

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

Please check one of the following:

- 1 year membership \$20.00  
 3 year membership \$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: \_\_\_\_\_

#### 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 Hunterdon County.
- understand that this is a discount savings program and not a managed care, insurance 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 Hunterdon County Board of Chosen Freeholders*

It gives us great pleasure to offer this discount prescription program to all County residents, regardless of age, income, health or whether they are currently participating in a prescription plan.

Participants will be able to realize significant savings on prescription medications.

Enrollment is easy and the cost is only \$20.00 a year or \$40.00 for three years for an individual or a family. Please read this brochure carefully for details.

On behalf of the Board of Chosen Freeholders, best wishes and good health.

#### 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.

Please allow 10 to 14 business days for your application to be processed and your Prescription Savings Card to be mailed to your home.

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

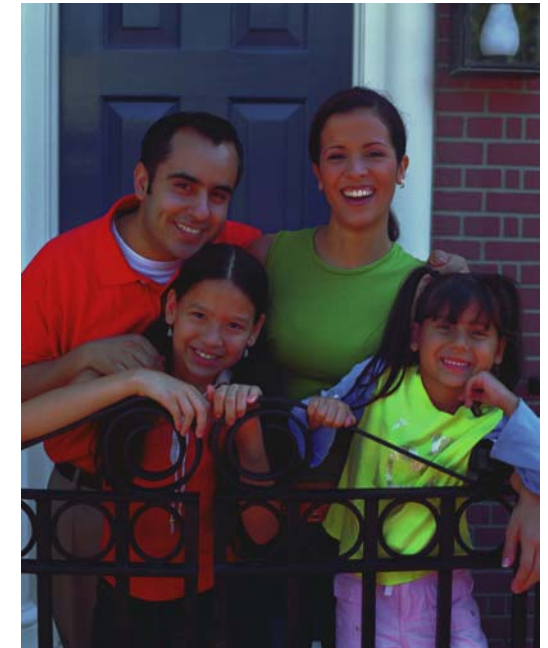
GSPO Provider Services Corp.  
P.O. Box 4190  
Hamilton, NJ 08610  
[www.gspops.com](http://www.gspops.com)



GS  
POPS



## *The Hunterdon County Resident Prescription Savings Program*



*Hunterdon County  
Board of Chosen Freeholders*

**William G. Mennen, Director  
George B. Melick, Deputy Director  
J. Matthew Holt  
Erik C. Peterson  
Ronald Sworen**

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

*What is the Hunterdon County  
Prescription Savings Program?*

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

*Who is eligible ?*

- All residents of Hunterdon County and their dependents (living in the same household).

*Are there any other restrictions?*

- There are no age restrictions.
- There are no income requirements.
- There are no exclusions for pre-existing conditions.

*Is this insurance?*

- The Hunterdon County Resident Prescription Savings Program is not a managed care program.
- The Hunterdon County Resident Prescription Savings Program is not a supplemental insurance program.

*Why should I apply  
for this Program?*

- For a small annual membership fee, you will receive a Hunterdon County Resident 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 Program?*

- There are no quantity limits, receive as much medication as prescribed.
- There are no limits on the number of prescriptions you can fill or refill.
- 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.

*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 independent and chain 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?*

- Complete the attached application (on the reverse of this panel).
- Attach required proof of residency along with your membership fee and mail as indicated.