

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 Gloucester 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 Gloucester County Board of Chosen Freeholders

The Gloucester County Board of Chosen Freeholders is committed to helping improve the quality of life for all of our residents.

While healthcare costs are skyrocketing throughout the nation, the Freeholders have initiated The Gloucester County Prescription Savings Program to bring financial relief for your prescription drug purchases by offering you the opportunity to receive this Prescription Savings Card.

This program is available to all Gloucester County residents, regardless of age or income. We invite you and your family to utilize this savings program and the County's existing programs designed to promote health and wellness for seniors, working families, children and veterans.

The Gloucester County Prescription Savings Card is accepted throughout an extensive network of participating chain and independent pharmacies in New Jersey and nationwide. Mail-order services are also available. For further information about The Gloucester County Prescription Savings Card, please call the toll-free customer service number, 1-800-633-0037.

**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

GS
POPS



The Gloucester County Prescription Savings Program

STEPHEN M. SWEENEY
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Freeholder Deputy Director

FREEHOLDERS
JOSEPH A. BRIGANDI, JR.
DR. WARREN S. WALLACE
JEAN DUBOIS
FRANK J. DIMARCO
GIUSEPPE (JOE) CHILA

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

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

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

Who is eligible?

- All residents of Gloucester 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 Gloucester County Prescription Savings Program is not a supplemental insurance program.
- The Gloucester 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 Gloucester 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.
- Mail order services are available.



***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.