

The Borough of Westwood Senior Preferred Prescription Savings Card

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

Borough of Westwood
101 Washington Avenue
Westwood, New Jersey 07675

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 Westwood
- 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 Your 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 Westwood have been seeking ways to help those who have no other assistance. The Borough of Westwood Senior Preferred Prescription Savings Card is designed to give those eligible a savings on all prescription drugs. A simple annual fee of \$20.00 per household is all you need to begin realizing savings of up to 10% to 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. 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.

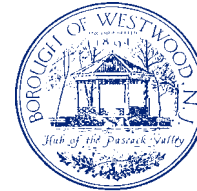
GSPPO Provider Services Corp.
P.O. Box 4190
Hamilton, NJ 08610

www.gspops.com

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



GS
POPS



*The Borough of Westwood
Senior Preferred
Prescription Savings
Card*

THE BOROUGH OF WESTWOOD
JOHN BIRKNER, MAYOR

COUNCIL
William Phayre
Cynthia Waneck
John J. Sciara
Peter Grefrath
Ingrid Quinn
Robert Miller

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.