

Agent of Record Assignment Delta Dental of North Carolina

The purpose of the Agent of Record Assignment form is to allow groups the option of selecting a new Agency or Producer.

To be completed by the Producer:

Agency Name: _____

Producer Name: _____

Agency Address: _____

Agency Phone: _____

Tax ID Number: _____

Group Name: _____

Group Number: _____

Effective Date*: _____

***The effective date of the Agent of Record change will be the first of the month following the date of the change request.**

To be completed by the Group Administrator:

“I hereby certify that the above named Agency/Producer is to be named as Agent of Record for my group and is entitled to all commissions in return for services rendered on my behalf in regard to my contract. This certification replaces all others having an earlier signature date. I understand that if another Agency/Producer is currently servicing my account, my signature below REPLACES that Agency/Producer.”

Print Name: _____

Signature: _____

Date: _____

Submit To:
Delta Dental Connect
730 South Broadway
Gilbert, MN 55741
dconnect@deltadentalinc.org