



Agent of Record Assignment Delta Dental of Minnesota

The purpose of the Agent of Record Assignment form is to allow groups the option of selecting a new Agency or Broker.

TO BE COMPLETED BY BROKER:

Tax I.D. # _____

Broker Name _____

Agency Name _____

Group Name _____

Group Number _____

Effective Date _____

TO BE COMPLETED BY THE GROUP ADMINISTRATOR:

“I hereby certify that the above-named Agency/Broker is to be named as Agent of Record for my group contract and is entitled to all commissions in return for services rendered on my behalf with regard to my contract. This certification replaces all others having an earlier signature date. I understand that if another Agency/Broker is currently servicing my account, my signature below REPLACES that Agency/Broker”

Print Name _____

Signature _____

Date _____

All agent of record requests must be on this form. Forms will be returned if not fully completed. The effective date of the agent of record change will be the first of the month following the date of the change request.

SUBMIT TO:
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or

E-mail: deltadentalconnect@deltadentalmn.org

Phone: 651-406-5920