



**MARYLAND**  
Prescription Drug Affordability Board

16900 Science Drive  
Suites 112-114  
Bowie, MD 20715  
[pdab.maryland.gov](http://pdab.maryland.gov)

## REQUEST FOR EXEMPTION

**I request an exemption from the FY 2023 Prescription Drug Affordability Fund 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) I request an exemption from the assessment because (please check all applicable):
  - a) \_\_\_\_\_ The assessed entity is not a qualifying entity as defined in Health Gen. § 21-2C-11(b)(1). Explanation of why entity is not a qualifying entity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- b) \_\_\_\_\_ The assessed entity does no business in Maryland. Explanation (e.g., expired registration/permit, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- c) \_\_\_\_\_ Other reason for exemption request. Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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 EXEMPTION

Please submit documentation supporting your request for exemption with your request. The completed and signed Request for Exemption form, supporting documentation and Certificate of Business Record form may be submitted by e-mail to [support.pdab@maryland.gov](mailto:support.pdab@maryland.gov) or by mail to:

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

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

**For carriers** supporting documentation may include but is not limited to: suggestion of bankruptcy, NAIC “Annual Statement” including the cover page (signature page), Maryland State page, and Schedule T, acknowledgment from MIA of merger/change in subsidiary status, SEC 10-K (any applicable exhibits), etc.

**For manufacturers, distributors, and pharmacy benefit managers** supporting documentation may include but is not limited to: suggestion of bankruptcy, documentation of merger/change in corporate structure/subsidiary status (*e.g.*, SEC 10-K and any applicable exhibits), acknowledgment from Board of Pharmacy of expiration of license/registration, expired license/registration, documentation that manufacturer/distributor provides only non-covered products (*e.g.*, provides gases only), documentation that entity does not do business in Maryland (most recent tax year tax returns), etc.

**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.