



State of Illinois
Calendar Year 2025 Pharmacy Benefit
Manager Covered Individual Fee Form

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

Health Plan and Number of Covered Individuals information: Due on or before August 1, 2025
Fee Payable: On or before September 1, 2025, for Calendar Year 2025

Federal Employer Identification Number: _____

By the _____ (Company Name)

of _____

Street and Number

City

State

Zip Code

For the calendar year 2025 as required by "215 ILCS 5/513b2 (f)" of the Illinois Compiled Statutes

Web Site: doi.illinois.gov (Companies>Company Tax Forms.....)

Required Information

Please complete the Pharmacy Benefit Manager (PBM) Covered Individual Reporting Template located on the Department's website. Instructions for completing template:

Column A: The legal name of each health benefit plan administered by the PBM your company in the State within the current calendar.

Column B: The total number of covered individuals for each health benefit plan as of the date of submission.

Note: The Pharmacy Benefit Manager Covered Individual Reporting Template and this Fee Form can be found on the Department's website: <https://doi.illinois.gov/companies/company-taxes-and-forms.html>

Total Covered Individuals aggregated for all Health Benefit Plans: _____

Fee per Total Covered individuals (c) x \$15 = \$_____ Amount Due

The undersigned Representative of (insert Company 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: _____

Phone: (_____) _____

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. Postal 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 (01/25)