



NC DEPARTMENT
of INSURANCE
MIKE CAUSEY, COMMISSIONER

Application for Pharmacy Benefit Manager (PBM) License

State of North Carolina
Department of Insurance

(date) _____

On behalf of

(Name of Individual, Corporation, or Partnership)

with principal offices at

(Street)

(City)

(State)

(Zip)

(Telephone Number)

(Fax Number)

(E-mail Address for licensee is required by NCGS 58-2-69(b).)

(FEIN)

(President/CEO)

I hereby apply for a license empowering the above entity to act as a Pharmacy Benefit Manager (PBM) pursuant to North Carolina General Statute Chapter 58, Article 56A. Should the above entitled (PBM) have any office in North Carolina, its location is hereby recorded as:

(Street)

(City) (State) (Zip)

(Telephone Number) (Fax Number)

(E-mail Address) - Required

Please respond accordingly, if the answer is yes to any question 1 through 6 provide documentation of any violations, judgements, or consent orders in separate scanned file.

1. Has the applicant had a previous application for a PBM license denied for cause within the past five (5) years?

___ yes ___ no If yes, was information previously provided? _____

Attach an explanation, even if previously provided

2. Has the applicant had any professional, vocational or business license denied, suspended, revoked or restricted by any public authority in this or any other state, or has such license been subjected to a monetary fine by any public authority or been withdrawn or surrendered to avoid disciplinary action?

___ yes ___ no If yes, was information previously provided? _____

Attach an explanation, even if previously provided.

3. Has the applicant had any judgment rendered against it in any court of any jurisdiction of the United States for its activities relating to the transaction of business as a PBM?

___ yes ___ no If yes, was information previously provided? _____

Attach an explanation, even if previously provided

4. Has the applicant been declared insolvent or discharged from bankruptcy within the past five (5) years?

___ yes ___ no If yes, was information previously provided? _____

Attach an explanation, even if previously provided.

5.

- a) Has either the applicant or any of its officers, directors or managers been convicted of, or pleaded guilty or nolo contendere to a charge of crime involving fraud, dishonesty, or moral turpitude in any jurisdiction, or violation of any insurance statute or administrative rules?

___ yes ___ no If yes, was information previously provided? _____

Attach an explanation even if previously provided.

- b) If yes, was the charge of crime a felony? ___ yes ___ no
If yes give details. Also note, it is a criminal offense for individuals who are considered "prohibited persons" under The Violent Crime Control and Law Enforcement Act of 1994, Title 18 U.S. Code, Sections 1033 and 1034 to be engaged in the "business of insurance", unless written consent is obtained from the Commissioner of Insurance. An "Application to Engage in Business of Insurance" along with instructions may be obtained by contacting Ms. Monique Smith, Deputy Commissioner, 1201 Mail Service Center, Raleigh, NC 27611, 919-807-6602.

6. Has the applicant had an insurance company cancel an PMB Contract for any financial reason other than non-production?

___ yes ___ no If yes, was information previously provided? _____

Attach an explanation, even if previously provided.

7. Will the applicant administer its business in conformance with all provisions of North Carolina General Statute 58, Article 56A, "Pharmacy Benefits Management"

___ yes ___ no

The applicant has executed this application; and knows the contents thereof and attachments hereto; to the best of his knowledge and belief, the statements made in said application and in any attachments thereto are true, correct and complete in every material respect and do not contain any statement which, under the circumstances under which is made, would be false, or would tend to be misleading in respect to any material fact; and has read and understands the applicable insurance laws of the State of North Carolina.

If Corporation

(President) _____

(Please type name beside signature)

(Secretary) _____

(Please type name beside signature)

If Partnership

(Partner) _____

(Please type name beside signature)

(Partner) _____

(Please type name beside signature)

If Individual

(Please type name beside signature)

***N.C.G.S. 58-2-69(b). "Every applicant for a license shall inform the Commissioner of the applicant's residential address and provide the applicant's e-mail address to which the Commissioner can send electronic notifications and other messages. Every licensee shall give written notification to the Commissioner of any change of the licensee's residential or e-mail address within 10 business days after the licensee moves into the licensee's new residence or obtains a different e-mail address. This requirement applies if the change of residential address is by governmental action and there has been no actual change of residence location; in which case the licensee shall notify the Commissioner within 10 business days after the effective date of the change. A violation of this subsection is not a ground for revocation, suspension, or nonrenewal of the license or for the imposition of"

**See Page 5 for L&H Contact Information

Mail Filing Fee to:

Life and Health Division
Third Party Administrators Unit
NC Department of Insurance

1201 Mail Service Center
Raleigh, NC 27699-1201

3200 Beechleaf Ct
Raleigh, NC 27604
(Overnight delivery only)

Life & Health Email address is: LHinbox@ncdoi.gov
Life & Health Telephone number is: 919-807-6057

The application documents and the supporting Documentation must be sent electronically to the L&H Division. We recommend using ShareFile to send these documents for security. See the ShareFile Instructions on our website at <https://www.ncdoi.gov/licensees/life-and-health-licensing/third-party-administrator-licensing/citrix-sharefile-instructions>