

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 \$20.00
- 3 years \$40.00 (get 1 year free!)

CARDHOLDER INFORMATION

Last Name: _____

First Name: _____

Street: _____

City/ST/Zip: _____

Phone: _____

Birthdate: _____

Male/Female: _____

OTHER QUALIFIED HOUSEHOLD MEMBER(S)

Last Name: _____

First Name: _____

Birthdate: _____

Male/Female: _____

For additional qualified household member(s), please attach sheet.

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

- are residents of Monmouth County
- are at least 55 years of age OR are disabled
- 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: _____

PLEASE NOTE: You must attach the following documents for your enrollment to be processed:

- Proof of County residency (copy of driver's license or utility bill)
- Proof of age 55 OR proof of disability (copy of driver's license, ID card, etc.)

CUT ALONG DOTTED LINE

*A Message from the
Monmouth County
Board of Chosen Freeholders*

On behalf of my colleagues on the Monmouth County Board of Chosen Freeholders, I am pleased that we can offer this Monmouth County Prescription Drug Discount Program to our county residents who are at least 55 years of age, or our disabled residents of any age.

Our goal in offering this program is to reduce your financial burden for prescription drugs. We are very interested in enhancing your health and well-being, and hope that you will apply today.

Barbara J. McMorrow
Freeholder Director
Human Services, Health and Transportation

PRIVACY POLICY

As part of our required policy to protect our members' privacy, all information provided will be kept strictly confidential.

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

IMPORTANT

- The Monmouth County Prescription Drug Discount Card is a discount savings card and not a managed care or a supplemental insurance program.
- The Monmouth County Prescription Drug Discount Card cannot be used in combination with other programs for the same prescription purchase.
- The Monmouth County Prescription Drug Discount Card membership fee is non-refundable.

Please allow 10 to 14 business days for your application to be processed and your Monmouth County Prescription Drug Discount Card to be mailed to your home.

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



WWW.GSPOPS.COM

Introducing...



*The Monmouth
County
Prescription
Drug Discount
Program*

BARBARA J. McMORROW
Freeholder Director

JOHN D'AMICO
Deputy Freeholder Director

FREEHOLDERS:
ROBERT D. CLIFTON
LILIAN G. BURRY
AMY A. MALLETT





The Board of Chosen Freeholders is pleased to present the Monmouth County Prescription Drug Discount Program

What is the Monmouth County Prescription Drug Discount Program?

- 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?

- County residents age 55 or older OR
- County residents of ANY age who are disabled.

Are there any other restrictions?

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

Is this insurance?

- The Monmouth County Prescription Drug Discount Program is not a managed care program.
- The Monmouth County Prescription Drug Discount Program is not a supplemental insurance program.

Why should I apply for the Prescription Drug Discount Program?

- For a small fee, you and other qualified household members receive special discounted pricing on prescription medications.
- You can save up to 10% to 50% off regular retail prescription prices.

What limitations apply?

- 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.

Must I mail my prescriptions in order to receive my savings?

- No. Your Monmouth County Prescription Drug Discount Card is accepted throughout an extensive network of participating chain and independent pharmacies.
- Save at pharmacies in town or across the country.
- Mail-order service is available.



How do I use the Card?

- Present your Monmouth County Prescription Drug Discount 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 and proof of age (or disability) along with your membership fee and mail as indicated.