



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



## Pharmacy Benefit Manager Renewal Application

**Business Entity Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street or P.O. Box City State Zip

**Phone Number:** \_\_\_\_\_

**Please provide the following information a month prior to the PBM license expiration date:**

- 1) Evidence the PBM’s surety bond issued is still in force.
- 2) New fiscal year-end audited financial statement of the PBM, including a breakout schedule showing the financial position of the PBM and its subsidiaries, and a list identifying any parent company or companies, and any subsidiaries, and any affiliate. If not applicable; please reply “N/A”.
- 3) If the PBM contracts out the handling of claims, appeals, and/or complaints, please identify the company or companies and the function(s) it performs by each applicable company on behalf of the PBM.
- 4) Contact Information  
**To include names, titles, mailing addresses, emailing addresses and direct phone numbers**
  - MAC and NADAC Complaints Contact for AR
  - PBM Licensing Contact for AR
  - Government Relations / Legal Contact for AR
- 5) Documentation of any applicable changes to the PBM the within the past year affecting the following:
  - Board Members
  - Board of Trustees
  - Executive Committee
  - Principal officers in the case of a corporation
  - Policies or procedures
  - Partners or members in the case of a partnership or association
- 6) Current number of population or number of enrollees or beneficiaries to be administered by the PBM in Arkansas: \_\_\_\_\_  
 Projected number population or number of enrollees or beneficiaries to be administered by the PBM in Arkansas in the coming year: \_\_\_\_\_

**AFFIDAVIT**

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

**OFFICER NAME:**

\_\_\_\_\_  
Please Print

\_\_\_\_\_  
Please Sign

\_\_\_\_\_  
Date Signed:

**NOTARY SECTION**

Subscribed and sworn to before me, by the said \_\_\_\_\_  
Name and Title

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which witness by hand and seal of office.

\_\_\_\_\_  
Notary Public Signature

(seal)

\_\_\_\_\_  
Printed or Stamped Name

My Commission expires \_\_\_\_\_, 20\_\_\_\_\_.