Prepaid Legal Service Plan Seller

Online Registration Procedures For First Time Registrants

Navigating to the Online Application

The first step to register as a Prepaid Legal Service Plan Seller in Virginia is to access the login page of the online application (<u>http://www.vdacs.virginia.gov/food-prepaid-legal-service-plan-sellers.shtml</u>).

Once on the Prepaid Legal Service Plan Sellers webpage, click on the link for the online application:

Information for Legal Services Plan Sellers

- Renew Your Registration Application (Returning Users)
- Initial Registration Application (First Time Users/Create An Account)



As a first time registrant, you need to click on "Create your individual VDACS Online Account"

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Virginia Department of	Agriculture and Consumer Services	and a second and a s
me Prepaid Legal Serv	rice Plan Sellers Online Registration Log On	Contact Us Search this Site GC
Consumer Services	Log On to access Prepaid Legal Service Plan Sellers Online Registration	
Marketing Services	Don't have a VDACS Online Account? Create your individual VDACS Online Account.	
Regulatory Services	Please enter your email address and password into the fields below to log on.	•
News and Events		
About VDACS	Email Address:	
Special Programs and Quick Links	Password:	
Charitable Gaming	Log On	
Social Media	Forgot your password? Request a temporary password.	
	Copyright @ 2012, Virginia Department of Agriculture and Consumer Services. For Comments or Questions Concerning this Web Site, contact the VDACS Web	master, WAI Level A Compliant
	Web Policy Contact Us	

On this page you will enter information for each block. Please Note: the system only recognizes the following special characters: () _ . - ! % ^ , []. Use all required elements, but make the password easy for you to remember as you will be required to log back into your account to print your certificate, when issued, as well as to renew your registration. Once all blocks have been completed, click on "Create my VDACS Online Account" (bottom right).

Create my individual VDACS Online Account

Please use the form below to create a new VDACS Online Account.

• indicates req	uired fields
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Email Address:		
Password:		
	Your password is case-sensitive and must have at least:	
	- 14 characters minimum	
	- 1 uppercase letter (A-Z)	
	- 1 lowercase letter (a-z)	
	- 1 digit (0-9)	
	- 1 of these characters: ! % ^ () , []	
Confirm Password:		
First Name:		
Last Name:		
Phone Number:		
ancel		Create my VDACS Online Ad

Items to note regarding accessing your account:

- Once you create your password, we recommend you write it down somewhere safe where you can easily access it again. Be sure to write it down exactly as you've entered it when creating your account, as the password is case-sensitive. You will need to log back in to your account to print your certificate once the registration has been approved and issued.
- Too many unsuccessful logins will result in your account being locked. We cannot unlock your account you will have to wait for the 30 minute time period to expire. The lock will occur every time you attempt to login incorrectly after the first lockout, so be careful when you enter your password.
- If you need to create a new password, please review our tutorial on "How To: Change Your Password" prior to requesting the new password. While you can request a temporary password anytime, with no restriction to the number of requests, you can only change your password once in a 24 hour period.

The first page of the application is self explained. Be sure to enter the information required for every box indicated with a * - these boxes are required and the application will not allow you to move forward until they are completed. Once all boxes have been completed, click on "Next."

Your Full Name			
Note: Please provide your comp	elete legal name. If you do not hav	ve middle name or suffix, please cheo	ck the appropriate check boxes.
• First Name:	 Middle Name: 	• Last Name:	• Suffix:
	I do not have a middle	name.	I do not have a suffix.
Physical Address			
Physical Street Address:	• City:	• State: Virginia	• Zip Code:
Mailing Address	eck bere		
Mailing Address:	• City:	• State: Virginia	Zip Code: ▼
Contact Information			
Daytime Telephone No.:		Secondary Telephone No	

Page 2 of the application is shown below. You are required to answer all of the compliance questions.

Question 1 asks for the Legal Services Organization (LSO) on whose behalf you will sell legal services plans. If your LSO is not listed, you will need to contact this office before you will be able to proceed. Click on the box to the left of the name of your LSO.

