

**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 virtually 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 **must** 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. Questions or comments concerning this application or the application process may be directed to the Kansas Insurance Department by telephone at (785) 296-7850, Fax (785) 296-2537, postal mail to Ms. Chris Hollenbeck, Policy Examiner II, Accident & Health Division, Kansas Insurance Department 420 SW 9<sup>th</sup> Street, Topeka, KS 66612, or email [chollenb@ksinsurance.org](mailto:chollenb@ksinsurance.org)

**STATE OF KANSAS**

**Prepaid Legal of Dental Service Plans  
Application for New or Renewal Certificate of Registration**

Name of Prepaid Service Plan:

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Street Address:

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Telephone No.:

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President of Prepaid Service Plan:

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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)

\_\_\_\_\_, a prepaid service plan created under the laws of the State of  
(State)

\_\_\_\_\_, I, \_\_\_\_\_, hereby apply for a Certificate  
(President)

of Registration 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, \_\_\_\_\_, of \_\_\_\_\_,  
(President) (Name of prepaid service plan)

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



**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.

**AN ANNUAL CERTIFIED AUDIT, PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT, AND COPIES OF MEMBERSHIP AND PROVIDER AGREEMENTS, MUST BE SUBMITTED ALONG WITH THIS APPLICATION.**

\_\_\_\_\_  
Signature of Applicant (Or President  
if Plan is a Corporation)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Appointment Expires: \_\_\_\_\_.

