



89 Main Street, Montpelier, VT 05620 - 3101
(p) 802-828-2470 | <http://www.dfr.CompLic@vermont.gov/>

PHARMACY BENEFIT MANAGER (PBM) LICENSE APPLICATION

Return this form to:

Vermont Department of Financial Regulation
ATTN: Company Licensing, Insurance Division
89 Main Street
Montpelier, VT 05620-3101
Email: DFR.CompLic@Vermont.gov

Application is hereby made for a license as a Pharmacy Benefit Manager (PBM) under Title 18, Chapter 77, Vermont Statutes Annotated.

Applicant Information:

Name of applicant:

(Complete name under which business is to be conducted)

Federal ID #

DBA/Trade Name (if applicable):

Business mailing address:

Street Address

City/State/Zip Code

Business physical address:

Street Address

City/State/Zip Code

Contact Name for applicant:

Contact Email:

Contact Telephone Number:

Service of Process:

Statutory Address (must be agent located in Vermont):

Name

Street Address

City/State/Zip Code

Home state where the applicant is organized or incorporated:

Identifying information regarding all owner, partners, officers and directors of the applicant:

Name	Position/Title	Contact Email or Telephone #	Percentage of Ownership (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Attach additional sheets as necessary).

Applicant Qualifications:

Attach to the application a full explanation and/or the requested information for the questions below. Failure to provide the required information or any omissions may result in the denial of this application.

State Specific Required Application Materials:

Organizational and Financial Documents:

- Article of Incorporation, Articles of Association, and partnership agreements of the applicant.
- Copy of all by-laws or similar documents regarding the conduct or internal affairs of the applicant.
- The most recent audited year-end financial statements for the applicant and its controlling entity.
- Business Plan description.
- Does the applicant handle claims and or collect premiums? If so, a Third Party Administrator License must be completed.
- Listing of all carriers with which the applicant is contracted to provide pharmacy benefit services in Vermont, including any non-ERISA self-funded or governmental plans.
- The number of projected enrollees or beneficiaries in Vermont to be serviced by the applicant during the upcoming year for all contracted insurers. If applicable, provide the actual number of enrollees or beneficiaries administered by the applicant during the previous calendar year.
- A list of any delegated or contracted companies that perform part of the PBM services.

Other Information:

- Has any license or application of this applicant, or any owner, director, officer, partner, or employee of this applicant, been suspended or revoked in any state?

Yes No

If yes, provide complete details and attach copies of all relevant documents related thereto:

- Has the applicant ever had a business relationship with an insurance company terminated due to alleged fraud, illegal or dishonest activities in connection with the administration of pharmacy benefit management services?

Yes No

If yes, provide complete details and attach copies of all relevant documents related thereto:

- Has the applicant ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, illegal or dishonest activities in connection with the administration of pharmacy benefit management services?

Yes No

If yes, provide complete details and attach copies of all relevant documents related thereto:

- Has the applicant or any company or organization controlling the operation of the applicant, experienced any data security breaches or HIPAA security breaches?

Yes No

If yes, provide complete details and attach copies of all relevant documents related thereto:

- Does the applicant own, operate, or affiliate with any pharmacy located outside of Vermont which ships, mails or delivers in any manner, controlled substances, prescription or legend drugs or devices into Vermont?

Yes No

If yes, provide complete details and attach copies of all relevant documents related thereto:

Financial and Other Documents:

Enclose a check with this application for \$1,600 nonrefundable application fee and initial licensure fee of \$10,000. (Make check payable to Department of Financial Regulation, State of Vermont).

I AM A NATURAL PERSON AUTHORIZED TO SIGN ON BEHALF OF THE APPLICANT. I HAVE PERSONAL KNOWLEDGE OF THE INFORMATION IN THIS APPLICATION AND/OR HAVE EXERCISED DUE DILIGENCE TO CONFIRM THE ACCURACY OF THE INFORMATION IN THIS APPLICATION. I CERTIFY THAT BASED ON INFORMATION AND BELIEF FORMED AFTER REASONABLE INQUIRY, THE STATEMENTS AND INFORMATION CONTAINED IN THIS SUBMITTAL ARE TRUE, ACCURATE, AND COMPLETE.

Name

Date

Signature

Contact Email