

**The Township of North Bergen
Senior Preferred Prescription Savings Card**

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

**Township of North Bergen
Office of Community Services
4233 Kennedy Boulevard
North Bergen, N.J. 07047**

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 North Bergen
- 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

Increasing prescription drug costs have become a burden to one of our most vulnerable populations, our seniors. I know the hassles you face trying to purchase cost prohibitive insurance after you retire and I also understand a fixed income can severely limit your spending, both of which make the escalating costs of medication unbearable.

I am now pleased to announce that the Township of North Bergen is taking part in a wonderful new program designed to ease the financial hardship caused by purchasing prescription medication. The Senior Preferred Prescription Savings Card Program provides eligible seniors in North Bergen a significant savings on all prescription medications. For only \$20 a year per household or \$40 for three years (this option gets you a year for free in terms of cost savings) eligible seniors are given a prescription card which they can then take to any local participating pharmacy and purchase their medications for a reduced price. The use of this card will pay for itself very quickly, with members saving up to 10 to 50 percent off retail prices on their prescription drugs.

The Commissioners and I are always trying to find unique and innovative ways to improve the quality of life for our seniors. This new program raises North Bergen's level of commitment to our seniors by helping to alleviate a financial burden and making prescription medications more affordable.

If you have any further questions or comments please call Community Service at 201-392-2000.

Sincerely,
Mayor Nicholas J. Sacco

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.

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

www.gspops.com

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



***The Township of
North Bergen
Senior Preferred
Prescription
Savings Card***

**NICHOLAS J. SACCO
MAYOR**

BOARD OF COMMISSIONERS

**Frank Garguilo
Hugo Cabrera
Theresa Ferraro
Allen Pascual**

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.