

Pharmacy Benefit Manager (PBM) Modification of Information

Name of Pharmacy Benefit Manager (PBM)			PBM Tax ID number (FEIN)			
PBM Mailing Address Line 1 <i>(May be a PO Box)</i>		<input type="checkbox"/> Address has not changed since last update or license renewal	PBM Primary Office Address Line 1 <i>(Must be a street address)</i>		<input type="checkbox"/> Address has not changed since last update or license renewal	
Mailing Address Line 2			Primary Office Address Line 2, including floor or suite number			
City	State	ZIP Code	City	State	ZIP Code	

Complete contact and organizational information below **only** if changed since the last update or renewal:

PBM Main Telephone number	PBM Main Fax number	Website address (if applicable)	
Name and Title of Primary Contact Person		Email Address of Primary Contact Person	Telephone number

Notification to DIFS is required within 30 days of a significant modification of information below. Select the box(es) for which notification is being provided and include a written summary of all changes.

<input type="checkbox"/> Administrative action: Provide notification if the PBM or any individual responsible for the conduct of the affairs of the PBM has had a PBM certificate of authority, license, or registration suspended, denied, or revoked for cause in another state. Provide a detailed written statement and all relevant supporting documentation issued by the regulatory authority.
<input type="checkbox"/> Basic organizational documents: Please provide a true copy of the amended articles of incorporation, bylaws, articles of association, trade name certificate, and other similar documents.
<input type="checkbox"/> Consent to Service: Report change of person or address designated to receive service of process by attaching FIS 2389 Pharmacy Benefit Manager – Consent to Service Form.
<input type="checkbox"/> Criminal felony proceedings notification: Notification of an individual responsible for the conduct of the affairs of the PBM being convicted of a felony or entering a plea of guilty or nolo contendere to a felony. Provide a copy of the initial complaint filed, the order resulting from the hearing, a written statement, and any other relevant legal documents for each case.
<input type="checkbox"/> Financial statements - report material change of the PBM's financial condition: Materiality is defined as 5% of net worth (surplus) of the PBM. Please include a written description of the event(s) leading to the change, and a copy of the most recent financial statements (balance sheet and income statement) reflecting the change. Please note that notification within 30 days is required of a significant financial event even if financial statements are not yet available.
<input type="checkbox"/> Ownership and/or individuals responsible for the conduct of the affairs of the PBM: A FIS 2393 Pharmacy Benefit Manager Affiliation Statement must be completed for each individual or entity added. Removal only requires that the PBM submit the name of the individual/entity no longer affiliated and the effective date of the change. Please note that the effective date cannot be more than 30 days before or after the change.
<input type="checkbox"/> Services, facilities, or personnel: Please provide a written description of the change.

CERTIFICATION

I swear under penalty of perjury that the information above and attached is true, accurate, and complete.

Signer's name and title

Signature

Date

Failure to complete or submit this form, misrepresentation, false statement, omission of material fact or fraud in, or in connection with, this statement may result in disciplinary action against any license issued by or pending before the Director of the Department of Insurance and Financial Services.

Submit this form to:

**Department of Insurance and Financial Services
PO Box 30220
Lansing, MI 48909-7665**



Michigan Department of Insurance and Financial Services

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