

Please complete the following application
and mail to:

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

MEMBERSHIP APPLICATION

CARDHOLDER INFORMATION

Last Name: _____

First Name: _____

Street: _____

City ST Zip: _____

Phone: _____

Birthdate: _____ Male/Female: _____

DEPENDENT INFORMATION

Last Name: _____

First Name: _____

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 Bergen 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 driver's license or recent utility bill) for your enrollment to be processed.

CUT ALONG DOTTED LINE

A Message from the County Executive and Board of Chosen Freeholders

We are pleased to bring this innovative and exciting new program to families all across Bergen County. Thanks to this pioneering program, residents all across this county will now be able to realize significant savings on vital prescription medications. This plan is being offered to all residents of this county, regardless of age, income or health. We hope that you will take advantage of this exciting opportunity and use it for many years to come.

With Best Wishes,
Bergen County Executive
Dennis McNerney
Freeholder Chairman
James M. Carroll

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.

Please allow 10 to 15 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



The County of Bergen Prescription Savings Card Program

Dennis McNerney
County Executive

BOARD OF CHOSEN FREEHOLDERS

James M. Carroll, Chairman
Julie O' Brien, Chairwoman
Elizabeth Calabrese
David L. Ganz
Tomas J. Padilla
Vernon C. Walton
Bernadette P. McPherson



The County of Bergen is pleased to present the Prescription Savings Card Program

What is the Prescription Savings Card?

- It is a program designed to provide savings of up to 10% to 50% on all prescription drugs for all County residents.

Who is eligible?

- All Bergen County residents are eligible.

Are there any other restrictions?

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

Is this insurance?

- The Bergen County Prescription Savings Card Program is not a managed care program.
- The Bergen County Prescription Savings Card Program is not a supplemental insurance program.

Why should I apply for the Prescription Savings Card?

- All members of your household receive special discounted pricing on prescription medications.
- 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 which 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.
- No mail-order is required.



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?

- To apply, complete the attached membership application (on the reverse of this panel) and mail as indicated.