

**The Township of Rochelle Park
Senior Preferred Prescription Savings Card**

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

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

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 I and my spouse:

- are residents of the Township of Rochelle Park
- 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 Mayor Strohmeier

All of us today are faced with the extremely expensive and ever-increasing costs associated with prescription drugs. Our senior citizens, living on fixed incomes, face the greatest financial hardship. It is unfortunate that, all too often, our senior citizens are forced to choose between paying for prescriptions or paying for other expenses, with the same limited income.

As an aid to our senior citizens, your Township Committee is pleased to sponsor a program to allow you to receive any needed prescription drugs at substantial discounted pricing. The Township of Rochelle Park Senior Preferred Prescription Savings Card Program is available to all Rochelle Park residents aged 55 or over, or any resident who receives Social Security Disability benefits. For \$20.00 annually per household, or \$40.00 for three-year coverage, this program will provide you and your eligible dependents living in the same household with prescription drug discounts of up to 10% to 50% off regular retail prices. The Prescription Savings Card can be used at independent and chain pharmacies nationwide, as well as at all of our local drug stores.

It is our hope that this program lends a helping hand to any community member who may be in need of a way to better afford prescription drugs. As always, we will continue to work on your behalf, as we want all of us to be able to feel well, live long and enjoy our community.

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 Township of
Rochelle Park
Senior Preferred
Prescription
Savings Card*

**FRANK VALENZUELA
MAYOR**

TOWNSHIP COMMITTEE

**Joseph Scarpa
Phyllis Strohmeier
Jay Kovalcik
Wilbur Lotz**

Virginia DeMaria, Municipal Clerk

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.
- There are no exclusions for participation in other prescription programs.

Is this insurance?

- The Senior Preferred Prescription Savings Card is NOT a managed care or insurance program.

Why should I apply for the Prescription Savings Card ?

- For a small fee, you (and your spouse, if applicable) 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.