

**The Township of Wayne
Senior Preferred
Prescription Savings Card**

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

The Township of Wayne
475 Valley Road
Wayne, NJ 07470

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 Wayne
- 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

The Mayor and Town Council are very happy to offer our senior and disabled residents the opportunity to obtain the Senior Preferred Prescription Savings Card.

In these times of rising costs, we are deeply committed to finding ways to help you balance your checkbook. By offering this Savings Card to you, we can help you save money on your prescriptions, while working to protect your health, to ensure that you maintain the best quality of life for years to come.

Thank you for the opportunity to serve and assist you.

Christopher P. Vergano
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.

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

www.gspops.com

Toll-Free Customer Service:
1-800-633-0037



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Christopher P. Vergano, MAYOR
TOWNSHIP COUNCIL MEMBERS

Alan Purcell, Ward 1
Al Sadowski, Ward 2
Gerard J. Porter, Ward 3
Joseph Scuralli, Ward 4
Chris McIntyre, Ward 5
Paul V. Margiotta, Ward 6
Ann Mary O'Rourke, At Large
Joseph G. Schweighardt, At Large
Lawrence Maron, At Large

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 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.