

Company Activities - Licensing
 700 West State Street 3rd Floor
 P.O. Box 83720
 Boise, ID 83720
 Phone (208) 334-4250
 Fax # (208) 334-4398
www.doi.idaho.gov

Idaho Department of Insurance

Application for Registration as a Pharmacy Benefit Manager ("PBM")



No fees required

"Pharmacy benefit manager" [or "PBM"] means a person or entity doing business in this state that contracts with pharmacies on behalf of an insurer, third-party administrator, or managed care organization to administer prescription drug benefits to residents of this state. [See Idaho Code § 41-349(1)(b)]

Idaho Code § 41-349 requires a PBM to register annually no later than April 1 of each year.

To register, complete and submit this form to: doi.tpa@doi.idaho.gov

Initial Registration

 Renewal Registration

Type of Entity:
 Corporation
 Partnership
 Association
 LLC
 Other

Legal Name of Applicant		Federal Tax Identification Number	
Contact Person Name and Title		Phone	Email
Business Address (Do not use PO Box)		City	State Zip
Mailing Address (If different from business address)		City	State Zip
Business Phone	Fax	State of Domicile	
List all insurers, third-party administrators, or managed care organizations (regardless of where the entity is domiciled) for which your firm administers prescription drug benefit services that cover Idaho Residents. Please include the full name and address of each entity, and the contract effective date.			
NAME OF ENTITY	ADDRESS OF ENTITY	DATE SERVICES INITIATED	

Confirmation of registration will be mailed within 30 days of receipt of completed registration form.
 Registration expires on December 31 annually and re-registration using this form is required. No fees required.

Registrant Attestation and Certification

I certify that, under penalty of perjury, I am the person named herein and know the contents thereof, and that all of the information submitted in this application is true and complete. I attest that I have the authority and capacity to execute this certification on behalf of the registrant. I am aware that submitting false information or omitting pertinent or material information in connection with this registration is grounds for denial of registration.

I further certify that [name of company] does not provide third-party administrative services as defined in Title 41, Chapter 9, Idaho Code. If [name of company] intends to provide administrative services as defined in Title 41, Chapter 9, Idaho Code, the appropriate third-party administrator license or registration will be secured.

Name of registrant: _____

Signature

Date

Printed Name

Title

Signature

Date

Printed Name

Title

(Must be signed by at least two (2) officers of the registrant)

Complete and submit this form to: doi.tpa@doi.idaho.gov