

MichiganTech

PHARMACEUTICAL OVERRIDE REQUEST

Available to current Michigan Tech Employees for travel outside of the United States for study abroad programs, sabbatical leaves, or military leaves ONLY. Maximum override for pharmaceuticals is 6 months. This form must be completed and turned in to the Benefits Office at least 2 weeks prior to the required date stated below. Complete one form for every prescription needed.

SUBSCRIBER NAME: _____

PATIENT NAME: _____

GROUP NUMBER: 55248

POLICY NUMBER: _____

NAME OF PHARMACY: _____

PHONE NUMBER OF PHARMACY (include area code): _____

DRUG NAME: _____

STRENGTH: _____

DAILY DOSAGE: _____

REASON FOR REQUEST: _____

Please attach proof of travel (sabbatical confirmation letter, military papers, etc.)

NUMBER OF MONTHS REQUESTED FOR OVERRIDE: _____

DATE NEEDED BY: _____

I, _____, a current employee (or dependent of an employee) of Michigan Technological University, understand that BCBSM and the Michigan Tech Benefits Office are not responsible for replacing lost, stolen or damaged pharmaceuticals. The Benefits Office is not responsible for refunding unused or recalled pharmaceuticals, or if your prescription is changed by your physician. I understand that if the employee is terminated prior to the end of the months stated above and is no longer eligible for the pharmaceutical benefit, I will be liable to repay the University for the cost of the drug.

EMPLOYEE SIGNATURE: _____

(employee signature required if patient under age 19)

PATIENT SIGNATURE: _____

BENEFITS OFFICE APPROVAL: _____