

Group Membership *Plan*



www.delmarvablood.org

ADMINISTRATIVE OFFICES:

100 Hygeia Drive
Newark, DE 19713-2085
302 737-8405

1309 Mt. Hermon Road
Salisbury, MD 21804
410 749-4161

Convenient blood donation
sites are located throughout Delmarva.

CALL: 1 888 8-BLOOD-8



Blood

Replacement

Coverage

*There is a constant need for blood in our area.
You can help by joining the Blood Bank.*



PROTECT YOURSELF & YOUR FAMILY!

WHAT IS THE BLOOD BANK?

Blood Bank of Delmarva is a non-profit organization, which provides over 120,000 units of blood and blood products each year to hospitals in Delaware and on Maryland's Eastern Shore. Members receive coverage in exchange for their support.

WHY SHOULD YOU JOIN?

By joining the Blood Bank you will help ensure the continued availability of blood for our community and its citizens. Each year in our area over 20,000 patients need blood transfusions. Blood is needed every day for emergencies such as auto accidents, for planned surgeries, and for people undergoing treatment for cancer and other diseases.

WHAT ARE THE BENEFITS?

If you or anyone covered by your membership uses blood at any hospital that requires blood replacement, the Blood Bank will replace it or pay the cost of replacing it. While health insurance plans cover testing and processing fees, the cost of the blood itself is usually not covered. Non-members are billed for any blood they use or may replace it pint for pint.

WHAT DOES BLOOD BANK MEMBERSHIP COVER?

- Unlimited blood replacement at any hospital in the United States.
- Includes the member, spouse and anyone who can be claimed as a tax-dependent.
- Begins as soon as your enrollment form is received.

WHAT ARE BLOOD BANK MEMBERS ASKED TO DO?

Take a Turn Providing Blood

Members agree to take a turn providing blood about once every 18-24 months*. *You do not have to give blood yourself.* You can provide blood by either:

1. giving blood yourself *or*
2. having someone else give blood for you *or*
3. paying \$30 (the cost of replacing one pint of blood)

Most healthy people at least age 17 can give blood.

*Blood Bank members who are age 75 and older are not asked to give blood, but are encouraged to do so if they are able. Blood donation sites are conveniently located throughout Delmarva.

Pay an Annual Fee

The Blood Bank's annual membership fee is \$5. (For those age 65 and over, the fee is only \$2 after the first year.) This fee helps support the cost of operating the Blood Bank, a non-profit organization. Many group sponsors pay the fee as a fringe benefit.

HOW DO YOU JOIN?

Just complete and return the attached enrollment form to the group sponsor. It's that simple.

PLEASE REMEMBER:

- Blood Bank membership is important protection for you and your family.
- Anyone can join, even if you can't give blood.
- The Blood Bank needs the support of everyone in the community.

JOIN THE BLOOD BANK!

GROUP MEMBERSHIP ENROLLMENT

Return this completed enrollment form to the Group Sponsor.

PLEASE PRINT

Name: _____ [] Male [] Female

Mailing Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Date of Birth: _____

Telephone (home): _____ Telephone (business): _____

Employer: _____ Dept. or Employee # (if applicable): _____

Name of Spouse: _____ Spouse's Social Security #: _____

To transfer your membership into this group, please provide your membership number.
(If you provide your spouse's number, that membership will be transferred to this group under your name.)

Would you like to receive information on the Blood Bank's LifeSaver Club and other Special Programs? [] Yes [] No

I understand all new members under age 75 agree to take a turn providing blood shortly after joining.

I also understand that I will not be called again until all other members have been called (approximately 18-24 months).

Benefits begin immediately after you enroll.

For the sake of privacy, you may wish to send the completed form in an envelope.

Signature

Date