



**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
400 NE 50TH ST.
OKLAHOMA CITY, OK 73105

Questions may be directed to jeanette.pearce@oid.ok.gov or 405-521-6651.