

**The City of Clifton  
Senior Preferred Prescription Savings Card**

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

**City of Clifton  
Attn: Senior Citizen Coordinator  
900 Clifton Avenue  
Clifton, NJ 07013**

**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 my spouse and I:*

- are residents of the City of Clifton
- 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 THE CITY OF CLIFTON**

We are sure most of you experience, either directly or through friends, the ever increasing costs of prescription drugs today. The escalating cost of medications severely impacts the majority of senior citizens, especially those on a fixed income. The cost of purchasing any type of insurance once you retire is prohibitive for most senior citizens, and the out-of-pocket expense causes a financial hardship for many of you.

The City of Clifton is here to offer assistance to the senior citizens of our community. In order to help alleviate financial hardship to those in need, the City of Clifton Senior Preferred Prescription Savings Card Program has been initiated. The Senior Preferred Prescription Savings Card provides a savings on all prescription drugs to those seniors who are eligible. A simple annual fee of \$20.00 per household (or \$40.00 for three years) is all you need to begin realizing savings of up to 10% to 20%, or as much as 50%, on your prescription drugs. Please read this brochure carefully for full details.

The City of Clifton is proud of its senior citizen community and is pleased to present this Program to help those who are eligible. After review of this brochure, should you have any further questions, please feel free to contact our Senior Citizen Coordinator at 973-470-2234.

**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 City of Clifton  
Senior Preferred  
Prescription Savings  
Card***

**MAYOR JAMES ANZALDI**

**COUNCIL**

- Joseph S. Cupoli**
- Peter C. Eagler**
- Frank C. Fusco**
- Steven Hatala, Jr.**
- Gloria J. Kolodziej**
- Matthew J. Ward**

## *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.

### *Is this insurance?*

- The Senior Preferred Prescription Savings Card is not a supplemental insurance program.
- The Senior Preferred Prescription Savings Card is not a managed care program.

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

- For a small fee, you and your eligible dependent(s) 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.