

Please complete the following application and mail along with membership fee to:

GSPO Provider Services Corp.
P.O. Box 4190
Hamilton, NJ 08610

MEMBERSHIP APPLICATION

Membership Fee (per household):

Please check one:	<input type="checkbox"/> 1 year	\$20.00
	<input type="checkbox"/> 3 years	\$40.00 (get 1 year free!)

CARDHOLDER INFORMATION

Last Name: _____

First Name: _____

Street: _____

City ST Zip: _____

Phone: _____

Birthdate: _____

Male/Female: _____

DEPENDENT INFORMATION

Last Name: _____

First Name: _____

Birthdate: _____

Male/Female: _____

(For additional dependents, please attach sheet)

By signing below, I attest that the persons listed above:

- are residents of Atlantic County
- understand that this is a discount savings card and not a managed care or supplemental insurance program
- understand that this program cannot be used in combination with other programs for the same prescription purchase.

Signature: _____

PLEASE NOTE: You must attach proof of County residency (copy of cardholder's drivers license or utility bill) for your enrollment to be processed.

A Message from the Atlantic County Executive

I recognize that the price of prescription drugs is of major concern, not only to our senior citizens, but to residents of all ages, especially those with limited incomes.

As a County, it's beyond our ability to legislate change in this area, but the County can do something to ease the burden on our own residents.

That's why we've approved the Atlantic County Resident Prescription Savings Program. The Prescription Savings Card that accompanies this program will provide Atlantic County residents and their dependents (living in the same household) a discount of up to 10% to 50% off retail prices on all prescription drugs. All that is required is a completed application form, proof of residency and a small annual fee of \$20 per household (\$40 for 3 years). Please read this brochure carefully for details.

The Atlantic County Resident Prescription Savings Card is accepted at thousands of participating pharmacies, both local and nationwide. An application form is provided here for your convenience. For further information, please call the toll-free customer service number below.

IMPORTANT

(PLEASE READ)

- The Prescription Savings Card is a discount savings card and not a managed care or a supplemental insurance program.
- The Prescription Savings Card cannot be used in combination with other programs for the same prescription purchase.
- The Prescription Savings Card membership fee is non-refundable.

Please allow 10 to 14 business days for your application to be processed and your Prescription Savings Card to be mailed to your home.



GSPO Provider Services Corp.
P.O. Box 4190
Hamilton, NJ 08610

www.gspops.com

Toll-Free Customer Service:
1-800-633-0037

GS
POPS



*The Atlantic County
Resident
Prescription Savings
Program*

DENNIS LEVINSON
County Executive

Board of Chosen Freeholders

James Curcio, Chairman
Thomas Russo, Vice Chairman
Alisa Cooper
Richard Dase
Charles T. Garrett
Frank V. Giordano
Joseph J. McDevitt
Jim Schroeder
Frank Sutton

**Atlantic County
Government is pleased
to present the
Atlantic County Resident
Prescription Savings Program**

**What is the Atlantic County
Resident Prescription Savings
Program?**

- It is a program designed to provide Atlantic County residents with savings of up to 10% to 50% on prescription medications.

Who is eligible?

- All residents of Atlantic County and their dependents (living in the same household).

Are there any other restrictions?

- There are no income requirements.
- There are no exclusions for pre-existing conditions.

Is this insurance?

- The Atlantic County Resident Prescription Savings Program is not a managed care program.
- The Atlantic County Resident Prescription Savings Program is not a supplemental insurance program.

**Why should I apply for
this program?**

- For a small annual fee, you will receive an Atlantic County Resident Prescription Savings Card which provides special discounted pricing on prescription medications for all members of your household.
- You can save up to 10% to 50% off regular retail prescription prices.

**What limitations apply to the
Prescription Savings Card?**

- There are no quantity limits. Receive as much medication as prescribed.
- There are no limits on the number of prescriptions filled or refilled.
- There are no deductibles to meet.
- There are no forms to fill out.



**Do I have to change medications in
order to receive my savings?**

- No. All brand name and generic drugs that require a prescription are included. There are no exclusions.

**Do I have to mail my prescriptions
in order to receive my savings?**

- No. Your Prescription Savings Card is accepted throughout an extensive network of participating chain and independent pharmacies in New Jersey and nationwide.
- Save at pharmacies in town or across the country.
- Mail-order services are available.



**How do I use the Prescription
Savings Card?**

- Present your Prescription Savings Card to your pharmacy along with your prescriptions to be filled.
- Your pharmacy will notify you of your special discounted price.
- You pay just this price!

How do I apply?

- Complete the attached application (on the reverse of this panel).
- Attach required proof of residency along with your membership fee. Mail as indicated.