



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