



Application for Registration - Pharmacy Services Administrative Organization (PSAO)

The information required for this application is based on the PSAO Act, in accordance with N.J.S.A. 17B:27F et seq. Additional information may also be requested by the Department if deemed necessary during the review process.

All PSAO applications must be submitted electronically via the National Insurance Producer Registry (“NIPR”)’s secure website at <https://nipr.com/>.

A PSAO registration is valid for three years from the date of approval and can submit the renewal application starting six months before its expiration date.

The initial registration fee is \$5,000, with a renewal fee of \$5,000 for each additional three-year term. Please submit payment via the NIPR, which includes a \$5.60 processing fee per PSAO application. All fees are non-refundable and must be paid at the time of application submission.

If you encounter difficulties with the online application or have any questions, please reach out to the Department at pharmacyfilings@dob.nj.gov.

Please note that the applicant is the PSAO seeking registration, not the individual employee submitting the application. When selecting the applicant type, choose 'Business Entity,' and for the product type, select Other Licensing.

For 'Residency Type,' select the button corresponding to the PSAO’s state of residency. Choose 'Resident' if New Jersey is the state of domicile, 'Non-Resident' for any other state, or 'Non-Resident (No Home State)' if there is no state of residency or the state does not use NIPR. ***Please note that the NIPR system recognizes the business address, not the mailing address, to be the resident state. If the PSAO was formed or incorporated in a state other than New Jersey but uses New Jersey as its main business address, select 'Resident.'**

When choosing the New Jersey registration type, please only click on PSAO. Clicking on additional registration types will apply for multiple registrations which may incur additional non-refundable fees & delay the review process.

In the 'Owners, Partners, Officers, and Directors' section, list all officers with their titles and any ownership percentages in the PSAO. If the PSAO has a parent company, include details for the direct parent company and, if applicable, the ultimate parent company under 'Company Owners.' Ensure the parent company's name ends with '(Direct Parent Company)' or '(Ultimate Parent Company)' as appropriate.

*** In addition to the NIPR application process above, provide each of the below Checklist items.**

Submit the below application materials to the NIPR's Attachment Warehouse. Missing documents will delay the application process. Please note that other states using the NIPR can access these documents, which may aid in meeting their licensing requirements, but they will not be accessible to the general public. If you prefer not to share certain documents with other state Departments of Insurance, please send them directly to pharmacyfilings@dob.nj.gov.

All sections are mandatory. If your answer is 'No' or 'None,' please indicate this rather than leaving any item blank. If multiple responses fit on one page, you may submit them in a single document.

State of New Jersey
Pharmacy Services Administrative Organization (PSAO)
Application Cover Page

Complete Name of Applicant

Doing business as (DBA) Name or Trade Name, if applicable

Address

City County State Zip Code

Telephone Number Facsimile Number Website Address

FEIN ____ - ____ State of Domicile _____

Agent for Service of Process in New Jersey

Name Address

Contact Person

Name Email Address Phone Number

CERTIFICATION STATEMENT

I certify that all information set forth in the enclosed application and herein is true to the best of my knowledge and belief and that the Commissioner of Banking and Insurance may rely on the information set forth in the application and herein in determining whether to grant a registration.

Print Full Name of Authorized Representative and Title

Authorized Representative Signature (may be electronic) Date

Telephone Number Email Address

Provide a response for each item below, and attach supporting materials as needed:

Organizational

1. Provide a description of the PSAO. Discuss any entities that share common boards and/or management with the PSAO and their relationship to it. Include a summary of these entities' current activities and a detailed description of the proposed PSAO's experience in managing pharmacy costs. Describe the PSAO's proposed methods and locations of operation, along with a general outline of the significant procedures and programs.
2. Include all organizational documents relevant to the applicant's business form and any amendments, such as the operating agreement, articles of organization, articles of incorporation, articles of association, charter, partnership agreement, trade name certificate, trust agreement, shareholder agreement, certificate of authority, certificate of formation or other applicable documents.
3. Attach the bylaws, rules, regulations, or other documents governing the conduct of the applicant's internal affairs.
4. If the PSAO is owned and/or controlled by a parent company, include the direct parent company, the ownership percentage, and the FEIN of the direct parent company. Also include a chart to capture all entities with ownership greater than 10%, the ultimate controlling parties of those owners and other entities that the ultimate controlling party controls.
5. Provide a fully completed and notarized Biographical Affidavit for each officer, director, or person owning 10% or more of the PSAO. These should be the same people listed on the application from the NIPR. The biographical affidavit (NAIC UCAA Form 11) is available on the NAIC's website at [UCAA Biographical Affidavit](#).

Financial

6. Provide copies of the applicant's most recent year-end audited financial statements, excluding any parent company. The financial statements should reflect the current year and prior year results.
7. Explain in detail how registrant is compensated for its services.