

The Borough of Ho-Ho-Kus Senior Preferred Prescription Savings Card

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

Borough of Ho-Ho-Kus
333 Warren Avenue
Ho-Ho-Kus, New Jersey 07423

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 Ho-Ho-Kus
- 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 Your Mayor and Council

There is no doubt that the cost of prescription medications has skyrocketed, and, as a governing body, we are keenly aware of the burden it places on senior citizens. We know that once one retires, the cost of purchasing any kind of medical plan is prohibitive.

Therefore, we, the Mayor and Council, are pleased that we are able to offer to Ho-Ho-Kus seniors the *Borough of Ho-Ho-Kus Senior Preferred Prescription Savings Card*. This program is designed for eligible senior citizens, as it gives them the opportunity to save anywhere from up to 10 to 50 percent off regular retail prescription prices. The annual membership fee of \$20, or \$40 for three years, is per household! Use of the card will pay for itself. The membership card may be used at your neighborhood pharmacy or at a pharmacy away from home. There are no income limitations, and membership in other prescription programs is acceptable.

It is gratifying that we have been able to bring this program to the Ho-Ho-Kus seniors and we will continue to research ways to assist you in coping with the rising cost of living.

Please feel free to contact the Borough Hall with any questions.

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 HO-HO-KUS SENIOR PREFERRED PRESCRIPTION SAVINGS CARD



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BOROUGH ADMINISTRATOR

Donald G. Cirulli

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.