

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

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

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

**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**

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

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

Birthdate: \_\_\_\_\_ Male/Female: \_\_\_\_\_

(For additional dependents, please attach sheet)

By signing below, I attest that the persons listed above:

- are residents of the City of Hackensack
- are at least 55 years of age AND/OR receive Social Security Disability Benefits
- 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: \_\_\_\_\_

CUT ALONG DOTTED LINE

**A Message From The Mayor  
and City Council  
City of Hackensack**

We are pleased to offer this innovative and exciting new program to the residents of our community. Thanks to this pioneering program, you will now be able to realize significant savings on vital prescription medications. This plan is being offered to all who are eligible, regardless of income or health. We hope that you will take advantage of this exciting opportunity and use it for many years to come.

**IMPORTANT  
(PLEASE READ)**

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

Please allow 10 to 15 business days for your application to be processed and your Senior Preferred Prescription Savings Card to be mailed directly to your home.



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

**www.gspops.com  
Toll-Free Customer Service:  
1-800-633-0037**

**GS  
POPS**



*The City Of  
Hackensack  
Senior Preferred  
Prescription  
Savings Card*

**MARLIN G. TOWNES  
MAYOR**

**KAREN K. SASSO  
DEPUTY MAYOR**

**COUNCIL  
Michael R. Melfi  
Jorge E. Meneses  
John P. Labrosse**

## *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.