WES MOORE
Governor

ARUNA MILLER
Lieutenant Governor

Maryland
DEPARTMENT OF BUDGET AND MANAGEMENT

YAAKOV "JAKE" WEISSMANN
Acting Secretary

MARC L. NICOLE
Deputy Secretary

OUT OF COUNTRY EARLY REFILL PRESCRIPTION DRUG REQUEST FORM

Complete this form for yourself and/or your covered dependents

BEFORE SUBMITTING THIS FORM, please confirm the following:

- Request is at least 2 weeks in advance of your departure date
- Scheduled for a period of no less than 30 consecutive days out of the country
- Confirmed there are no outstanding premiums during time of request
- Attach supporting documentation confirming destination, departure/return dates and reason for travel. If return date is not yet determined, documentation provided should show support for return date not being provided.
- One request form per member/dependent needing an early refill.

Once completed, return to: Employee Benefits Division,
301 W. Preston St., Rm 510 Baltimore, Md 21201
or
Email to: EBD.Mail@Maryland.gov or **Fax:** 410.333.5191

I, _____ will be out of the country
(Name of Person Traveling)

For _____ months on work-related business/study abroad program/Fulbright scholar/vacation.

Employee/Retiree/Dependent name: _____

Current Telephone Number(s): _____

Departure Date: _____ Return Date: _____

Overseas Address: _____

_____

Medication Requested: _____

Prescribing Physicians Name: _____Telephone #: _____

_____Date: _____
Employee/Retiree/Dependent Signature

Employee/Retiree W# or Social Security Number: _____

Dependent SSN: _____

_____ Date: _____
DBM Employee Benefit's Director's Signature (Rev 7/18/2024)