



# 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: \_\_\_\_\_

**IDENTIFICATION NUMBER:** (Agency Federal Tax ID Number or Agent Social Security Number)

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## ACCOUNT SET-UP

**USERNAME:** (Create your own, at least six (6) numerical/alpha, no more than fifteen (15) characters.)

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**PASSWORD:** (Create your own, at least six (6) numerical/alpha, no more than fifteen (15) characters.)

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Email Address: \_\_\_\_\_

Agent Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

## TRUST LEVEL ACCESS

(Please indicate which trust level you are requesting)

- Level 10: View Pool Plan Rates, Commission Agreement and Groups for Renewal
- Level 20: View Pool Plan Rates, Commission Agreement, Groups for Renewal and Commissions by Date
- Level 30: View Pool Plan Rates, Commission Agreement, Groups for Renewal, Commissions by Date and Commissions by Year

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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