

The Township of South Hackensack Senior Preferred Prescription Savings Card

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

Township of South Hackensack
227 Phillips Avenue
South Hackensack, NJ 07606

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 Township of So. Hackensack
- 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

We are all aware of the ever-increasing costs of prescription drugs today. Many people have some type of insurance to help offset these costs. However, there is even a larger group of people who have no plan in place to help defray some of the costs related to prescription drugs. As a result, the financial burden becomes overwhelming, and many people simply go on without their prescribed medication.

We here in South Hackensack are always seeking ways to make the quality of life for our residents a top priority. The South Hackensack Senior Preferred Prescription Savings Card is a specially designed program to give those eligible a savings on all prescription drugs. An annual fee of \$20.00 per household (\$40.00 for three years) allows you to start realizing savings from up to 10% to 50% on your prescription drugs.

We are very proud to be able to present this program to our senior citizens. We hope those who enroll will take advantage of the benefits this plan offers towards the affordability of their medication needs. As always, please feel free to contact Town Hall with any questions.

John E. Czarnecki
Mayor

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



The Township of South Hackensack Senior Preferred Prescription Savings Card

**JOHN E. CZARNECKI
MAYOR**

TOWNSHIP COMMITTEE

Clementine Montenegro, Deputy Mayor
James Anzevino
Nicholas Brando
Walter Eckel, Jr.

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.

Is this insurance?

- The Senior Preferred Prescription Savings Card is not a supplemental insurance program.
- The Senior Preferred Prescription Savings Card is not a managed care program.

Why should I apply for the Prescription Savings Card ?

- For a small fee, you and your eligible dependent(s) 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

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.