

# The Borough of Dumont Senior Preferred Prescription Savings Card

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

**Borough of Dumont**  
50 Washington Avenue  
Dumont, New Jersey 07628

## 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 the persons above:

- are residents of the Borough of Dumont
- 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 Mayor McHale

All of us today are faced with the extremely expensive and ever-increasing costs associated with healthcare and prescription drugs. Our senior citizens, living on fixed incomes, face the greatest financial hardship. It is truly unfortunate that, all too often, our senior citizens are forced to choose between paying for medical care and prescriptions or paying for other expenses, with the same limited income.

As an aid to our senior citizens, your Mayor and Council are pleased to sponsor a program to allow you to receive any needed prescription drugs at substantial discounted pricing. The Borough of Dumont Senior Preferred Prescription Savings Card Program is available to all Dumont residents aged 55 or over, or any resident who receives Social Security Disability benefits. For an affordable price of \$20.00 annually per eligible household or \$40.00 for three-year coverage (one year free), this program will provide you with prescription drug discounts that will realize up to 10% to 50% savings off regular retail prices.

It is our hope that this program lends a helping hand to any community member who may be in need of a way to better afford prescriptions drugs. As always, we will continue to work on your behalf, as we want all of us to be able to feel good, live well and enjoy our community.

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



GS  
POPS



*The Borough of Dumont  
Senior Preferred  
Prescription Savings  
Card*

THE BOROUGH OF DUMONT  
MATTHEW P. MCHALE  
Mayor

## BOROUGH COUNCIL

HARRY STYLIANOU, Council President  
MATTHEW CARRICK  
MARTY CASPARE  
KENNETH FREEMAN  
CARL MANNA  
ELLEN ZAMECHANSKY

## *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

### *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.