



# Prescription Vacation Override Form (OAP, LCHP or LCDHP health plans only)

Local Government (LG) employees and their covered dependents that are actively enrolled in the LG's OAP, LCHP or LCDHP health plans are eligible for 2 Prescription Vacation Overrides per year.

Employees and/or their covered dependents going on vacation or an extended stay outside of the United States, who require an early refill or who will need medications to cover a period greater than the current prescription refill, must request an exception for a Prescription Vacation Override for that time period.

**Note:** If you are enrolled in a LG – HMO health plan you will need to contact your health insurance carrier to obtain information on their process for this type of request.

## Employee Information

Employee Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Last 4 SS# : \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Dependent Information (if request is for Dependent)

Dependent Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Travel Information

Travel Destination: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

## Prescription Information

Prescription Name	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**This form must be completed in its entirety and returned to CMS 30 days before the planned trip. If any information is missing, the request will be denied.**

**Submit documentation to:**

Vacation Override request  
 BCS Unit  
 801 S. 7th Street  
 P.O. Box 19208  
 Springfield, IL 62794-9208  
**Email:** [CMS.Ben.BCS@illinois.gov](mailto:CMS.Ben.BCS@illinois.gov)  
**Fax:** 217-557-3973