Statutory Compliance	
 Select the Legal Services Organization(s) on whose behalf you will sell legal services plans in the Commonwealth of Virginia. 	
If the name of the Legal Services Organization is not included in the list below, please contact the Office of Charitable and Regulatory Programs at (804) 786-1343 and press option 5 or by email at ocrpregulatory@vdacs.virginia.gov.	
Legal Resources of Virginia., Inc. (29558)	
 Legal Resources Master Plan c/o Legal Resources of Hampton Roads, Inc. (29558) Legal Service Plans of Virginia, Inc. (29557) 	
✓ Legal Service Plans of Virginia, me. (29337) ✓ LegalShield (29557)	
Pre-Paid Legal Services, Inc. (29557)	
United Legal Benefits of Virginia, Inc. (29561)	
US Law Shield of Virginia, Inc. (29559)	
US Legal Plans, Inc. (29560)	
2) Are you an independent associate directly affiliated with the Legal Services Organization(s) identified in Question 1?	Yes 💿 No 🔿
3) If working for a local business entity, do you have any ownership interest in the local business entity that you identified in Question 2?	Yes 🔿 No 🤅
NOTE: If you answered "Yes" for Question 2, then your answer will be "No" for Question 3.	

Question 2 asks if you are working directly with the LSO. You must click either "Yes" or "No." If you click "Yes" you can proceed to Question 3.

Applicant Information » Compliance » Payment Information » Comments » Preview

- Statutory Compliance 1) Select the Legal Services Organization(s) on whose behalf you will sell legal services plans in the Commonwealth of Virginia. If the name of the Legal Services Organization is not included in the list below, please contact the Office of Charitable and Regulatory Programs at (804) 786-1343 and press option 5 or by email at ocrpregulatory@vdacs.virginia.gov. Legal Resources of Virginia., Inc. (29558) -- Legal Resources Master Plan c/o Legal Resources of Hampton Roads, Inc. (29558) Legal Service Plans of Virginia, Inc. (29557) LegalShield (29557) -- Pre-Paid Legal Services, Inc. (29557) United Legal Benefits of Virginia, Inc. (29561) US Law Shield of Virginia, Inc. (29559) US Legal Plans, Inc. (29560) Are you an independent associate directly affiliated with the Legal Services Organization(s) identified in Yes
No Question 1? 3) If working for a local business entity, do you have any ownership interest in the local business entity that you Yes () No () identified in Question 2? NOTE: If you answered "Yes" for Question 2, then your answer will be "No" for Question 3.

If your response to Question 2 is "Yes" your response to Question 3 will be "No" Click "No" then click on "Next"

Applicant Information » Compliance » Payment Information » Comments » Preview

- Statutory Compliance

1) Select the Legal Services Organization(s) on whose behalf you will sell legal services plans in the Commonwealth of Virginia.

If the name of the Legal Services Organization is not included in the list below, please contact the Office of Charitable and Regulatory Programs at (804) 786-1343 and press option 5 or by email at ocrpregulatory@vdacs.virginia.gov.

Legal Resources of Virginia., Inc. (29558)

-- Legal Resources Master Plan c/o Legal Resources of Hampton Roads, Inc. (29558)

Legal Service Plans of Virginia, Inc. (29557)

LegalShield (29557)

-- Pre-Paid Legal Services, Inc. (29557)

United Legal Benefits of Virginia, Inc. (29561)

US Law Shield of Virginia, Inc. (29559)

US Legal Plans, Inc. (29560)

2) Are you an independent associate **directly** affiliated with the Legal Services Organization(s) identified in Question 1?

Yes ONO ()

3) If working for a local business entity, do you have any ownership interest in the local business entity that you identified in Question 2?

Yes ONo O

NOTE: If you answered "Yes" for Question 2, then your answer will be "No" for Question 3.

If your response to Question 2 is "No" (Example: you are an agent selling plans through Primerica), you will need to type in the Name of the local agency you are working through as well as the complete local address of the agency. Please use the format in the example.

