

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

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 above persons:

- are residents of Burlington 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
 Burlington County Board of Freeholders*

The Burlington County Freeholders are pleased to offer all county residents – *regardless of age or income* – the opportunity to realize savings averaging 30 percent on prescription drugs.

It goes without saying – the rising cost of prescriptions can place a financial hardship on any individual or family that does not have access to a prescription plan. The Burlington County Prescription Drug Discount Program will enable county residents and their dependents (living in the same household) an opportunity to save from 10 to 50 percent off retail prices.

All that is required is a completed application form, proof of residency, and a small annual fee of \$20 per household (or \$40 for three years). Please read this brochure carefully to determine if this program can be of assistance to you.

The program is accepted at thousands of participating pharmacies, both locally and across the country. For further information, please feel free to call the toll-free customer service number below.

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

IMPORTANT
 (PLEASE READ)

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

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



*The Burlington
 County
 Prescription
 Savings
 Program*

FREEHOLDERS
JOSEPH B. DONNELLY
WILLIAM S. HAINES JR.
JAMES K. WUJCIK
MARY ANN REINHART
CHRIS BROWN

*The Board of Chosen
Freeholders
is pleased to present the
Burlington County
Prescription Savings Program*

***What is the Burlington County
Prescription Savings Program?***

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

Who is eligible?

- All residents of Burlington County and their dependents (living in the same household) are eligible for this program.

Are there any other restrictions?

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

Is this insurance?

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

***Why should I apply for the
Prescription Savings Card ?***

- For a small annual fee, you will receive a Burlington County 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 which require a prescription under Federal and State laws 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.



***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 and mail as indicated.