RTO/ERO Group Benefits Program
Régime collectif d'avantages sociaux d'ERO/RTO
ADMINISTERED BY / ADMINISTRÉ PAR Johnson Inc.

AUTHORIZATION FORM FOR VACATION DAYS' SUPPLY – PRESCRIPTION DRUGS

Pharmacy Name: _____ **Pharmacy Contact:** _____

Pharmacy Phone #: _____

Pharmacy Fax #: _____

Member Name: _____ **Certificate Number:** _____

Patient Name: _____

Drug Name	DIN	Supply Required (Maximum 200 days)

Reason Required: _____

Departure Date: _____

Return Date: _____

_____ _____

Member Signature **Date**

Please complete and return to Johnson Inc.

Attention: Linda Thompson
Claims Support Specialist, Plan Benefit Claims
Phone: 905.764.4894 or Toll Free: 1.800.638.4753 Ext. # 4894
Toll Free Fax: 1.877.611.5878

Johnson Inc.
Plan Benefit Claims
Suite 700, 1595 – 16th Avenue
Richmond Hill, ON
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