



Broker Account Registration Form

(Please retain a copy of this completed form for your record)

AGENT/AGENCY INFORMATION

First Name: _____ Last Name: _____

Agency Name: _____

Principal's Name: _____

Delta Dental of Kansas Agent Number: _____

Agent City, State and ZIP Code: _____

Phone Number: _____

Email Address: _____

IDENTIFICATION NUMBER: _____

(Agency Federal Tax ID Number or Agent Social Security Number)

KANSAS LICENSE NUMBER: _____

Agent Signature (if applicable): _____ Date: _____

ACCESS

(Please indicate which level you are requesting)

- Group List: Individuals List (for Delta Dental Individual & Family plan subscribers)
- Commission Statement
- Client Level access (complete Broker Client Access for each client and obtain employer signature)

Principal Signature: _____ Date: _____

For questions about registration, please call the Marketing Department at 316.264.8413 or 800.264.9462.