

Pharmacy Benefit Manager Modification of Information

Report any modifications to the pharmacy benefit manager (PBM) within 30 days of the change.

Pharmacy Benefit Manager Name			Tax ID number (FEIN)			
Mailing Address Line 1 (May be a PO Box) <input type="checkbox"/> No Change		Business Address Line 1 (must be a street address) <input type="checkbox"/> No Change				
Mailing Address Line 2			Business Address Line 2			
City	State	ZIP Code	City	State	ZIP Code	

PBM Contact Information No Change

Main Phone Number	Main Fax Number	Contact Person Name	
Contact Person Title		Contact Person Email	Contact Person Phone

Modification(s): Select the box(es) for which notification of a modification is being provided and include a written summary of all changes. Provide notification within 30 days of the change.

<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 .
<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 or the NAIC biographical affidavit 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 (to be completed by an officer or director of the pharmacy benefit manager)

I swear under penalty of perjury that the information in this form is true, accurate, and complete.

Name (type or print)

Title (type or print)

Signature (original or electronic only)

Date

This form is authorized by the Michigan Pharmacy Benefit Manager Licensure and Regulation Act ([2022 PA 11; MCL 550.811 et seq.](#)). Failure to provide notice of modifications as required, misrepresentations, or omissions may result in disciplinary action against any license issued by or pending before the Director of Insurance and Financial Services.

When submitted with an application, mail to:

When not submitted with an application, email (DIFS-PBMLicensing@michigan.gov) or mail to:

DIFS Insurance Licensing
PO Box 30165
Lansing, MI 48909-7665

DIFS Insurance Licensing
PO Box 30220
Lansing, MI 48909-7720



Michigan Department of Insurance and Financial Services

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