ARKANSAS INSURANCE DEPARTMENT
ATTN: PBM Division
1 Commerce Way Little Rock, AR 72202
501-371-2820 FAX: 501-371-2639

Pharmacy Benefits Manager License Renewal Application

Business Entity Name: _____

Mailing Address: _____

Phone Number: _____

Please provide the information one month prior to the PBM license expiration date:

1. **Evidence that the PBM's surety bond is still in force.**
2. **Most recent fiscal year-end audited financial statement of the PBM, including a breakout schedule showing the financial position of the PBM and its subsidiaries with a list identifying any parent company, any subsidiaries, and / or any affiliate(s).**
3. **If any PBM functions are contracted out, please identify the company (or companies) and the function(s) performed by each on behalf of the PBM.**
4. **Contact information for the individuals below - including names, titles, mail addresses, email addresses, emails, and phone numbers as applicable:**
   a. **MAC and NADAC Complaints Contact for AR;**
   b. **PBM Licensing Contact for AR;**
   c. **Government Relations / Legal Contact for AR.**

5. **Current number of enrollees or beneficiaries administered by the PBM in AR: _____**

   Projected number of enrollees or beneficiaries to be administered by the PBM in AR in the coming year: _____

6. **A non-refundable renewal fee of $20,000 submitted via check or online payment.**

7. **Documentation of any applicable changes within the past year which affect the following:**

   a. **PBM Board Members**
   b. **PBM Board of Trustees**
   c. **PBM Executive Committee**
   d. **PBM Principal Officers**
   e. **PBM Policies and Procedures**
   f. **PBM Partners or Members**

8. **An updated report of every bank identification number (BIN), group number, and processor control number (PCN) used by the PBM. Distinguish all unique combinations thereof, along with the number of lives covered and plan type, as described in Attachment 1 and 1a.**

9. **A complete and notarized Attachment 2: Attestation Form. If the applicant is unable to attest to any of the statements, provide a written explanation.**

10. **Any requirements which are not already on file with the department, as defined by the Commissioner.**

Non-redacted submissions are considered confidential under Ark. Code Ann. § 23-61-103, 23-61-107(a)(4), 23-61-207 and are exempt from disclosure under the Freedom of Information Act of 1967.

AFFIDAVIT

I, the undersigned, do hereby swear or affirm under oath that the information submitted herein is true and accurate to the best of my knowledge and belief.

Officer Name: _____
Printed Name

_____
Signature Date

NOTARY SECTION

Subscribed and sworn before me, by the said _____
(Name and Title)

this _____ day of _____, 202__.

In witness whereof, I hereunto set my hand and official seal.

_____
NOTARY PUBLIC

My Commission expires: _____
(date)