INSTRUCTIONS FOR PREPAID SERVICE PLANS
NEW OR RENEWAL APPLICATIONS

The attached documents comprise the application necessary to obtain a Certificate of Registration as a prepaid legal or dental service plan in the State of Kansas. The completed application should be submitted to the Kansas Insurance Department for processing. Although the application is largely self-explanatory, a few specific instructions are listed below:

1. Copies of the enabling statutes are included. These statutes require that prospective plans submit lists of individuals who will solicit memberships on their behalf. Such lists must be updated and revised at six (6) month intervals. Prepaid service plans should make several copies of the enclosed form and submit a revised list on January 1 and July 1 each year.

2. A security deposit in the amount of $50,000 is required before issuance of a Certificate of Registration to any new prepaid service plan. No membership fees may be collected prior to issuance of the required Certificate of Registration.

3. When the amount of annual membership fees collected reaches $300,000 to $750,000, the Commissioner of Insurance retains the authority to increase the deposit required to $75,000. The Commissioner of Insurance may also increase the deposit to $100,000 when the annual membership fees exceed $750,000.

4. Prepaid service plans submit copies of Certified Financial Audits prepared by a Certified Public Accountant, provider agreements, membership agreements, sales brochures, and other marketing material with this application. This allows the Kansas Insurance Department to determine how the plan is structured and what membership benefits are offered.

5. For questions or comments concerning the Prepaid Dental Service Plan application or the application process, please contact Ms. Linda Griffin, Sr. Admin. Specialist at (785) 296-7850 or by email at Linda.Griffin@ks.gov.

For questions or comments concerning the Prepaid Legal Service Plan application or the application process, please contact Ms. Heather Droge, Director, Property & Casualty Division at (785) 296-7839 or by email at Heather.Droge@ks.gov.

Please mail the application to the Kansas Insurance Department at 1300 SW Arrowhead Road, Topeka, KS 66604.
STATE OF KANSAS
Prepaid Legal of Dental Service Plans
Application for New or Renewal Certificate of Registration

Name of Prepaid Service Plan:


Street Address:


Telephone Number:


President of Prepaid Service Plan:


Fee:
$100 New ( )
$50 Renewal ( )

Type of Prepaid Service Plan:
Legal ( )
Dental ( )
TO THE COMMISSIONER OF INSURANCE  
Topeka, Kansas

On behalf of _________________________________________, of _______________________
(Name of prepaid service plan)   (City, State)

prepaid service plan created under the laws of the State of _________________________,
(State of Domicile)

I, ________________________________, hereby apply for a Certificate of Registration
(President)
pursuant to Kansas Statutes Annotated (K.S.A.) 40-4201, et seq. authorizing and empowering the
above-named prepaid service plan to operate in the State of Kansas until such Certificate is
suspended, revoked, or terminated by the Kansas Commissioner of Insurance.

Moreover, I pledge and certify that the above-named plan will abide by the following
regulations:

1. The applicant plan shall not act as a prepaid plan without a written agreement between
   the plan and the provider and a written agreement between the plan and the member.

2. Such written agreements shall be retained as part of the official records of the plan for the
   duration of the agreements, and for five (5) years thereafter.

3. Such written agreements shall contain provisions that include the requirements of K.S.A.
   40-4203 through K.S.A. 40-4207.

4. Applicant plan has not had any previous applications for registration as a prepaid plan
   denied within the past five (5) years.

5. Applicant plan has not had any professional, vocational, or business license denied,
   suspended, revoked, or restricted by any public authority in this or any other state, nor
   has any such license been subjected to a monetary fine by any public authority, not has
   such license been withdrawn or surrendered to avoid disciplinary action.

6. Applicant plan has not had any judgment rendered against it in any court of any
   jurisdiction of the United States for its activities relating to the transaction of business as
   a prepaid service plan.

7. Applicant plan has not been declared insolvent or discharged from bankruptcy within the
   last five (5) years.

8. None of applicant plan's officers have been convicted in a criminal proceeding (excluding
   minor traffic violations) within the past ten (10) years.
9. Whenever a member utilizes the services of the prepaid service plan under the terms of a written contract required by K.S.A. 40-4202, the payment to the provider of any amount on behalf of the member by the prepaid service plan shall be deemed payment to the provider when received.

10. Applicant plan is the following type of entity (check only one):
   ( ) Individual  ( ) Partnership  ( ) Corporation

Sales Force

Attach Exhibit A (form enclosed) disclosing the information requested about those individuals who solicit memberships in the plan. (Applies to New Applications only).

Financial Information

Plan’s financial condition as of calendar year ending December 31, __________

   Capital/Surplus $_______________

Annual Membership Fees:

   Total amount collected from members nationwide for this calendar year $_______________

   Total amount collected from members in Kansas only $_______________

Deposit

   For new application –
   per K.S.A. 40-211 (a) (1) $50,000 ( )

   For renewal based on scale found on instruction sheet – per K.S.A. 40-4211 (a)(3) and (4)
   $75,000 ( )
   $100,000 ( )

   Other-per K.S.A. 40-4211 (a) (2) $_______________ ( )

An annual certified audit, prepared by a certified public accountant, and copies of membership and provider agreements, must be submitted along with this application.
Certification

It is hereby certified that the prepaid service plan making this application is organized under the laws of the State of ___________________________, and has complied with the requirements of K.S.A. 40-4201, et seq. relating to such plan.

Finally, the undersigned swears under oath (s)he is the President of such plan, that (s)he is authorized to execute and file this application, that (s)he has read and fully understands the requirements of K.S.A. 40-4201, et seq. relating to such plan, and that the information contained in this application is true and accurate to the best of his/her knowledge.

Signature of Applicant (Or President if plan is a corporation)

Subscribed and sworn to before me this on this date: ________________________________.

_____________________________________
Notary Public

My Appointment Expires: ________________________________.
INSURANCE DEPARTMENT
EXHIBIT A

INSURANCE SERVICE PLAN

(Name of Plan)
Address: _________________________________
City, State, Zip: ____________________________
Telephone: _________________________________

Authorized Signature          Title

The official records of the above Prepaid Service Plan indicate that the following representatives
are authorized in Kansas as of ______________________________.

(Date)

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<tr>
<th>SOCIAL SECURITY NUMBER*</th>
<th>REPRESENTATIVE’S NAME</th>
<th>CITY, STATE, ZIP</th>
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Disclosure of social security number is optional. It will be used by the Kansas Insurance
Department for identification purposes only.