Exhibit O

Notification of Interest Form

(Due Date: May 4, 2021)

Firms interested in submitting a proposal must return this "Notification of Interest" by May 4, 2021

To:	

From:	**FIRM**		
	MAILING ADDRESS		
	CITY	**STATE**	**ZIP**
	NAME AND TITLE OF INDIVIDUAL		
	TELEPHONE NUMBER		
	FAX NUMBER		

Please consider this Notification of Interest intent to submit a proposal to the RFP issued by the Public Employees Insurance Agency of the Department of Administration for ARFP PEI2100000006, Pharmacy Benefit Management Services.

SIGNED	**DATE**