## UTAH INSURANCE DEPARTMENT PHARMACY BENEFIT MANAGER APPLICATION

\_\_\_\_ Initial Application \_\_\_\_\_ Renewal Application

Legal Name of Applicant:		FEIN#:	
<b>Business Location:</b>	Street:		
Contact person: Name:			
	Phone number:		

## The following information must accompany the application:

1. Payment of a non-refundable \$1,050 fee, (\$1,000 license fee plus \$50 E-commerce fee, See R590-102-18)

2. The names of all individuals who serve as a director, president, chief executive officer or senior executive officer of the Pharmacy Benefit Manager.

3. A completed biographical affidavit for each person listed under number 2. above. The form is found at: <a href="https://www.naic.org/documents/industry\_ucaa\_form11.pdf?90">https://www.naic.org/documents/industry\_ucaa\_form11.pdf?90</a>

If there have been no changes since the previous primary or renewal application was filed, mark: "No Change". \_\_\_\_\_ No Change.

If a new biographical affidavit(s) is attached mark \_\_\_\_\_ See Attachment(s)

I hereby certify, under penalty of perjury, that all of the information submitted in this application including attachments is true and complete. I am aware that submitting false information or omitting pertinent or other material information in connection with this application is grounds for license revocation or denial of a license and may subject me to civil or criminal penalties.

I further certify that I grant permission to the Commissioner to verify information with any federal, state or local government agency, current or former employee or insurance company.

Signature

Printed Name

Date

Any material change in the information submitted in an application shall be reported to the department within 30 days after the day on which the information changes. (See 31A-46-202(2)(b))