

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

Membership Fee (per household):	
Please check one:	<input type="checkbox"/> 1 year \$20.00
	<input type="checkbox"/> 3 years \$40.00 (get 1 year free!)

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 I and my spouse:

- are residents of Passaic County
- are at least 55 years of age AND/OR
- receive Social Security Disability Benefits

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 years or older (copy of driver's license or birth certificate) AND/OR
- Proof of Social Security Disability Benefits (copy of ID card)

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

Please allow 10 to 15 business days for your application to be processed and your Prescription Savings Card to be mailed to your home.



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Hamilton, NJ 08610

WWW.GSPOPS.COM

GS
POPS



The *Passaic County* *Prescription* *Savings* *Program*

SONIA ROSADO
Freeholder Director

TAHESHA WAY
Deputy Freeholder Director

FREEHOLDERS:

PAT LEPORE
JAMES GALLAGHER
TERRY DUFFY
BRUCE JAMES
ELEASE EVANS

CUT ALONG DOTTED LINE



The Passaic County Senior and Disabled Citizens Prescription Savings Card Program

What is the Prescription Savings Card Program?

- It is a program designed to provide savings of up to 10% to 50% on prescription drugs for all eligible County residents.

Who is eligible?

- All Passaic County residents who are age 55 or older or permanently disabled and their dependents (living in the same household).

Are there any other restrictions?

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

Is this insurance?

- The Passaic County Senior and Disabled Citizens Prescription Savings Card Program is not a managed care program.
- The Passaic County Senior and Disabled Citizens Prescription Savings Card Program is not a supplemental insurance program.

Why should I apply for this program?

- For a small annual fee, all eligible members of your household 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.

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.
- 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.