



**OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER**

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

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www.oci.ga.gov

**NON-TRADITIONAL ENTITIES  
PHARMACY BENEFITS  
GID-256-NT MAY2016**

**APPLICATION FOR NEW AND RENEWAL LICENSE AS PHARMACY BENEFITS MANAGERS**

NEW- Filing Fee: \$500.00\_

RENEWAL – Filing Fee: \$400.00

Application is hereby made for a License to operate as a Pharmacy Benefits Managers pursuant to the Laws of Georgia. In addition to the completed forms, **please provide a check or money order for the appropriate filing fee made payable to the Georgia Department of Insurance** to the attention of Tammy L. Brewster, Financial Analyst, Non-Traditional Entities-Limited Risk Entities.

**ADDRESS TO REMIT BY MAIL:**

**Georgia Dept. of Insurance- Regulatory Services/Enforcement, P.O. Box 935138, Atlanta, GA 31193-5138**

**ADDRESS TO REMIT BY COURIER:**

Wells Fargo, Georgia Dept. of Insurance- Regulatory Services/Enforcement, Lockbox 935138, 3585 Atlanta Ave, Hapeville, GA 30354

**Effective, 1-1-2012, the Citizenship Affidavit Form GID-276-EN must be submitted with this application for processing.**

In support thereof, the following information and documentary evidence is submitted:

**ENTITY INFORMATION**

Filing Date: \_\_\_\_\_ FEIN#: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Office Building: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**NAME OF ATTORNEY OR PRINCIPAL FILING THIS APPLICATION**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Office Building: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address \_\_\_\_\_

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**NOTE: ANSWER THE FOLLOWING QUESTIONS AND PROVIDE THE INFORMATION REQUESTED ON SEPARATE SHEETS IDENTIFYING EACH BY THE CORRESPONDING NUMBER ON THIS APPLICATION.**

- (1) A financial statement of the two most recent years that demonstrates that the applicant possesses a minimum net worth of \$200,000. Letters of credit, backstop guarantees and special corporate structures will not be taken into consideration by the Commissioner in determining the net worth requirement.
- (2) Every pharmacy benefits manager shall file a bond with the Commissioner. The pharmacy benefits manager shall file a of such bond, in a form acceptable by a corporate surety insurer authorized to transact insurance in this state in favor of Commissioner of Insurance of the state of Georgia, continuous in form and in an amount \$100,000.
- (3) The bond shall inure to the benefit of any person damaged by any fraudulent act or conduct of the pharmacy benefits manager and must be conditioned upon faithful accounting and application of all money coming into the pharmacy benefits manager's possession in connection with its activities as an pharmacy benefits manager.
- (4) The bond remains in force until released by the Commissioner or canceled by the surety. Without prejudice to any liability previously incurred, the surety may cancel the bond upon thirty (30) days advance notice to the pharmacy benefits manager and the Commissioner. A pharmacy benefits manager's license shall be suspended if it does not file with the Commissioner a replacement bond before the date of cancellation of the previous bond. A replacement bond must meet all requirements of this section for the initial bond
- (5) Each pharmacy benefits manager shall obtain errors and omissions coverage or other appropriate liability insurance, written by an insurer authorized to transact insurance in this state, in an amount of at least \$250,000.
- (6) Any policy written in accordance with paragraph 5 shall be for a term of at least one year and shall contain provisions that:
  - (a) Cancellation or termination of the policy is not effective except upon sixty (60) days written notice by registered or certified mail to the other party to the policy and to the Commissioner; and
  - (b) The policy is automatically renewable at the expiration of the policy period except upon sixty (60) days written notice by registered or certified mail by the party not renewing the policy to the other party to the policy and to the Commissioner.

I do solemnly swear or affirm that I am familiar with the Laws of Georgia relating to Pharmacy Benefits Managers; that all the foregoing information submitted is true and correct to the best of my knowledge and belief.

Company: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Title: \_\_\_\_\_

<b>NOTARY</b>	Sworn to and Subscribed before Me this _____ day of _____, _____.	( Seal )
	In the County of _____, State of _____.	
	_____ (Notary Public)	_____ (My Commission Expires)