



"Strengthening competitive insurance markets while protecting Alaskans."

STATE OF ALASKA

DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT

Division of Insurance

InsuranceLicensing@Alaska.Gov

Website: Insurance.Alaska.Gov

Tel: 907.465.2515 • Fax: 907.465.3422

Juneau Physical Address:
State Office Building, 9th Floor
333 Willoughby Avenue
Juneau, AK 99811

Juneau Mailing Address:
Division of Insurance
PO Box 110805
Juneau, AK 99811

Anchorage Office:
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Division of Insurance
Robert B. Atwood Building
550 W 7th Avenue, Suite 1560
Anchorage, AK 99501

Tel: 907.269.7900
Fax: 907.269.7910

PHARMACY BENEFITS MANAGER APPLICATION

1	Business Name List any assumed, fictitious, or trade names under which you are doing business, are currently doing business or intend to do business. <hr/> <p style="font-size: small;"><i>Alaska Statute (AS) 21.27.010(d) states "a licensee may not use a fictitious or alias unless the licensee's legal name and fictitious or alias are on the license."</i></p>															
2	Legal Business Type <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">C</td> <td style="width: 15%; text-align: center;">P</td> <td style="width: 15%; text-align: center;">S</td> <td style="width: 15%; text-align: center;">LLC</td> <td style="width: 15%; text-align: center;">LLP</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		C	P	S	LLC	LLP						Incorporation/Formation Date __ (month) __ (day) __ (year)		FEIN	State of Domicile
C	P	S	LLC	LLP												
3	Business Address		City	State		Zip										
	Mailing Address	P.O. Box	City	State		Zip										
	Telephone Number		Website Address		Business Email Address											
4	Designated Responsible Producer (Compliance Officer)															
	Last Name		First Name		SSN/NPN											
	Telephone Number			Business Email Address												
5	Registered Agent For Service of Process															
	Last Name / Business Name		First Name		Phone Number											
	Mailing Address	City	State		Zip											
	Email Address:															

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Owners, Partners, Officers, Directors

Identify all owners, with 10% interest or voting interest, partners, officers, and directors of the business entity, or members or managers of a limited liability company:

Name _____ Title _____ DOB _____

Name _____ Title _____ DOB _____

Name _____ Title _____ DOB _____

Name _____ Title _____ DOB _____

Name _____ Title _____ DOB _____

Name _____ Title _____ DOB _____

Name _____ Title _____ DOB _____

Name _____ Title _____ DOB _____

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Application Submission Checklist

The following documentation must be submitted with your application.

All basic organizational documents of the applicant, including articles of incorporation, articles of association, articles of organization, partnership agreement, trade name certificate, trust agreement, shareholder agreement and other applicable documents and all endorsements to the required documents.

Bylaws, operating agreement, rules, regulations and similar documents regulating the internal affairs of the applicant.

The names, mailing addresses, physical addresses, official positions and professional qualifications of persons who are responsible for the conduct of affairs of the applicant, including the compliance officer, members of the board of directors, members of the limited liability company or partnership, board of trustees, executive committee or other governing board or committee, the principal officers in the case of a corporation or the partners or members in the case of a partnership or association, shareholders holding directly or indirectly 10 percent or more of the voting securities of the applicant and any other person who exercises control or influence over the affairs of the applicant.

Certified (audited) financial statements for the prior two years prepared by an independent certified public accountant that establish that the applicant is solvent, that the applicant's system of accounting, internal control and procedure operates effectively to provide reasonable assurance that money is promptly accounted for and paid to the person entitled to the money.

If the applicant submits a consolidated statement, a consolidating worksheet for the applicant must also be included

A statement describing the business plan including information on staffing levels and activities proposed in this state and in other jurisdictions and provide details establishing the applicant's capability for providing sufficient experienced and qualified personnel in the areas of claims handling, underwriting, and record keeping

Identify the key personnel who supervise or have responsibility over personnel performing applicant's functions

Identify the key personnel designated as responsible for responding to grievances, complaints, appeals and other relevant contacts

Background Questions

Please read the following very carefully and answer every question. All written statements submitted by the applicant must include an original signature.

