



Date: _____

Agency Tax ID: _____

Dear Agency Officer,

Delta Dental has implemented Agency Agreements that have replaced agreements with individual agents. Under the Agency Agreement, commissions will be paid to the Agency.

To add an agent to your Agency's list of agents please provide the following information along with a copy of the agent's producer license.

To confirm the agent addition, to _____
(Agency Name)

please sign and date in the space provided below.

Effective Date: _____

Agent name: _____

Agent Social Security
Number (required): _____

Agent address: _____
(Correspondence)

Agent Phone: _____

Agent Fax: _____

Agent email: _____

The undersigned agree and understand that the above agent should be added to the list of Agents for _____
(Agency Name).

Signature (Agency Officer)

Print Name

Date