

4. Please answer the following questions.

A. Does your prepaid legal plan:

i. operate in Michigan;

Yes 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,**

Yes No

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

Yes No

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

Yes 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:

- **Statement of Material Change**

There has been a material change to the terms and conditions of the plan and/or the service entitled _____ since the last filing with the State Bar of Michigan in _____, 20__.

Please provide the current terms and conditions of the plan.

8. I, _____, certify that the information provided on this Prepaid Legal Plan Updated Registration Form is true and accurate.

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: _____