



## VOLUNTARY SURRENDER OF IDAHO PHARMACY BENEFIT MANAGER (PBM) LICENSE APPLICATION

(COMPANY NAME) \_\_\_\_\_ (“APPLICANT”) is seeking to surrender and  
withdraw its authority to transact business in the State of Idaho and cancel its Idaho Pharmacy Benefit Manager License  
for the following reason(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested Effective Date: \_\_\_\_\_ Idaho PBM License #: \_\_\_\_\_

Please provide an email for confirmation of surrender: \_\_\_\_\_

### Applicant Officer’s Certification and Attestation

The officer (listed below) of the Applicant must read the following **very carefully**:

1. I hereby certify, under penalty of perjury, that I have read the application, that I am familiar with its content, and that all the information, including any attachments, submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license discipline or other administrative action and may subject me or the Applicant, or both, to civil or criminal penalties.
2. **I acknowledge that all required reports have been submitted to the Idaho Department of Insurance, per Idaho Code §41-349.**
3. **I attest that there are no outstanding filings requested by the Idaho Department of Insurance.**
4. I acknowledge that I am familiar with the insurance laws and regulations of said state, accepting the Constitution of such state, in which the Applicant is licensed or to which the Applicant is applying to withdraw or surrender its license.
5. I acknowledge that I am the President/Vice President/Secretary/Officer of the Applicant and authorized to execute and are executing this document on behalf of the Applicant.
6. I hereby certify under penalty of perjury under the laws of the applicable jurisdiction that all the foregoing is true and correct, executed at \_\_\_\_\_.

\_\_\_\_\_  
Officer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Officer Full Legal Name

\_\_\_\_\_  
Officer Title

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires \_\_\_\_\_