



**Gallagher**

Insurance | Risk Management | Consulting

# Gallagher Student Health

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 at 877-320-4347 with any questions. This form must be completed in full prior to GSH review.

**Personal Information:**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

School Name: \_\_\_\_\_

Student Phone Number: \_\_\_\_\_

Student Email: \_\_\_\_\_

**Travel Information:**

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Requested Number of Months of Prescriptions: \_\_\_\_\_

Note: If the number of months requested extends beyond the plan's termination date, Gallagher Student Health 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.

Requested Prescription #1: \_\_\_\_\_

Requested Prescription #2: \_\_\_\_\_

Requested Pickup Date: \_\_\_\_\_

Name of Pharmacy: \_\_\_\_\_

Pharmacy Phone Number: \_\_\_\_\_

Once complete, email this form to Gallagher Student Health:  
[PrescriptionAssistance@gallagherstudent.com](mailto:PrescriptionAssistance@gallagherstudent.com)