

**The Borough of Ringwood
Senior Preferred Prescription Savings Card**

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

**Borough of Ringwood
60 Margaret King Avenue
Ringwood, N.J. 07456**

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 Ringwood
- 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

We are all keenly aware of the skyrocketing cost of drugs today. Fortunately many of us have some degree of insurance or other program to help underwrite the high cost of drugs. However, many people do not have coverage and must pay for prescription drugs out of pocket, sometimes causing a great deal of financial stress. Many go without drugs for this very reason.

We here in Ringwood have been seeking ways to help those who have no other assistance. The Borough of Ringwood Senior Preferred Prescription Savings Card is designed to give those eligible a savings on all prescription drugs. A simple fee of \$20.00 per household is all you need to begin realizing savings of up to 10% - 20% or as much as 50% on your drugs. Please read this brochure carefully for full details.

We are proud to be able to present this program to our senior citizens and those who are disabled. We hope those who enroll will be better able to afford their medications. As always, please feel free to contact the Borough offices with any questions.

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**



***The Borough
of Ringwood
Senior Preferred
Prescription
Savings Card***

WALTER J. DAVIDSON, JR.

COUNCIL

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