

THE STATE OF NEW HAMPSHIRE INSURANCE DEPARTMENT

21 South Fruit Street; Suite 14 Concord, NH 03301 Phone: 603-271-2261 Fax: 603-271-1406 www.nh.gov/insurance

APPLICATION for REGISTRATION

D Initial Application

□ **Renewal Application** (All renewal applications must include the PBM Annual Rebate Summary spreadsheet. Pages 2-3 may be disregarded unless there have been changes.)

PHARMACY BENEFITS MANAGER RSA 402-N

PHARMACY BENEFITS	MANAGER NAME:		
TRADE NAME (if any):			
DOMICILE:			
ADDRESS:			
OTHER NEW HAMPSH	IRE LICENSES OR CERTI	FICATES OF AUTHORIT	ΓY (if any):
If PBM has already been	granted a Third Party Ac	Iministrator certificate of	authority disregard page 3.
CONTACT NAME:			
	PHONE:		
CONTACT ADDRESS:			
CONTACT E-MAIL ADI			
			his individual may be in the company or a
contracted person such as a	consultant.		
		FEES	
REGISTRATION FEE	Initial Application	\$500.00	
	Renewal Application	\$100.00	

All checks must be made payable to: **New Hampshire Insurance Department**. Checks must be mailed to to the Financial Regulation Division, Insurance Department, 21 South Fruit St., Suite 14, Concord, NH 03301.

All renewal applications and PBM Annual Rebate Summary spreadsheets must be emailed to Tracey Russo, Financial Records Auditor at Tracey.L.Russo@ins.nh.gov.

Our review process will not begin until ALL fees are paid. New Hampshire law does not allow for the payment of fees after the approval of registration.

NOTICE of CONTRACT BETWEEN PHARMACY BENEFITS MANAGER AND HEALTH CARRIER

This form must be filled out for each contract the pharmacy benefits manager has with a health carrier.

PBM NAME:		
NAME of HEALTH CARRIER:		
CONTACT NAME:		
CONTACT TITLE:	PHONE:	
CONTACT ADDRESS:		
Effective Date of Contract:		
Location of books and records maintained by the pha	armacy benefits manager in regard to this agreement:	

(Signature of PBM Representative)

(Printed Name of PBM Representative)

SECTION 1 - MANAGEMENT

BIOGRAPHICAL AFFIDAVITS AND OFFICIAL LIST OF ALL INDIVIDUALS responsible for the conduct of affairs of the pharmacy benefits manager. The NHID accepts the NAIC biographical affidavit. The list should give the name, position occupied, address and the professional qualifications of each of these individuals. It should also be sworn to as a true and complete list by the secretary of the pharmacy benefits manager. The list shall include:

- Board of Directors
- Board of Trustees
- Executive Committee/Governing Board/Committee
- Principal Officers (Partners or members in the case of Partnership, Association or LLC)
- Shareholders (10% or more)
- Others exercising control/influence

SECTION 2 - DOCUMENTARY

1) **CERTIFIED COPIES OF ALL BASIC ORGANIZATIONAL DOCUMENTS,** including Articles of Incorporation, Articles of Association, partnership agreements, trade name certificate, trust agreement, shareholder agreement, recent certificate of good standing for state of domicile and for the State of New Hampshire, and all amendments thereto. These items should be certified by the proper domiciliary state official.

2) COPY OF THE BY-LAWS of the applicant certified as a true and correct copy of the secretary of the company.

3) **RECORDS**. The location where the books and records maintained by the PBM are located:

4) The license or authority of the PBM in any state, district or country has at no time been revoked, suspended or canceled, nor has it been refused admission to any state, district or country, except as stated below. (state in full detail any exception)

AFFIRMATION

I subscribe and affirm, under penalty of perjury, that the statements made in this application, including statements made in accompanying papers, have been examined by me and to the best of my knowledge and belief are true, correct and complete, and that I am duly authorized to execute this affirmation.

(Authorized Representative - Signature)

(Printed Name)

NOTARIZATION

STATE of		
COUNTY of		
This instrument was acknowledged before me this	(date) by	(Name of person
signing this document).		
(SEAL)	(Notary Public Signature)	

(Printed Name)

Commission Expires: