



Electrical Industry Insurance Benefit Trust Fund of Alberta
 4211 – 95 Street NW, Edmonton, Alberta T6E 5R6
 Phone: (780) 465-2882 Toll Free 1-800-268-3649
 Fax: (780) 465-0808 Email: claims@ebfa.ca

Prescription Drug Maximum Purchase Exception Request Form

Fax or email to the Fund Office **at least** 7 business day prior to departure.

Plan Member Information:

Last Name, First Name:	EBFA Stakeholder Number:	Date of Birth:

Patient Information (if not the Plan Member):

Last Name, First Name:	Date of Birth:	Relationship to Plan Member:

Departure Date: Return Date:

To be completed by the Pharmacy:

Pharmacy Information:

Pharmacy:	Contact Name:	Phone Number:

Medication Name	DIN	Quantity Requested	Number of Days Requested	Is the Patient Stabilized on their medication?
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No

Additional pharmacy comments:

Notice to Pharmacy:
 ClaimSecure will provide an override code at time of prescription submission.