



**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 50<sup>TH</sup> ST.  
OKLAHOMA CITY, OK 73105

Questions may be directed to [jeanette.pearce@oid.ok.gov](mailto:jeanette.pearce@oid.ok.gov) or 405-521-6651.

Date: \_\_\_\_\_

# Oklahoma PBM License Surrender Form

Rev. 04/2020

To: OKLAHOMA INSURANCE DEPARTMENT  
ATTN: REGULATED INDUSTRY SVCS DIV  
400 NE 50<sup>th</sup> St.  
OKLAHOMA CITY, OK 73105

## **LICENSEE MUST READ THIS STATEMENT:**

The official license (or a PDF copy) must be surrendered along with written and signed notice, requesting cancellation of the license Uby the licensee. PBM license surrender must be signed by an owner, officer or partner of the PBM. In cases where the license is not available, lost or misplaced, please indicate "license lost" or "license misplaced" on the request for license cancellation.

*I have read and understand the above statements. I Voluntarily Surrender my Oklahoma PBM license without threat or duress.*

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

PBM Officer Signature and Title: **Required**

<b>Check One Required</b>	
<input type="checkbox"/>	I am Voluntarily Surrendering my Oklahoma PBM entity license # _____
<input type="checkbox"/>	I am selling or closing my business and Voluntarily Surrendering my OK PBM license # _____
<input type="checkbox"/>	I do not wish to renew my Oklahoma entity PBM license # _____
<input type="checkbox"/>	The PBM business entity changed FEIN and I am Surrendering Oklahoma license # _____
<b>Check One Required</b>	
<input type="checkbox"/>	No OK business has been transacted with this license.
<input type="checkbox"/>	No OK business was transacted for year ending _____.
Licensee address, city, state, zip, and contact phone number: <b>Please type or print clearly.</b>	
The OK business has been sold or moved to OK PBM license:	

Please contact the Oklahoma Insurance Department at 405-521-6651 if you have questions or concerns.