

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 Sussex 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 Sussex County Board of Chosen Freeholders

The Sussex County Board of Chosen Freeholders is pleased to announce the Sussex County Prescription Savings Program (SCPSP).

We recognize that prescription drug costs are a major concern to all Sussex County residents, especially our senior citizens, our disabled residents and our unemployed. As part of our on-going commitment by the Board to improve the quality of life of our residents, we have collaborated with two neighboring counties to help reduce prescription drug costs to our residents. The program provides ALL Sussex County families, who do not have prescription drug plans, with discounts on ALL prescription drugs. Since the discounts are based on wholesale prices, this may result in savings of up to 50% off regular retail prices.

This prescription savings program is accepted at thousands of participating pharmacies throughout the United States, with no age limits or income requirements. All that is required is a completed application form, proof of residence and a small annual membership fee.

We encourage you to read this brochure, talk with your pharmacist and take advantage of this new program. For further information, please call the toll-free customer service number below.

**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.

GSPO Provider Services Corp.
P.O. Box 4190
Hamilton, NJ 08610
www.gspops.com



GS
POPS



The Sussex County Prescription Savings Program

Sussex County Board of Chosen Freeholders

Glen Vetrano
Freeholder Director

Jeffery M. Parrott
Freeholder Deputy Director

Harold J. Wirths
Freeholder

Phillip R. Crabb
Freeholder

Susan M. Zellman
Freeholder

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

*What is the Sussex County
Prescription Savings Program?*

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

Who is eligible ?

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