WES MOORE
Governor

ARUNA MILLER
Lieutenant Governor

Maryland
DEPARTMENT OF BUDGET AND MANAGEMENT

YAAKOV "JAKE" WEISSMANN *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 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