

# Pharmacy Benefit Manager Certificate of Compliance

Tax ID Number (FEIN)									

Pharmacy Benefit Manager Name

Pursuant to Section 11(2)(a)(vi) of the Pharmacy Benefit Manager Licensure and Regulation Act (PBM Act), 2022 PA 11, MCL 550.821(2)(a)(vi), a pharmacy benefit manager (PBM) must submit 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 PBM, \_\_\_\_\_, certifies that:

- The PBM has reviewed the PBM Act and PBM Rules.
- The PBM has had an opportunity to consult with legal counsel regarding compliance with the PBM Act and PBM Rules.
- The PBM'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 PBM and that I possess the legal authority to make this attestation on behalf of the above-named PBM.

Name (type or print)		Title (type or print)	
Signature (original or electronic only)		Date	

The Michigan Pharmacy Benefit Manager Licensure and Regulation Act ([2022 PA 11; MCL 550.811 et seq.](#)) requires submission of this form by pharmacy benefit managers applying or renewing a license in Michigan. Failure to complete and submit this form properly could result in denial of your initial or renewal application.

Mail the complete application filing and fee to:

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



**Michigan Department of Insurance and Financial Services**

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