

Pharmacy Benefits Managers

(N.J.A.C. 11:4-62)

APPENDIX, EXHIBIT A

Certification of Compliance

I, _____, hereby
certify that with respect to all pharmacy benefits contracts executed or renewed between
_____ and a contracted pharmacy
located in this State, such contracts comply with the requirements set forth in N.J.S.A. 17B:27F-1 et seq.
and N.J.A.C. 11:4-62. I further certify that I am authorized to make this certification on behalf of
between _____.

I certify that the foregoing statements made by me are true. I am aware that if any of the
foregoing statements made by me are willfully false, I am subject to punishment.

Signature

Print Name

Title

Date