

**The Township of Manchester
Senior Preferred Prescription Savings Card** 

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

**GSPO 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

First Name: _____

Birthdate: _____

Male/Female: _____

By signing below, I attest that the persons above:

- are residents of the Township of Manchester
- 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 The Mayor and Council

I am sure most of you experience either directly or through friends the ever increasing costs of prescription drugs today. The escalating cost of medications severely impacts the majority of senior citizens, especially those on a fixed income. The cost of purchasing any type of insurance once you retire is prohibitive for most senior citizens and the out-of-pocket expense causes a financial hardship for many of you.

This program is designed to provide all eligible senior citizens in Manchester Township with a savings on all their prescription drugs. Individuals participating in the program pay an annual fee of \$20.00 for one year or \$40.00 for three years. This gives you a prescription card that can be presented to your pharmacist. The card will provide participants with savings on their prescription drugs between 10% and 50%. Use of this card will pay for itself very quickly. It makes prescription drugs more affordable for our senior citizens.

The Mayor and Council are most pleased to be able to offer this program to the senior citizens of the Township and hope that it will make prescription medication more affordable for you. We will continue to work on your behalf and look for ways to assist you in coping with the rising cost of living in today's society.

As always, please feel free to contact my office with any questions about the program.

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 Township of
Manchester
Senior Preferred
Prescription
Savings Card*

**MICHAEL FRESSOLA
MAYOR**

TOWNSHIP COUNCIL

**Kenneth H. Vanderziel
Craig Wallis
Brendan Weiner
Warren Reiter
Frederick F. Trutkoff**

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.