

The Borough of Park Ridge Senior Preferred Prescription Savings Card

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

Borough of Park Ridge
55 Park Avenue
Park Ridge, New Jersey 07656

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 Borough of Park Ridge
- 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

Many of us are healthy today thanks to the wonderful benefits of prescription drugs, which enhance our lives so that we may continue to be productive participants of our community. However, many of our residents do not have this opportunity, due to the lack of prescription insurance coverage.

As part of our commitment to our community, the Borough of Park Ridge proudly introduces a discount prescription plan for those residents who are 55 and older or who are permanently disabled. Administered by GS-POPS, this affordable prescription plan offers members savings of up to 10% and 50% off regular retail prices for prescription drugs. The cost of enrollment in the plan is only \$20.00 annually per household (\$40.00 for three years). Most local pharmacies are participants in this wonderful program.

The Borough of Park Ridge is proud to offer this program to our residents. We hope that those who are eligible will take advantage of this program so that they may continue and sustain their residency in Park Ridge in a healthful manner.

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



GS
POPS



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Senior Preferred
Prescription Savings
Card*

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DONALD RUSCHMAN, MAYOR

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