



**Department of Banking and Insurance
Division of Insurance
Office of Solvency Regulation
PO Box 325
Trenton, NJ 08625-0325**

**Tel (609) 292-7272
Fax (609) 292-6765**

PHARMACY SERVICES ADMINISTRATIVE ORGANIZATION (PSAO)

APPLICATION TO OBTAIN A PSAO REGISTRATION

Instructions

1. Submit your application and all supporting materials electronically to the Department at pharmacyfilings@dob.nj.gov. The email "subject line" should follow this format: "Name of PSAO – PSAO Application." If your application is too large for a single email, send it in multiple emails, and include "[email 1 of X]" in the "subject line."
2. Clearly label each item listed below with the corresponding section of the application. All sections are required. If a response is 'No' or 'None,' indicate this rather than leaving any item blank.
3. A Registration issued under this section is valid for three years and can be renewed at the end of the term.
4. The initial registration fee is \$5,000. Renewal fee is \$5,000 for another three-year term. Fees are due at the time of application submission. Please submit the fee via ACH/Wire as per the attached instructions and include payment confirmation with your application.

Pharmacy Services Administrative Organization (PSAO) Application Fee

Please remit payment via wire/ACH transfer per the following instructions:

PSAO – Wire/ACH Transfer Instructions

The following information is needed to properly credit a transfer to
the New Jersey Department of Banking and Insurance
Please e-mail this information to:
DOBI.Fiscal@dob.nj.gov and pharmacyfilings@dob.nj.gov

TYPE OF TRANSACTION:

(Please Check One:) ☐ Wire Transfer ☐ Direct Deposit (ACH)

Amount of Transfer: \$5,000

Date of Transfer: _____

Disbursing Account:

Company Name: _____

Purpose of Transmittal: PSAO Application fee

Receivable Account:

Bank Name: Wells Fargo Bank, NA

ABA #: 121000248

Account #: Account 2100000000377

Name: NJ DOBI

Beneficiary Address:

New Jersey Department of Banking and Insurance - Budget / Accounting
ATTN: Fiscal
P.O. BOX 325
Trenton NJ 08625
Fax: 609.292.4063

Originator to Beneficiary Special Instructions:

STATE OF NEW JERSEY

PHARMACY SERVICES ADMINISTRATIVE ORGANIZATION (PSAO)

APPLICATION TO OBTAIN A REGISTRATION AS A PSAO

Complete Name of Registrant

Doing business as (DBA) Name or Trade Name, if applicable

Address

City County State Zip Code

Telephone Number Facsimile Number Website Address

FEIN ____ - ____ State of Domicile _____

Agent for Service of Process in New Jersey

Name Address

Contact Person

Name Email Address Phone Number

CERTIFICATION STATEMENT

I certify that all information set forth in the enclosed application and herein is true to the best of my knowledge, belief and that the Commissioner of Banking and Insurance may rely on the information set forth in the application and herein in deeming the registration to be complete.

Printed Full Name of Authorized Representative and Title

Authorized Representative Original Signature Date

Telephone Number Email Address

Answer all questions and attach supporting materials as needed:

Organizational

1. Confirm whether the registrant meets the definition of a PSAO pursuant to N.J.S.A. 17B:27F-1.
2. Provide a description of the PSAO, including a discussion of any entities that share common boards and/or management with the PSAO and their relationship to it. Describe the PSAO's proposed methods and locations of operation, along with a general outline of the significant procedures and programs.
3. Include all organizational documents relevant to the registrant's business form and any amendments, such as the operating agreement, articles of organization, articles of incorporation, articles of association, charter, partnership agreement, trade name certificate, trust agreement, shareholder agreement, certificate of authority, or other applicable documents.
4. Attach the bylaws, rules, regulations, or other documents governing the conduct of the registrant's internal affairs.
5. Provide a list of names, addresses, and official positions of those responsible for the registrant's affairs. Include board members, executive committee members or principal officers. Also include any person or entity owning or entitled to acquire 10 percent or more of the registrant's voting securities. For partnerships or associations, list the partners or members. Include a statement of any criminal convictions or civil, enforcement, or regulatory actions, including those related to professional licenses, against any board members, executive committee or governing board or committee members, principal officers, or persons responsible for the registrant's affairs.
6. Provide a fully completed and notarized Biographical Affidavit for each person listed in item 5 above. The biographical affidavit (NAIC UCAA Form 11) is available on the NAIC's website at [UCAA Biographical Affidavit](#). Include all pages (Form 11, Form 11a, Form 11b).
7. If the PSAO is owned and/or controlled by a parent company, include the direct parent company, the ownership percentage, and the FEIN of the direct parent company. Also include a chart to capture all entities with ownership greater than 10%, the ultimate controlling parties of those owners and other entities that the ultimate controlling party controls.

Financial

8. Provide copies of the registrant's most recent calendar year-end audited financial statements, excluding any parent company. The financial statements should reflect the current year and prior year results.
9. Explain in detail how registrant is compensated for its services.