

State of Idaho
DEPARTMENT OF INSURANCE

700 West State Street, 3rd Floor
P.O. Box 83720
Boise, Idaho 83720-0043
Phone (208)334-4250
FAX # (208)334-4398

FOR DOI USE ONLY

Application for Registration as a Pharmacy Benefit Manager

A "Pharmacy benefit manager" [or "PBM"] is 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 re-register annually no later than April 1 of each year.

Instructions:

1. Fill out this form in it's entirety.
2. Prepare a check or money order for the \$300 registration made out to the Idaho Department of Insurance.
3. Mail the completed form and non-refundable registration fee to:

Idaho Department of Insurance
700 West State Street, 3rd Floor
P.O. Box 83720
Boise, Idaho 83720-0043

Please direct questions concerning PBM registration applications to Company Activities-Licensing at doi.tpa@doi.idaho.gov

Applicant Information			
Type of Entity <div style="text-align: center;"> <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Association <input type="checkbox"/> LLC <input type="checkbox"/> Other _____ </div>			
Legal Name of Applicant		Federal Tax Identification Number	State of Domicile
Business Address (Do not use PO Box)	City	State	Zip Code
Mailing Address (If different from business address)	City	State	Zip Code
Email	Phone	Fax	
Contact Person Name		Title	
Email		Phone	
Does the applicant have affiliated pharmacies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a list to include all names and addresses of affiliate pharmacies.			
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	

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.

If [_____] intends to provide administrative services as defined in Title 41, Chapter 9, Idaho Code, appropriate administrator license or registration will be secured.

Name of registrant: _____

Signature

Date

Printed Name

Title

Signature

Date

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

Title