Work Unit # _____

STATE OF NORTH CAROLINA
DEPARTMENT OF INSURANCE
PHARMACY BENEFIT MANAGER (PBM) TRANSMITTAL FORM

To be eligible for a license the PBM must provide updated, current and accurate records of the following information to be reviewed and maintained in our files at all times. Each item listed below must be provided annually. If the information is included indicate with an X, if there is no change indicate with NC, and if previously provided indicate with PP.

1. _____ Application for PBM's License Form ***PBMAPP***.

2. _____ **A list of the PBM's principal officials' names and positions, along with a the name contact information and current email of the Compliance person is required each year**. As required by GS 58-56A-2(b) this list must also include:

   (1) Name, address, and telephone contact number of the pharmacy benefit manager.
   (2) The name and address of the PBM's agent for service of process in this State.
   (3) The name and address of each person with management or control over the pharmacy benefits manager.
   (4) The name and address of each person with a beneficial ownership interest in the pharmacy benefits manager.
   (5) **A completed Biographical Affidavit Form, *PBMBIO, by the principal officers of the PBM.*** that are responsible for the conduct of affairs of the PBM., **If any individual has previously filed a Biographical Affidavit with us and has resigned, retired or been terminated for cause (provide brief description of cause for termination) since the administrator's latest filing, provide a notice of such including the effective date of his/her departure.**

3. _____ Bylaws, rules, regulations, or similar documents regulating the internal affairs of the PBM.

4. _____ If the PBM contracts with one or more insurers, provide list of the insurers the PBM is contracted with along with the insurer's contact information. A certification from an Officer of your company must be provided to the effect that there is a written contract between the PBM and insurer. **A copy of the actual contract is not required but a list of each insurer that you have an contract with NC residents involved, must be provided**. . A copy of the signed contract must be provided to the NC Department of Insurance immediately upon our request, as required by T11 NCAC 24.0101(d)

5. _____ All organizational documents of the PBM including any articles of incorporation, articles of association, partnership agreement, trade name certificate, trust agreements, or any other applicable documents. Include all amendments made to these documents.

6. _____ Annual financial statements or reports for the two most recent fiscal years that prove that the applicant is solvent and any other information that the Commissioner may require in order to review the current financial condition of the applicant. Financial statements must include a Balance Sheet, a Statement of Income, and a Statement of Cash Flows and must be presented in the form of an audit, a review, or a compilation prepared by an independent certified public accountant. For a new or "start up" Administrator, an inception to date balance sheet certified by an independent CPA is required.

   Consolidated Financial statements of the PBM's parent company are acceptable if such includes a break out of the PBM's financials, and the certified public accountant's opinion letter does not disclaim association with the consolidating schedules.

7. _____ A narrative discussing the internal controls over company operations and administered plans addressing the applicable topics outlined in the PBM's Internal Control Form ***PBMICT***.

8. _____ A general description of the business operations including information on staffing levels and activities proposed in this State and nationwide. The description must provide details setting forth the PBM's capability for providing a sufficient number of experienced and qualified personnel in the areas of claims processing, record keeping, and underwriting.

9. _____ Pharmacy Benefit Manager Questionnaire Form ***PBMQSN***.

10. ___ Executed copy of the PBM's Power of Attorney Forms ***PBMPOAINC*** or **PBMPOALLC**, if the PBM is a Limited Liability Company. (Note: These forms are to be completed by **NON-DOMESTIC COMPANIES ONLY**.)

11. _____ Each application for a license shall be made upon a form prescribed by the Commissioner and shall be accompanied by a nonrefundable filing fee of .$2,000 for an initial PBM License and $1,500 for PBM License renewal. The filing fee shall be mailed to the Mail Service Center or Street address at the bottom of this Transmittal.

12. _____ Evidence of current maintenance of errors and omissions liability insurance or other security, of a type and in an amount to be determined by rules of the Commissioner.

13. _____ Non-domestic PBMs must provide a copy of the PBM license/certificate/registration from their domestic state **which has a current date**. If the date is not current, provide a letter of good standing for your PBM License, from your domestic state's Department of Insurance.

14. _____ If this package is submitted by someone other than the PBM, provide a copy of the written appointment by the board of directors or an authorization signed by an officer of the PBM which enlists and authorizes the attorney or firm to act on behalf of the PBM.

Instructions

This transmittal should be completed and attached as a cover page for the Licensure package. All forms and fee shall be submitted together.

_____
Issued In the Name Of

_____ _____
Signature of Preparer Date

_____
Address

_____ _____
Telephone Number Fax Number

_____
E-Mail Address**
***This email address may be the Preparer's email rather than the licensee's email that is required by NCGS 58-2-69(b).*

MAIL Filing Fee To

Life and Health Division/
Pharmacy Benefit Manager Unit
Department of Insurance

1201 Mail Service Center
Raleigh, NC 27699-1201

for Overnight Delivery Only
3200 Beechleaf CT. 3rd FL
Raleigh, NC 27604

See PBM License ShareFile Instructions for Filing the PBM License Application.
L&H Email: LHinbox@ncdoi.gov
L&H Telephone - 919-807-6055

FORM MAY BE DUPLICATED WITHOUT MODIFICATION