Statutory	/ Comp	liance

 Select the Legal Services Organization(s) on whose behalf you will sell legal services plans in the Commonwealth of Virginia. 	
If the name of the Legal Services Organization is not included in the list below, please contact the Office of Charitable and Regulatory Programs at (804) 786-1343 and press option 5 or by email at ocrpregulatory@vdacs.virginia.gov.	_
 Legal Resources of Virginia., Inc. (29558) Legal Resources Master Plan c/o Legal Resources of Hampton Roads, Inc. (29558) Legal Service Plans of Virginia, Inc. (29557) LegalShield (29557) Pre-Paid Legal Services, Inc. (29557) United Legal Benefits of Virginia, Inc. (29561) US Law Shield of Virginia, Inc. (29559) US Legal Plans, Inc. (29560) 	
2) Are you an independent associate directly affiliated with the Legal Services Organization(s) identified in Question 1?	Yes 🔿 No 💿
Please provide the name and address of the local business entity through which you represent the above Legal Service using the following format: Name of Local Business Entity Street Address City, State Zip Code	ces Organization(s).
You have 4,000 characters left.	
3) If working for a local business entity, do you have any ownership interest in the local business entity that you identified in Question 2?	Yes 🔿 No 🥥

NOTE: If you answered "Yes" for Question 2, then your answer will be "No" for Question 3.

If your response to Question 2 is "**No**" and you are part owner of the agency through which you will sell legal services plans, you must answer "**Yes**" for Question 3 and indicate your percentage of ownership interest in the Agency. Click "Next" to proceed.

2) Are you an independent associate directly affiliated with the Legal Services Organization(s) identified in Question 1? Yes O No 🔘

Please provide the name and address of the local business entity through which you represent the above Legal Services Organization(s), using the following format:

Name of Local Business Entity Street Address City, State Zip Code

LSP Agency 123 Main Street Anytown, VA 23219

25%

You have 3,955 characters left.

3) If working for a local business entity, do you have any ownership interest in the local business entity that you identified in Question 2?

Yes ONo O

NOTE: If you answered "Yes" for Question 2, then your answer will be "No" for Question 3.

Please indicate the percentage of your ownership interest in the agency:

You have 3,997 characters left.



- Page 3 of the application is the payment page. On this page you must:
- 1. Enter the name as shown on the credit/debit card you are using.
- 2. Enter the billing address associated with the card you are using.

3. Indicate which type of card you are using by clicking on the button for the type of card you are using.

- 4. Enter the credit/debit card number (numbers only no dashes or spaces)
 - 5. Enter the card's expiration date month and year using the dropdowns
- 6. Enter the Card Verification Value (CVV) found on the back on the card.
 - 7. Click "Next"

credit Card Information Name as shown on card: Billing Address: • City: • State: • Zip Code: Amount to be Paid: • Credit Card Type: • Credit Card Number: • Card Expiration Date : • Month • Winderstation • Ctvv (Card Verification Value):	dicates required fields		
Billing Address: City: State: Zip Code: Amount to be Paid: Credit Card Type: Credit Card Number: Card Expiration Date : Month • Year • ************************************	redit Card Information	4	
City: State: Zip Code: Amount to be Paid: Credit Card Type: Credit Card Number: Card Expiration Date : Month Verv Verv Verv Verv Verv Verv Verv Verv	Name as shown on card:		
State: Zip Code: Amount to be Paid: Credit Card Type: Credit Card Number: Card Expiration Date: Month Vear Vear Vear Vear Vear Vear Vear Vear	Billing Address:		
Zip Code: Amount to be Paia: Credit Card Type: Credit Card Number: Card Expiration Date : Month Vear Vear Vear Vear Vear Vear Vear Vear	City:		
Amount to be Paid: Credit Card Type: Credit Card Number: Card Expiration Date :	State:	Virginia	
Credit Card Type: Credit Card Number: Card Expiration Date : Month Year Verification Content Cont	Zip Code:		
Credit Card Number: Card Expiration Date : Month Vear V Automatic Juli Juli Juli Juli Juli Juli Juli Juli	Amount to be Paid:	\$50.00	
Card Expiration Date : Month Vear Vear Vear Vear Vear Vear Vear Vear	Credit Card Type:		
A 100A 100A1 A 100A1	Credit Card Number:		
AUTHORIZED SIGNATURE AUTHORIZED SIGNATURE MILITILITILITILITILITILIT AUTHORIZED SIGNATURE AUTHORIZED SIGNAT	Card Expiration Date :	Month ▼ Year ▼	
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Verification Number 456			
3 Digit Card Verification Number 456		To assort a fact or division start, and	
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CVV (Card Verification Value):		3 Digit Card Verification Number 456	
CVV (Card Verification Value):			
	CVV (Card Verification Valu	e):	

Summary Page

After successfully submitting your payment information you will be taken to the page below. You must review the information on the page, and if it is correct, then **check the box** in the bottom left corner of the page, and **click** "Submit."

