

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 Passaic 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 Passaic County Board of Chosen Freeholders

The Passaic County Prescription Savings Card Program was created to assist seniors and the disabled with reducing the financial burden of prescription purchases.

This innovative program, which has been recommended by the Passaic County Board of Chosen Freeholders, is provided to our County taxpayers at a \$20.00 annual registration fee (or a \$40.00 registration fee for a full three year membership) and will provide significant discounts on name brand and generic drugs.

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)

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### The Passaic County Prescription Savings Program

**SONIA ROSADO**  
*Freeholder Director*

**TAHESHA WAY**  
*Deputy Freeholder Director*

**FREEHOLDERS:**  
**PAT LEPORE**  
**JAMES GALLAGHER**  
**TERRY DUFFY**  
**BRUCE JAMES**  
**RELEASE EVANS**



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

### *What is the Passaic County Prescription Savings Program?*

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

### *Who is eligible ?*

- All residents of Passaic 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 Passaic 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 Passaic County Prescription Savings Card which provides special discounted pricing on prescription medications for all members of your household.
- You can save up to 10% 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.