



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
Insurance Division/Financial Affairs Section
500 James Robertson Parkway, 7th Floor
Nashville, Tennessee 37243
(615) 741-1670

Registration Application for Prescription Drug Discount Plan Operators
Tenn. Code Ann. §56-57-101

OPERATOR INFORMATION	
Company Name	
Principal Place of Business Address City, State, Zip Code	
Phone Number	
Fax Number	
Company Website Address	
Contact Person's Name	
Contact Person's Title	
Contact Person's E-mail Address	
Name(s) of Prescription Drug Discount Plans Offered in Tennessee (Attach a separate sheet if necessary)	
Registered Service of Process Agent in the State of Tennessee	
Name	
Street Address City, State, Zip Code	

In order for your registration application to be complete, please attach the following materials to this registration form:

- A sample prescription drug discount card for each type of plan offered in Tennessee.
- A copy of the operator's promotional and marketing materials that are distributed to prospective members.
- A list of drugs and drug classifications that make up the prescription drug discount plan or if the plan is open formulary, please advise in writing.
- A list of participating pharmacies.

CERTIFICATION

On behalf of the Operator, I, _____, certify that all the information contained in this registration is true and accurate and that the promotional materials for the prescription drug cards and all other items requested in this registration are included herewith.

Officer of Director Signature

Officer or Director Printed Name

Title

Date

Notary Public

Date

My Commission Expires: _____