



Prescription Vacation Override Form (OAP, QCHP or CDHP health plans only)

State of Illinois (SOI) employees and their covered dependents that are actively enrolled in the SOI's OAP, QCHP, or CDHP 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 State of IL – 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

Fax: 217-557-3973