

STATE BAR OF MICHIGAN

PREPAID LEGAL PLAN DISCONTINUANCE 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. 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, if your prepaid legal plan no longer exists or no longer operates in Michigan, please complete this Discontinuance 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 operated under more than one name, a separate discontinuance 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. **Statement of Discontinuance**

I, _____, hereby certify that the plan entitled _____ is no longer operating in the State of Michigan.

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: _____