

**The Borough of Woodcliff Lake
Senior Preferred Prescription Savings Card**

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

**GSPO Provider Services
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 the persons above:

- are residents of the Borough of Woodcliff Lake
- 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 and Council

The Borough is pleased to offer a Senior Preferred Prescription Savings Card Program to all residents age 55 and over, as well as all residents who are permanently disabled, regardless of age.

This program is designed to provide savings on prescription drugs of up to 10% to 50% off regular retail prices. Individuals participating in the program pay an annual fee of \$20 per household (or \$40 for three years).

We hope that this program helps make prescription drugs more affordable for our residents. If you are interested in participating, please complete the attached application and mail to GS-POPS at the address indicated.

Should you have any questions, please feel free to contact GS-POPS at 1-800-633-0037. Thank You.

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 Borough of Woodcliff Lake
Senior Preferred
Prescription Savings Card*

**JOSEPHINE HIGGINS
MAYOR**

COUNCIL

**John Glaser, Council President
Jon M. Vogel
Paul Camella
Lynda Heinemann
Joanne Howley
Peter VanRiper**

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.