Please note:

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in juvenile court.)

NOTE: For Questions 1a, 1b, and 1c “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence or a fine.

If you answer yes to any of these questions, you must attach to this application:

- a) written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,**
- b) a copy of the charging document,**
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.**

1.a. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of a misdemeanor, had a judgment withheld or deferred or is the business entity or any owner, partner, officer or director of the business entity, or member or manager currently charged with, committing a misdemeanor? Yes No

1.b. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever been convicted of a felony, had judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company currently charged with committing a felony? Yes No

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? Yes No

If so, was consent granted? (Attach copy of 1033 consent approved by home state.) Yes No

1c. Has the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, ever been convicted of a military offense, had a judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, currently charged with committing a military offense? Yes No

2. Has the business entity or any owner, partner, officer or director of the business entity, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license, or registration?

Yes No

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action.

“Involved” also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license or registration.

“Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial.

You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others.

Yes No

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?

Yes No

If you answer yes, identify the jurisdiction(s):

5. Is the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?

Yes No

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit arbitrations, or mediation proceedings and
- c) a copy of the official documents which demonstrates the resolution of the charges or any final judgment

6. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?

Yes No

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents

7. In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse?

Yes No

If you answer yes:

Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application?

Yes No

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CERTIFICATION & ATTESTATION

On behalf of the business entity or limited liability company, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, hereby certifies, under penalty of perjury, that:

1. All the information submitted in this application, including attachments, is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, the business entity or limited liability company hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
3. The business entity or limited liability company grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or

insurance company.

4. Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either a) does not have a current child support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
5. I authorize the jurisdictions to which this application is made to give any information they may have concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).
9. I certify that the compliance officer named on this application understands that he/she is responsible for the business entity's compliance with the insurance laws, rules and regulation of the State.

Application must be signed and dated by compliance officer.

Signature of Compliance Officer

NPN (if known)

Type or Printed Name of Compliance Officer

Month/Day/Year



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State Office Building, 9th Floor
333 Willoughby Avenue
Juneau, AK 99811

Juneau Mailing Address:
Division of Insurance
PO Box 110805
Juneau, AK 99811

Anchorage Office:
(Physical and Mailing Address)

Division of Insurance
Robert B. Atwood Building
550 W 7th Avenue, Suite 1560
Anchorage, AK 99501

Tel: 907.269.7900
Fax: 907.269.7910

Pharmacy Benefits Manager Designation of Persons to Contact

The Alaska Department of Commerce, Community, and Economic Development, Division of Insurance, is requesting the following information to ensure that correspondence is delivered to the appropriate contact within your company. These addresses are maintained as public information and are provided to the public upon request. Electronic notification will be the main method of communication from the Division of Insurance, so it is imperative that an email is provided. If there has been an address or contact person change, please fill out the following pages that apply to your company:

Business Name	
NPN#	
FEIN:	

NOTE: It is the responsibility of the PBM to keep this information current per statute AS 21.27.904. Failure to provide the information required under this section within 30 days is cause for denial, revocation, or suspension of license.

This form must be signed by the designated responsible licensed person or another member of the PBM's owners, partners, officers, and directors.

Signature: _____

Date: _____

Name: _____

Title: _____

Phone: _____

Email: _____

Complaint/Grievance — DOI Contact (Primary Contact)

A person for the Division to contact regarding complaints/grievances

Name:	
Job Title:	
Mailing Address:	
Phone Number:	
Fax:	
Email Address:	

Complaint/Grievance – Public/Pharmacies Primary Contact

A person designated to respond to complaints/grievance made by the public and pharmacies

Is this contact information publicly available:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:		
Job Title:		
Mailing Address:		
Phone Number:		
Fax:		
Email Address:		
Appeals – DOI Contact (Primary Contact)		
A person for the Division to contact regarding appeals		
Name:		
Job Title:		
Mailing Address:		
Phone Number:		
Fax:		
Email Address:		
Appeals – Public/Pharmacy Contact		
A person designated to respond to appeals made by the public and pharmacies		
Is this contact information publicly available:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:		
Job Title:		
Mailing Address:		
Phone Number:		
Fax:		
Email Address:		