



Prescription Override Form

If you are traveling abroad and need to fill multiple months of a prescription prior to your departure, you must submit this Prescription Override Form to Gallagher Student Health & Special Risk.

Please allow at least 2 business days for processing. Contact Gallagher Student Health & Special Risk at 877-320-4347 with any questions.

1. Student Name* _____ Student ID # _____

School Name* _____

Student Phone # _____
best telephone number to reach you

Student Email* _____

2. International Destination* _____

3. Departure Date* _____

Return Date* _____

4. Requested number of months of prescription (Cannot exceed plan termination date)* _____

If the number of months requested extends beyond the plan's termination date, Gallagher Student Health & Special Risk will need to confirm and update student's eligibility prior to processing override. If not, students will need to pay for prescriptions and seek reimbursement.

5. Name and dose of prescription #1* _____

Name and dose of prescription #2: _____

6. Requested pick-up date (Cannot be more than 2 weeks prior to departure date)* _____

This Prescription Override expires within 48 hours of the requested pick-up date.

7. Name of Pharmacy* _____

Pharmacy Phone Number* _____

Once complete, submit this form to Gallagher Student Health & Special Risk in one of the following ways:

E-Mail to: PrescriptionAssistance@gallagherstudent.com

Fax to: 617-479-0860 Attn: Prescription Assistance

Internal Use Only:

Date Received: _____

Date Processed: _____ Processed by: _____