

STATE BAR OF MICHIGAN

PREPAID LEGAL PLAN REGISTRATION FORM

Pursuant to the [Michigan Rules of Professional Conduct](#) (MRPC), all prepaid legal plans operating in the State of Michigan must file with the State Bar of Michigan a written plan that discloses: (1) the name under which the plan operates; (2) the name, address, and telephone number of its chief operating officer; and (3) the plan terms, condition of eligibility, schedule of benefits, subscription charges, and agreements with counsel. Also, in January of each year following inception, every prepaid legal plan must submit a statement to the State Bar that it continues to do business under the terms and condition reflected in its previous annual filings as amended to date. Updated filings must be submitted to the State Bar within thirty (30) days of any material change to the terms and conditions of the plan and/or any material change to the information previously provided.

In accordance with MRPC 6.3, please complete this Plan Registration Form and send it via e-mail or regular mail to the State Bar of Michigan using the contact information listed below:

State Bar of Michigan
Attention: Ms. Janna Sheppard
Administrative Assistant
306 Townsend Street
Lansing, MI 48933
register@michbar.org

To complete this form: 1. Download the PDF to your computer or network drive; 2. Open the downloaded PDF (the copy on your computer, not the PDF in the browser); and 3. Complete the form, save, and send to SBM via email or regular mail using the contact info. above.

1. Name of the prepaid legal plan (If your program operates under more than one name, a separate registration form **MUST** be completed for each plan):

2. Name of the chief operating officer of the plan: _____

Address: _____

E-mail address: _____

Phone number: _____

3. Name of the sponsoring organization responsible for operating the plan:

4. Please answer the following questions.

A. Does your prepaid legal plan:

i. operate in Michigan;

Y Yes Y No

ii. provide unlimited or a specified amount of telephone advice or personal communications at no charge to the members or beneficiaries of the program (other than a periodic membership or beneficiary fee); **and,**

Y Yes Y No

iii. furnish to or pay for legal services for your members and beneficiaries?

Y Yes Y No

B. Please confirm that you answered “yes” to questions 4 A i. through iii. above?

Y Yes Y No

C. If you did not, please explain your answers.

5. Please provide the following information:

- Plan terms (periods of coverage and obligations of purchaser and provider)

- Conditions of eligibility

- Schedule of benefits

- Subscription charges

- Agreements with counsel

6. Please attach a copy of the plan.

7. Please complete the following statement:

I, _____, certify that this is the first State Bar Prepaid Legal Plan Annual Registration Form for the plan entitled _____.

Signature of person completing this form:

Please type or print the name and title of the person completing this form:

Name of your employer: _____

Address: _____

E-mail address: _____

Phone number: _____

Date: _____