



REQUEST FOR EXEMPTION

I request an exemption from the FY 2022 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: _____

Invoice Number: _____

Permit/NAIC Number(s): _____

FEIN Number: _____

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 COMAR 14.01.03.

Explanation of why entity is not a qualifying entity: _____

b) _____ The assessed entity no longer does business in Maryland. Explanation of Maryland status (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