

State of Hawaii – Insurance Division
Department of Commerce and Consumer Affairs
335 Merchant Street – Room 213
Honolulu, Hawaii 96813

**LEGAL SERVICE PLAN
REGISTRATION FORM**

1. Full and Exact Name of Legal Service Plan			2. FEIN	
3. Trade Name (if applicable)				
4. Business Address (P. O. Box is <u>not</u> an acceptable Business Address):				
a) Street			b) Suite	
c) City		d) State		e) Zip Code or Country
5. Phone Number () Ext.			6. Fax Number ()	
7. Business E-mail Address			8. Business Web Site Address	
9. Mailing Address:				
a) Street or P. O. Box			b) Suite	
c) City		d) State		e) Zip Code or Country
10. Fiscal Year (Calendar or identify if Other)				
11. Signature of Plan Administrator or Authorized Signer			12. Date Signed	
13. Print Name of Signer			14. Title/Position of Signer	

NOTE: Before conducting business in this State, a plan must submit the documentation and fees required in HRS § 488 for approval by the Insurance Commissioner, and be issued a certificate of authority.

Submit the following with your completed registration form:

1. A copy of the legal service plan agreement the Plan proposes to use in Hawaii.
2. Pursuant to HRS § 488-3(b), a copy of documents containing the following information:
 - a. Plan's financial structure, including a statement of the amount of prepayment, other charges or dues to be paid by plan members, and the manner in which the amounts are to be paid;
 - b. Amount of benefits, legal services, or reimbursement for legal services to be furnished each member of a plan, and the period during which they will be furnished; and, if there are any exceptions, reductions, exclusions, limitations, or restrictions of benefits, legal services, or reimbursements, a detailed statement of the exceptions, reductions, exclusions, limitations or restrictions;
 - c. Terms and conditions upon which the plan may be cancelled or otherwise terminated by the group, the plan administrator, the persons furnishing legal services, or the member; provided that for any cancellation or termination other than by a member, there shall be provision made for the disposition of funds;
 - d. Applicability or non-applicability of the benefits of the plan to the family dependents of the member;
 - e. Grace period allowed member or member's group for making any payments due under the plan;
 - f. Procedure for settling disputes between or among the group, the plan administrator, the person furnishing legal services, and the member; and
 - g. Listing of the owners, operators, officers, and plan administrator of the plan, including the current business address, home address, mailing address, business phone number, business fax number, business electronic mail address, business website address, and home phone number.
3. Applicable fees found in HRS § 431:7-101. Make check payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS.
4. Proof of federally insured bank account located in Hawaii as detailed in HRS § 488-4(b).
5. Executed Surety Bond as detailed in HRS § 488-4(c).