



REQUEST FOR WAIVER

I request a waiver of the FY 2023 Assessment. In support of this request I state:

1. I, _____ (name) am over 18 years of age and am competent to make this request.

2. I am the/a _____ (position title) for the assessed entity and the following information is true and correct:

Assessed Entity Name: _____

Contact E-mail: _____

Contact Phone: _____

Address: _____

Vendor Number: _____

Permit/NAIC Number(s): _____

3. The FY 2023 Prescription Drug Affordability Fund Assessment exceeds 1% of my organization's Maryland revenue in ____ (your last completed fiscal/tax year).

4. Please see instructions on the next page.

I have attached the following documentation in support of my statement concerning the assessed entity's revenue and in support of this request (please describe documentation):

I solemnly affirm under penalty of perjury that the contents of this document are true and accurate to the best of my knowledge, information and belief.

Signature

Date

Printed Name

INSTRUCTIONS DOCUMENTATION IN SUPPORT OF WAIVER

Please submit documentation supporting your request for waiver with your request. Supporting documentation for a waiver should be based on the entity's most recently completed tax year, which for most entities will be tax year 2021.

The completed and signed Request for Waiver form, supporting documentation and Certificate of Business Record form may be submitted by e-mail to support.pdab@maryland.gov or by mail to:

Prescription Drug Affordability Board
16900 Science Drive, Suite 112-114
Bowie, MD 20715

The Request for Waiver and supporting documentation is due by **October 1, 2022**.

Supporting Documentation for Carrier

If you are an insurance carrier, you may request a waiver by submitting:

- (1) a completed and signed waiver request form; and
- (2) your company's 2021 NAIC "Annual Statement" including the cover page (signature page/jurat), Maryland state page, and Schedule T.

Supporting Documentation for Manufacturer, Distributor and Pharmacy Benefit Manager

If you are a manufacturer, distributor, or pharmacy benefits manager (PBM), you may request a waiver by submitting:

- (1) a completed and signed waiver request form; and
- (2) your company's 2021 Maryland Tax return with all schedules.

If your company did not file a 2021 Maryland Tax return, indicate that on your request form and submit your company's 2021 Federal Tax return and all schedules and the following additional documentation:

- (1) if you claim you had no Maryland revenue in tax year 2021, submit an affidavit from your chief financial officer or equivalent, or certified public accountant attesting to that statement; or
- (2) if you claim you had less than \$100,000 in Maryland revenue in tax year 2021, submit an affidavit from your chief financial officer or equivalent, or certified public accountant attesting to that statement and submit business records reflecting your company's tax year 2021 Maryland revenue along with a business records certification.

Please include an executed Certificate of Business Record (available on the Board's website) authenticating any business record submitted in support of your request for exemption.

For additional information please consult the FAQ page of the Board's website.