



"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:**  
*(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:

<b>Business Name</b>	
<b>NPN#</b>	
<b>FEIN:</b>	

**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

<b>Name:</b>	
<b>Job Title:</b>	
<b>Mailing Address:</b>	
<b>Phone Number:</b>	
<b>Fax:</b>	
<b>Email Address:</b>	

#### Complaint/Grievance – Public/Pharmacies Primary Contact

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

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