



OFFICE OF COMMISSIONER OF INSURANCE
COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER • COMPTROLLER GENERAL



Ralph T. Hudgens, Commissioner

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NON-TRADITIONAL ENTITIES

GID-283-NT JAN2012

PHARMACY BENEFITS MANAGER NOTICE OF AFFILIATION

Per O.C.G.A. § 33-64-1 (I) "A pharmacy benefits manager operating as a line of business or affiliate of a health insurer, health care center, hospital service corporation, medical service corporation, or fraternal benefit society licensed in this state or of any affiliate of such health insurer, health care center, hospital service corporation, medical service corporation, or fraternal benefit society shall not be required to obtain a license pursuant to this chapter. Such health insurer, health care center, hospital Service Corporation, medical service corporation, or fraternal benefit society shall notify the Commissioner annually, in writing, on a form provided by the Commissioner, that it is affiliated with or operating as a line of business as a pharmacy benefits manager."

As long as the following entities are affiliated with or operating as a line of business as a Pharmacy Benefits Manager (PBM), they need to annually notify the Office of Insurance Commissioner:

1. Health insurer.
2. Health care center
3. Hospital Service Corporation
4. Medical service corporation
5. Fraternal benefit society

The following information shall be completed by an officer and provided at the time the affiliation is claimed and on an annual basis (12/31) thereafter, in accordance with O.C.G.A. §33-64-1 (I).

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.

FEIN: _____

Name of Company: _____

Address: _____

Phone: _____

Name of Affiliated PBM: _____

Address: _____

Phone: _____

Organizational Chart of the Group (Please attach to this form) _____

Signature: _____

Print Name: _____

Print Title: _____

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