STATE OF TENNESSEE
**DEPARTMENT OF COMMERCE AND INSURANCE**
**Division of Insurance**
Financial Affairs Section / Analytical Unit 0576
500 James Robertson Parkway, 7th Floor
Nashville, Tennessee 37243
(615) 741-1670

***Office Use Only***
Renewal Year: _____

# PRESCRIPTION DRUG DISCOUNT PLAN OPERATOR RENEWAL FORM

| | |
|---|---|
| Company Name | |
| Company Address | |
| Contact Person | |
| Title | |
| Telephone Number | |
| Fax Number | |
| E-mail Address | |
| Company Website | |
| Prescription Drug Discount Plan Name(s) *(attach a separate sheet if necessary)* | |
| Registered Service of Process Agent (Name & Address) | |

Have the promotional materials for any of the PDDP's offered changed? Yes ☐ No ☐
Does the Company have marketers, or any other entities, that sell or market the PDDP? Yes ☐ No ☐
*(If yes, attach listing)*

Is the PDDP an Open Formulary Plan? Yes ☐ No ☐
(If no, attach listing of all covered drugs not already on file with the Department)

Does the Company use social media? Yes ☐ No ☐
(If yes, which ones)

Please include the following with this form to complete the renewal process:

- Current listing of participating pharmacies;
- Current sample of PDDP card;
- Current copies of promotional materials, including, but not limited to, brochures, flyers, advertisements (all media), website pages, telemarketing scripts, discount cards, member handbooks,.

For any questions, please contact Ethel Mims at 615-532-1239 or ethel.mims@tn.gov
No renewals will be considered filed and complete until all information is provided. Upon receipt of a complete filing, the information will be reviewed and, if approved, a new certificate of registration will be sent to the provided address.

**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: _____