



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 _____, please sign and date in the
Agency Name
space provided below.

Effective Date: _____

Agent name: _____

Agent Social Security
Number (required): _____

Agent address:
(Correspondence)

Agent Phone: _____

Agent Fax: _____

Agent Email: _____

Does this agent need to be added to your Agency BMT Administrator? _____ Yes _____ No

If yes, provide the Agency BMT Administrator Name: _____
First and Last Name

The undersigned agree and understand that the above agent should be added to the list of Agents for

Agency Name

Note: When filling out this form electronically, please complete all fillable sections, then print this document and sign manually.

Signature (Agency Officer)

Print Name

Date