



State of Illinois
Pharmacy Benefit Manager
Covered Individual Fee Form

Illinois Department of Insurance
P.O. Box 7087
Springfield, IL 62791

PBM Fee Payable for Illinois Resident Covered Individuals under Illinois Health Benefit Plans

Federal Employer Identification Number: _____

By the _____ (PBM Name)

of _____
Street and Number City State Zip Code

For the calendar year _____ as required by Section 513b2(f) of the Illinois Insurance Code (215 ILCS 5/513b2(f))
Web Site: <https://idoi.illinois.gov/companies/company-taxes-and-forms.html>

Required Information

Attach the PBM's completed Excel spreadsheet named "PBM Covered Individual Reporting Template" and fill in the following information from the spreadsheet. The spreadsheet is available on the Department's webpage given above.

Total Covered Individuals (Initial Reporting) _____ Initial Fee Calculation \$ _____

If the PBM is filing an initial report for this calendar year, the Initial Fee Calculation is the balance due. If the PBM is filing a revised report or did not previously file a report for this calendar year, the PBM must also fill in the following information from the Excel spreadsheet, and the Fee Adjustment will be either the balance due (if a positive number) or the amount eligible for a credit or refund (if a negative number).

Total Covered Individuals (Revised Reporting) _____ Revised Fee Calculation \$ _____

Difference in Covered Individuals Reported _____ Fee Adjustment \$ _____

The undersigned Representative of (insert PBM name) _____ declares under penalties of perjury that the foregoing health benefit plans, number of covered individuals, and fee calculation has been examined by him/her, and to the best of his/her knowledge and belief is true, correct, and complete.

Representative's signature Date Representative's Name (Printed)

Contact Person: _____

Contact Person's Phone: () _____

Contact Person's E-mail: _____

Remittance should be payable to and mailed with the completed form to: Illinois Department of Insurance, P.O. Box 7087, Springfield, Illinois 62791. File only one original copy. The official filing date is the U.S. postmark date per 50 Ill. Adm. Code 2500.60.

Important Notice: Disclosure of this information is **required** under the Illinois Compiled Statutes' insurance laws. Failure to provide this information could result in a fine. (Rev 11/25)