→ C ③ https://ears.vi	a-vdacs.com/IndReg/Preview/70231	🖈 🚯 i
Apps 🔯 InSite - VDACS Age	Records Manageme D Welcome to the Vr D US > 8ill Tracking >	
Select the Legal Services C	rganization(s) on whose behalf you will sell legal services plans in Virginia Legal Shield (29557)	
	ices Organization is not included in this list, please contact Rana Clegg at: (804) 371-	
Are you an independent as:	sociate directly affiliated with the above Legal Services Organization(s)? Yes	
If working for an agency, do	you have any ownership interest in the agency that you identified above? No	
OTE: If you answered "Yes"	for Question 2, then your answer will be "No" for Question 3.	
	Edit	
redit Card Information		
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lame as shown on card:		
Silling Address:		
mount to be Paid:	\$75.00	
Credit Card Type:	VISA	
Credit Card Number:		
Card Expiration Date:	1/2023	
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usiness days; however, durin	ion will be reviewed in the order in which is was received. We strive to have registrations reviewed within three (3) g periods of high submissions, it may take a few days longer. You will be contacted if more information is needed in on. You will receive an email once your registration has been issued.	
By checking this box, you	are acknowledging that you have read and agreed to comply with these above Terms and Conditions.	
alle -	Submit	
Hd: 958		
syright @ 2012, Virginia Department of Ap	prouture and Consumer Services. For Comments or Questions Concerning this Web Site, contact the VCACS Webmaster, WAI Level A Compliant	

CONFIRMATION OF SUBMISSION EMAIL

Once you have submitted your registration application, you will receive the email below. **NOTE**: this email is to advise the registration application was submitted successfully – this is **NOT** notification that the registration was issued.

- Dear <Name>:
- Thank you for submitting your LSP registration application and payment. To view your application status, log on to our online registration website at https://oars.vavdacs.com/Account/logon?Prog=LSP
- PLEASE NOTE your registration has not yet been issued. Upon completion of the review process, you will receive an email advising of the issuance of the registration as well as information for printing your certificate.
- PLEASE DO NOT REPLY TO THIS EMAIL, AS THIS IS AN UNMONITORED EMAIL BOX. If you have any questions regarding the online registration website, please do not hesitate to contact me directly by using the contact information listed below. IF I AM UNABLE TO RESPONSE TO YOU IMMEDIATELY, PLEASE SEND AN EMAIL OR LEAVE A VOICEMAIL MESSAGE WITH YOUR SPECIFIC QUESTION AND I OR ANOTHER TEAM MEMBER WILL RESPONSE TO YOU WITHIN 24 HOURS DURING NORMAL BUSINESS HOURS.
- Sincerely,

Compliance Analyst ocrpregulatory@vdacs.virginia.gov 804.786.1343, Option 5 Virginia Department of Agriculture and Consumer Services Office of Charitable and Regulatory Programs

NOTICE OF ISSUED REGISTRATION

You will receive an email (below) when your registration has been issued. Please follow the directions in the email to login to your account to print your certificate (the certificate is not automatically sent to you or your LSO – you must print it out and email it yourself).

- Dear <Name>:
- Your Certificate of Registration has been issued, effective from <issue date> to <June 30, 2021.
- You may print your certificate of registration online by logging into your account using the following link: https://oars.va-vdacs.com/Account/logon?Prog=LSP.
- PLEASE DO NOT REPLY TO THIS EMAIL, AS THIS IS AN UNMONITORED EMAIL BOX. If you have any questions regarding the online registration website, please do not hesitate to contact me directly by using the contact information listed below. IF I AM UNABLE TO RESPONSE TO YOU IMMEDIATELY, PLEASE SEND AN EMAIL OR LEAVE A VOICEMAIL MESSAGE WITH YOUR SPECIFIC QUESTION AND I OR ANOTHER TEAM MEMBER WILL RESPONSE TO YOU WITHIN 24 HOURS DURING NORMAL BUSINESS HOURS.
- Sincerely,
- Compliance Analyst ocrpregulatory@vdacs.virginia.gov 804.786.1343, Option 5 Virginia Department of Agriculture and Consumer Services Office of Charitable and Regulatory Programs