

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: \_\_\_\_\_

(For additional dependents, please attach sheet)

By signing below, I attest that the above persons:

- are residents of Morris County.
- are not currently covered through any government sponsored or employer based prescription insurance program.
- 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 Morris County Board of Chosen Freeholders

The Morris County Board of Chosen Freeholders is pleased to bring you the Morris County Prescription Savings Program.

We are all aware that today's prescription drugs can play a vital role in maintaining or regaining an active, healthy lifestyle. We are also aware that the cost of these essential pharmaceuticals can be overwhelming.

By offering this GS POPS prescription savings program to Morris County residents, our goal is to help reduce the financial burden of caring for your family's health. Families and individuals can now have access to real savings in healthcare.

This program is part of our continuing commitment to the highest standards in quality of life for all our residents.

Gene F. Feyl  
Freeholder Director

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

### 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.

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[WWW.GSPOPS.COM](http://WWW.GSPOPS.COM)



## *The Morris County Prescription Savings Program*

Morris County Board of Chosen Freeholders

Gene F. Feyl  
*Freeholder Director*  
William J. Chegwidan  
*Deputy Freeholder Director*

Douglas R. Cabana  
John J. Murphy  
James W. Murray  
Margaret Nordstrom  
Jack J. Schrier

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

*What is the Morris County  
Prescription Savings Program?*

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

*Who is eligible ?*

- All residents of Morris County and their dependents (living in the same household) who are not currently covered through any government sponsored or employer based prescription insurance program.

*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 Morris County Prescription Savings Program is NOT a managed care, insurance, or supplemental insurance program.

*Why should I apply  
for this Program?*

- For a small annual membership fee, you will receive a Morris County Prescription Savings Card which provides special discounted pricing on prescription medications for all members of your household.
- You can save up 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 my medications  
in order to receive my savings?*

- No. All brand name and generic drugs which require a prescription under Federal and State laws are included; there are no exclusions.

*Do I have to mail my prescriptions  
away 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.
- 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?*

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