

## Pharmacy Benefit Manager – Certificate of Compliance

PBM Tax ID Number (FEIN)

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Name of Pharmacy Benefit Manager Applicant

Pursuant to section 11(2)(a)(vi) of the Pharmacy Benefit Manager Licensure and Regulation Act (PBM Act), 2022 PA 11, MCL 550.821, a pharmacy benefit manager must include a document confirming that its business practices and each ongoing contract comply with the PBM Act and Michigan Administrative Code R 500.31 through 500.35 (PBM Rules).

Therefore, by signing this attestation, the Pharmacy Benefit Manager, \_\_\_\_\_, certifies that:

- The Pharmacy Benefit Manager has reviewed the PBM Act and PBM Rules.
- The Pharmacy Benefit Manager has had an opportunity to consult with legal counsel regarding compliance with the PBM Act and PBM Rules.
- The Pharmacy Benefit Manager's business practices and ongoing contracts comply with the PBM Act and PBM Rules.

I hereby affirm that I am a duly authorized representative of the above-named Pharmacy Benefit Manager and that I possess the legal authority to make this attestation on behalf of the above-named Pharmacy Benefit Manager.

Signer's Name and Title (typed or printed)

Signature

Date

PA 11 of 2022 requires submission of this form by Pharmacy Benefit Managers applying for a license in Michigan. Failure to complete and submit this form properly could result in denial of your application.

Mail or deliver to: **Department of Insurance and Financial Services**  
**PO Box 30165**  
**Lansing, MI 48909-7665**



**Michigan Department of Insurance and Financial Services**

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