



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
KA 'OIHANA PILI KĀLEPA
INSURANCE DIVISION
335 MERCHANT STREET, ROOM 213
HONOLULU, HAWAII 96813



For New Pharmacy Benefit Manager (PBM) Applicant – Must complete and submit this required form via NIPR's Attachment Warehouse at <https://nipr.com/licensing-center/attachments> along with the online application. Your application may be considered "rejected" if Licensing Branch does not receive the document below within 7 days from the date the application is submitted. No refund for the fee.

The existing PBMs may submit this form if there are changes to the "Designated Person" ("DP") who is responsible for the affairs of the PBM. This Form is acceptable via email (inslic@dcca.hawaii.gov) or fax (808) 587-6714.

The PBM application shall include the name, address, official position, and professional qualifications of each individual who is responsible for the conduct of the affairs of the pharmacy benefit manager, **including all members** of the board of directors; board of trustees; executive commission; other governing board or committee; principal officers, as applicable; partners or members, as applicable; **and any other person who exercises control or influence over the affairs of the pharmacy benefit manager.** Please use additional pages as necessary.

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|----------------------------------|----------|------------------------|--|
| 1. Name | | a) Title or Position | |
| b) Professional Qualification(s) | | | |
| c) Street or P. O. Box | | d) Suite | |
| e) City | f) State | g) Zip Code or Country | |
| 2. Name | | a) Title or Position | |
| b) Professional Qualification(s) | | | |
| c) Street or P. O. Box | | d) Suite | |
| e) City | f) State | g) Zip Code or Country | |
| 3. Name | | a) Title or Position | |
| b) Professional Qualification(s) | | | |
| c) Street or P. O. Box | | d) Suite | |
| e) City | f) State | g) Zip Code or Country | |
| 4. Name | | a) Title or Position | |
| b) Professional Qualification(s) | | | |
| c) Street or P. O. Box | | d) Suite | |
| e) City | f) State | g) Zip Code or Country | |
| 5. Name | | a) Title or Position | |
| b) Professional Qualification(s) | | | |
| c) Street or P. O. Box | | d) Suite | |
| e) City | f) State | g) Zip Code or Country | |