

OKLAHOMA INSURANCE DEPARTMENT

FIVE CORPORATE PLAZA
3625 NW 56TH, SUITE 100
OKLAHOMA CITY, OK 73112



REGULATED INDUSTRY SERVICES
PHONE: 405.521.2828 | OPT.7
WWW.OID.OK.GOV

GLEN MULREADY
INSURANCE COMMISSIONER

Checklist for Entity or Individual Pharmacy Benefits Manager License Surrender

- ___ **PBM Surrender Form** – Complete and sign the surrender form
- ___ **Explanation Letter** – A cover letter on company letterhead stating why the PBM is surrendering its license and what happened to any insurer or fund contracts the PBM may have been administering. Please include the name, OK license number, phone number and address of the company taking over any insurer or fund contracts from the surrendering PBM.
- ___ **Most Recent Yearly PBM Annual Statement** – contact me for the annual report year that will be required.

Mailed all documentation to:

**Oklahoma Insurance Department
Regulated Industry Services – PBM
3625 NW 56th St, Suite 100
Oklahoma City, OK 73112**

Questions may be directed to (405) 521-2828, Option 7.

Date:

Oklahoma PBM License Surrender Form

Rev. 07/2015

Required

**To: OKLAHOMA INSURANCE DEPARTMENT
ATTN: REGULATED INDUSTRY SERVICES - PBM
3625 NW 56TH ST STE 100
OKLAHOMA CITY OK 73112**

The official paper license must be surrendered along with written and signed notice requesting cancellation of the license by the licensee. Agency license surrender must be signed by an owner, officer or partner of the agency. In cases where the official paper license is lost or misplaced, please indicate "license lost" or "license misplaced" on the request for license cancellation. In case of death, official notice posted in the newspaper, a program from the funeral, or a copy of the death certificate must accompany the request for license cancellation.

LICENSEE MUST READ THIS STATEMENT:

The Oklahoma license for Pharmacy Benefits Manager is the legal property of the licensed individual or company, no matter who paid for the license of the individual or company, and may not be cancelled or surrendered by anyone other than the licensee. If licensee is an individual: at termination from the agency/company, voluntary leave from the agency/company, or to comply with at any time when the individual requests to have their original paper Oklahoma license, the agency/company must return it to the licensed individual. The licensed individual may continue to hold the license while they search for new employment with another agency/company as long as all other compliance with licensure is maintained.

I have read and understand the above statements, and I Voluntarily Surrender my Oklahoma license without threat or duress from my agency/company.

LICENSEE MUST SIGN HERE TO ACKNOWLEDGE UNDERSTANDING OF THIS STATEMENT

Licensee Name as Shown on the Oklahoma License: **Required, please type or print clearly.**

Licensee Signature and Title if Pharmacy Benefits Manager Entity Licensee: **Required**

Check One Required

- I am Voluntarily Surrendering my Oklahoma PBM individual license # _____
- I am Voluntarily Surrendering my Oklahoma PBM entity license # _____
- I am Retiring and Voluntarily Surrendering my Oklahoma individual PBM license # _____
- I have moved out of Oklahoma and I am Voluntarily Surrendering my Oklahoma PBM license # _____
- I am selling or closing my business and Voluntarily Surrendering my OK PBM license # _____
- I do not wish to renew my Oklahoma individual PBM license # _____
- I do not wish to renew my Oklahoma entity PBM license # _____
- The PBM business entity changed FEIN and I am Surrendering Oklahoma license # _____
- I am advising the Oklahoma Insurance Department of the death of a licensed individual.

Check One Required

- My original Oklahoma paper license is attached to this letter.
- My original Oklahoma paper license has been lost or misplaced.
- I have included official notice posted in the newspaper, a program from the funeral, or a copy of the death certificate for the Oklahoma licensee.

Licensee address, city, state, zip, and contact phone number: *Please type or print clearly.*

Please contact the Oklahoma Insurance Department at 405-521-6648 if you have questions or concerns.