

**The County of Middlesex Prescription Savings Card Program**

Please complete the application and return to:

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

**MEMBERSHIP APPLICATION**

**CARDHOLDER INFORMATION**

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

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

Street: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

**DEPENDENT INFORMATION**

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

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

Relationship: \_\_\_\_\_

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

**DEPENDENT INFORMATION**

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

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

Relationship: \_\_\_\_\_

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

(For additional dependents, please attach sheet)

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

- are residents of the County of Middlesex
- 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 Middlesex County Board of Chosen Freeholders*

*In 2000, the Middlesex County Task Force on Senior and Disabled Citizens Prescription Drugs was formed to evaluate the cost of prescription drugs and determine what initiatives could be developed to assist seniors and the disabled with reducing the financial burden of prescription purchases. This innovative program, developed and authorized by the Middlesex County Board of Chosen Freeholders, is provided at no cost to our county taxpayers and will provide significant discounts on name brand and generic drugs.*

*Freeholder Stephen J. "Pete" Dalina  
Freeholder Director*

*Freeholder Christopher D. Rafano, Deputy Director  
Freeholder H. James Polos  
Freeholder Blanquita B. Valenti  
Freeholder Carol Barrett  
Freeholder Ronald G. Rios  
Freeholder Mildred S. Scott*

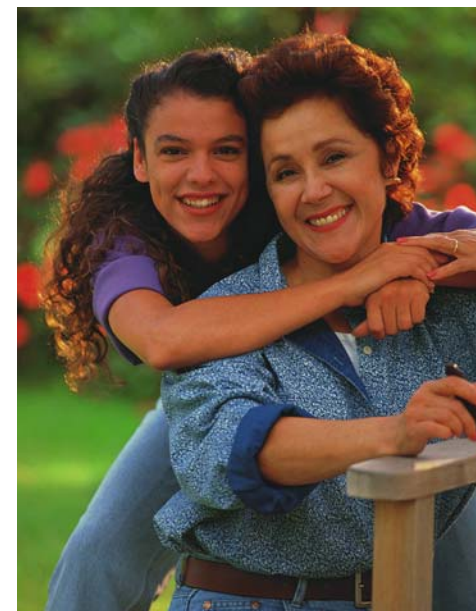
**IMPORTANT  
(PLEASE READ)**

- 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.

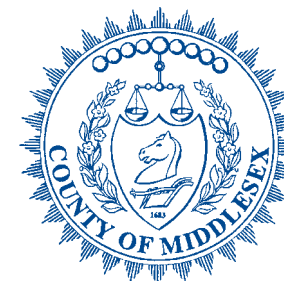
**Please allow 10 to 15 business days for your application to be processed and your Prescription Savings Card to be mailed to your home.**



**GSPO Provider Services Corp.  
P.O. Box 4190  
Hamilton, NJ 08610  
www.gspops.com  
Toll-Free Customer Service:  
1-800-633-0037**



*The County of Middlesex  
Prescription Savings  
Card Program*



***Middlesex County Rx***



**The Middlesex County  
Board of Chosen Freeholders  
are please to present the  
Prescription Savings  
Card Program**

**What is the Prescription Savings  
Card Program?**

- It is a program designed to provide savings of up to 10% to 50% on prescription drugs for all eligible County residents.

**Who is eligible?**

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

**Are there any other restrictions?**

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

**Is this insurance?**

- The Middlesex County Prescription Savings Card Program is not a managed care program.
- The Middlesex County Prescription Savings Card Program is not a supplemental insurance program.

**Why should I apply for  
this program?**

- 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.

**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.
- Mail-order services are available.



**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) and mail as indicated.