



Maryland

DEPARTMENT OF BUDGET
AND MANAGEMENT

WES MOORE
Governor

HELENE GRADY
Secretary

ARUNA MILLER
Lieutenant Governor

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 minimum period of no less than 30 consecutive days out of the country and a maximum approval of a 90 day supply of medication.
- 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: _____

_____ Date: _____

DBM Employee Benefit's Director's Signature

Rev 1/06/2025

301 W. Preston Street • Baltimore, MD 21201

Tel: 410-767-4715 • Fax: 410-333-5262 • Toll Free: 1-800-705-3493 • TTY Users: Call via Maryland Relay

<http://dbm.maryland.gov>