergic to Latex, No MRI.

LINE 1 \_\_\_\_\_

LINE 2 \_\_\_\_\_

LINE 3 \_\_\_\_\_

LINE 4 \_\_\_\_\_

## Release

**Important:** By accepting membership in MedicAlert Foundation, for yourself as member or caregiver and/or as caregiver on behalf of the member named above (collectively, "you"), you authorize MedicAlert to release all medical and other confidential information about you in emergencies and to other health care personnel you designate. Read the full consent at [www.medicalert.org/consent](http://www.medicalert.org/consent).

\_\_\_\_\_  
SIGNATURE OF MEMBER

\_\_\_\_\_  
DATE

(A parent or guardian signature is required for members under the age of 18.)