NEW JERSEY DEPARTMENT OF BANKING and INSURANCE

NOTIFICATION of ORGANIZED DELIVERY SYSTEM
ANTICIPATED APPLICATION FOR
LICENSURE/EXEMPTION FROM LICENSURE/CERTIFICATION
FOR PHARMACY BENEFIT MANAGERS

New Jersey Department of Banking and Insurance
Life and Health Admissions P.O. Box 325, Trenton, NJ 08625-0325

Anticipated Application: Licensure ☐ Certification ☐ Exemption from Licensure ☐

If plan on seeking exemption, explain basis for proposed exemption:

1. Name of Applicant _____

2. Physical Address of Applicant _____
_____
_____
_____

3. Mailing Address
If different from physical address _____
_____
_____

4. Organizational Information

☐ Corporation ☐ Trust ☐ LLC
☐ Prof. Corp. ☐ Prof. Assoc. ☐ Other

5. Provide a brief description of the services the PBM provides in this State:

6. City and State of Incorporation (if appl.) City _____ State _____

   Federal Employer Identification number or ___ - _____

   Social Security Number ____ - ___ - _____

7. Contact Person _____

8. Phone Number (_____) _____

9. Toll Free Number (_____) _____

10. Fax Number (_____) _____

11. Email Address _____

Certification

I _____ certify that I am authorized to file this certification on behalf of the
(Name and Title)

applicant, the information set forth in this certification is true to the best of information, knowledge and belief, and that the Department of Banking and Insurance may rely on the information set forth above.

Signature of Applicant

Full Legal Name (Type or Print)

Title

Date