

Company Activities - Licensing  
 700 West State Street 3<sup>rd</sup> Floor  
 P.O. Box 83720  
 Boise, ID 83720  
 Phone (208) 334-4250  
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[www.doi.idaho.gov](http://www.doi.idaho.gov)

## Idaho Department of Insurance

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



**\$300 Application for Registration Fee**

"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 submit annually an Application for Registration and the \$300 fee no later than April 1 of each year.**

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			
<b>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.</b>					
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.

## 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 [name of company] 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

\_\_\_\_\_  
Title

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

**SUBMIT**