

**The Borough of Carlstadt  
Senior Preferred Prescription Savings Card**

Please complete the application and return with check for membership fee made payable to:

**Borough of Carlstadt  
500 Madison Street  
Carlstadt, New Jersey 07072**

**MEMBERSHIP APPLICATION**

**Please check one of the following:**

Membership Fee (per household)

- 1 year \$20.00**  
 **3 years \$40.00 (get 1 year free!)**

**CARDHOLDER INFORMATION**

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Street:** \_\_\_\_\_

**City, ST, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

**Male/Female:** \_\_\_\_\_

**SPOUSE INFORMATION**

**First Name:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

**Male/Female:** \_\_\_\_\_

*By signing below, I attest that I and my spouse:*

- are residents of the Borough of Carlstadt
- are at least 55 years of age AND/OR receive Social Security Disability Benefits
- understand that this is a prescription discount savings card and not an insurance program

**Signature:** \_\_\_\_\_

CUT ALONG DOTTED LINE

***A Message from Your Mayor and Council***

Healthcare costs are among the most critical issues facing any community. We are keenly aware of the daily hurdles our senior residents must overcome with respect to healthcare issues. One of the most prevalent issues today is the high cost of prescription drugs, which can have a detrimental effect on persons with fixed incomes, and, quite frankly, can seriously effect the quality of life of our senior residents. While some have insurance or other programs to help underwrite the high cost of prescription drugs, others may not. It is for that reason that many may be experiencing financial hardship or, worse yet, going without needed prescription drugs.

In an effort to provide some relief to our senior community, the Governing Body is pleased to announce the availability of The Borough of Carlstadt Senior Preferred Prescription Savings Card, which is designed to assist those residents over the age of 55, or those that are permanently disabled, by giving a discount savings on prescription drugs of up to 10% to 50% off regular retail prices.

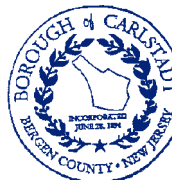
We encourage all eligible residents to apply for this savings card, which is designed to enhance coverage for the insured and provide access to those without insurance. You may do so simply by reading this brochure carefully, then filling out the application form and forwarding it to the address indicated with your enrollment fee. If you have any questions, please feel free to contact your liaison, Councilman Craig Lahullier or the Borough Administrator at 201-531-7199

**Please allow 7 to 10 business days for your application to be processed. Your Senior Preferred Prescription Savings Card will be delivered directly to your home via U.S. Mail.**

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

[www.gspops.com](http://www.gspops.com)

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

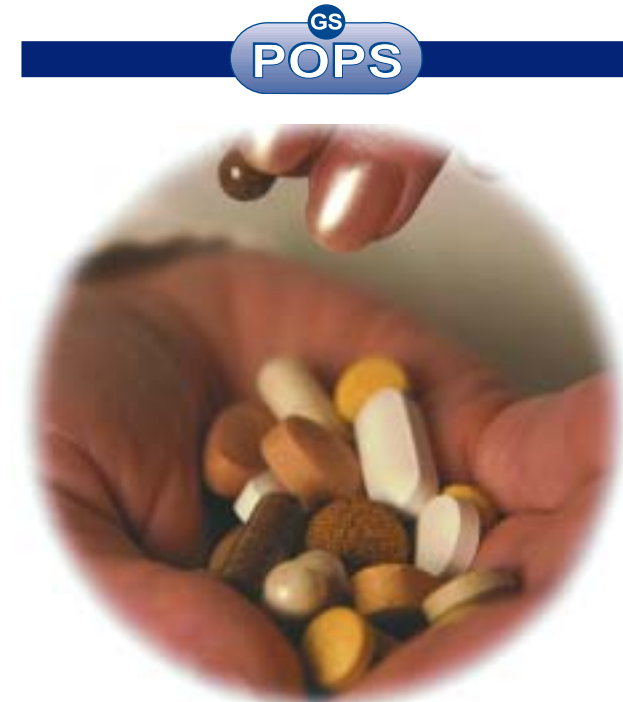


***The Borough of Carlstadt  
Senior Preferred  
Prescription  
Savings Card***

**Wm. JAY ROSEMAN, MAYOR  
COUNCIL**

**Joseph Crifasi  
Craig Lahullier  
Dennis Ritchie  
David Stoltz  
Richard Bartlett  
Robert Zimmerman**

**Jane Fontana, Administrator**



## Introducing the Senior Preferred Prescription Savings Card

### What is the Senior Preferred Prescription Savings Card?

- It is a program designed to provide savings of up to 10% to 50% on prescription drugs for Senior and Disabled citizens.

### Who is eligible?

- Residents age 55 or older.  
OR
- Residents of any age who are disabled and receiving Social Security Disability Benefits.

### Are there any other restrictions?

- There are no income requirements.
- There are no exclusions for pre-existing conditions.
- There are no exclusions for participation in other prescription programs.

### Is this insurance?

- The Senior Preferred Prescription Savings Card is NOT a managed care or insurance program.

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

- For a small fee, you (and your spouse, if applicable) 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.
- Medication switches or calls to your physician are NOT necessary.

### 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).
- Include the applicable membership fee and mail as indicated.