



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 Koster.

Please allow **at least 2 business days** for processing. Contact Gallagher Koster at 800-457-5599 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 Koster 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:** _____

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 Koster in one of the following ways:

E-Mail to: PrescriptionAssistance@kosterins.com

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

Internal Use Only:

Date Received:

Date Processed:

Processed by: