

PBM Renewal Application

The following documents are required with the renewal application.

___ **Completed Renewal Application.**

___ **TPA Surety Bond**

Please include the bond continuation certificate/verification form or proof that the bond has been renewed for the Pharmacy Benefit Manager surety bond. (If the bond has been changed, please attach a copy of the new bond.)

___ **Copy of any administrative action(s)** from any state since last renewal, if not already submitted

___ **Fee of \$500 per license**

(If late reinstatement fee is \$1,000 per TITLE 59 O.S. § 358(A) & Rule 365:25-29-5(B) & (C))

Oklahoma Insurance Department

Attn: DeAnn Robinson • 405-521-6648 • deann.robinson@oid.ok.gov
5 Corporate Plaza, 3625 NW 56th St, Suite 100, Oklahoma City, OK 73112

Application for Renewal of Pharmacy Benefits Manager License (Corporate and Individual)

Name on License: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

License Number _____ Expiration Date: _____ Phone: _____

Submit PBM Information Change Form for address changes. FEIN: _____

This application will be returned if the following questions are not answered and if all documents are not included

1. My name / entity name and address above have been verified and any needed corrections have been made

Yes

No

2. If a Business entity, has the corporation, any owner or principal, received any administrative action from any state since last renewal?

Yes (If yes, attach court documents)

No

a. If individual, have you been convicted of, pled guilty or nolo contendere to either a felony or misdemeanor involving moral turpitude or had any administrative action from any state since your last renewal?

Yes (If yes, attach court documents)

No

3. Please include the bond continuation certificate/verification or proof that the bond has been renewed for the Pharmacy Benefits Manager surety bond. (If the bond has been changed, please attach a copy of the new bond.), per Title 59 O.S. §358(B). ****Note: Individuals can now operate using the company's bond**

4. Sign form and attach check/money order that will serve as a receipt (and certification if required).

5. Please list the name and phone number of the person we should contact should questions arise:

Name: _____ Phone #: _____

Email address: _____

(Signature)

(Date)

ALL FEES ARE BY LAW DEEMED EARNED AND ARE NON-REFUNDABLE

Please Complete: Paid \$ _____ Check Money Order # _____ Dated: _____