

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

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

**Borough of Hawthorne
445 Lafayette Avenue
Hawthorne, New Jersey 07506**

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 Hawthorne
- 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

***Message from the Mayor and
Council of the Borough of
Hawthorne***

We are always seeking opportunities to help our residents. In an effort to assist our Senior and Disabled Citizens with ever-increasing prescription costs, we are very pleased to offer the Borough of Hawthorne Senior Preferred Prescription Savings Card Program. We trust that this innovative program will provide some relief for you.

The cost of enrollment is \$20.00 for this first year. Upon renewal, an additional payment of \$20.00 will extend your enrollment for the next two years.

Please call (973) 427-1169 for additional information about this discount prescription program after carefully reading this brochure.

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

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



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

RICHARD S. GOLDBERG, MAYOR

COUNCIL

John Bertollo, President & Ward II

Frank E. Matthews, VP & Ward IV

Joseph Wojtecki, Ward I

Gary Sinning, Ward III

Bruce Bennett, At-Large

Dominic Mele, At-Large

Shirtley Shortway English, At-Large

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.