



Membership is \$20 annually per individual or \$35 for the entire family. It's simple:

1. Fill out the attached enrollment form and return it to your TOPS Pharmacist.
2. Present your BonusPlus® to the pharmacist and receive your \$3.99+ Plan sticker.
3. Immediately begin saving on thousands of brand and generic drugs when you show your BonusPlus®.

Another plus — when you use your BonusPlus®, you can also earn GasPoints® on your qualifying prescription purchases.*



* Certain prescriptions excluded by law. See pharmacist for details.

HIPAA Authorization

Terms. This prescription drug discount program, the \$3.99+ Plan, is administered by Relay Health of Atlanta, GA. In administering the \$3.99+ Plan, Relay Health receives individually identifiable health information (including but not limited to the information provided on this enrollment form) from the TOPS Pharmacy, the pharmacies processing the \$3.99+ Plan transactions or directly from you. Your authorization is required as a condition of enrollment in the \$3.99+ Plan as Relay Health must have this information to administer its point-of-sale discount prescription service. The individually identifiable health information provided to Relay Health and TOPS Pharmacy is not transferred, sold or otherwise disclosed to third parties, except as necessary for the proper administration of the \$3.99+ Plan or as may be otherwise required by law, and is always protected as Confidential Private Information. If your medical information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by a person who receives your medical information, and this re-disclosure may not be protected by the applicable privacy laws. For additional information, including the TOPS Pharmacy privacy policy, please stop by a participating TOPS Pharmacy.

Authorization. I understand that my signature on this enrollment form constitutes my written authorization for Relay Health to receive and use the individually identifiable health information described above for the proper administration of the \$3.99+ Plan in accordance with applicable law. This authorization shall remain in effect for the duration of my enrollment in the \$3.99+ Plan. I have the right to revoke this authorization in writing at any time by calling 1-800-522-2522, except to the extent that my medical information has already been used or disclosed in reliance on this authorization. However, because this information is essential to the administration of this program, my revocation of this authorization shall result in cancellation of my enrollment in the \$3.99+ Plan.

If you are signing on behalf of dependent family members, your signature verifies that you are the parent/legal guardian or the authorized representative of the individuals identified above.

AUTHORIZATION SIGNATURE

DATE

Additional Health Savings Information: Pursuant to your enrollment in the \$3.99+ Plan, Relay Health and TOPS Pharmacy may also provide you with special information to enhance your health, such as drug price comparisons, and/or special savings opportunities (Additional Health Savings Information) through programs administered by Relay Health and/or TOPS Pharmacy. Your signature below constitutes your written authorization for Relay Health and TOPS Pharmacy to provide you with Additional Health Savings Information as described above. You may opt out of receiving future transmissions of Additional Health Savings Information by contacting our customer service department at 1-800-522-2522.

AUTHORIZATION SIGNATURE

DATE

Right to Receive Copy of This Authorization. I understand that I have a right to receive a copy of this signed authorization upon request.



YOUR NEIGHBORHOOD STORE WITH MORE

\$3.99+
PLAN
SAVE
ON YOUR PRESCRIPTION PURCHASES RIGHT NOW!





Enjoy Healthy Savings for Your Entire Family

With hundreds of generics in a 30-day
or 90-day supply starting as low as
\$3.99 each[†] at TOPS Friendly Markets!

**Plus, you'll be able to enjoy big savings
on thousands of other brand name and
generic drugs with our tiered pricing.**

Stop by or call your friendly TOPS Pharmacist
for prices on all your current prescriptions. Your
pharmacist can also provide a list of available
\$3.99+ Plan medications.[†]

DISCOUNT ONLY – NOT INSURANCE.

Discounts are available exclusively through participating
pharmacies. Persons receiving benefits from publicly funded
health care programs are ineligible. You may cancel your
registration under the \$3.99+ Plan at any time by contacting
1-800-522-2522.

[†] The day supply is based upon the average dispensing patterns for the
specific drug and strength. The program, as well as the prices and the
list of covered drugs, can be modified by TOPS Pharmacy at any time
without notice and at TOPS Pharmacy's discretion.

\$3.99⁺ PLAN

ENROLLMENT APPLICATION

Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: () _____

TOPS BonusPlus[®] No.: _____

Email (optional): _____

No. of Family Members: _____

RELATIONSHIP	NAME	DATE OF BIRTH
01. (Enrollee)		/ /
02. (Spouse)		/ /
03. (Dependant)		/ /
04. (Dependant)		/ /
05. (Dependant)		/ /
06. (Dependant)		/ /

I have read and reviewed the Terms and Conditions on the reverse side of this application, signed where
indicated, and hereby agree to these Terms and Conditions by signing below.

Name: _____ Date: / /