DELTA DENTAL

Broker Internet Services Registration

Agency Name: _____

Agent/Principal's Name: _____

Delta Dental of KS Agent Number: _____

Agent City, State & Zip: _____

Telephone Number: _____

For questions about registration, please call the Marketing Department at:
316-264-8413 or 1-800-264-9462

First Name: _____

Last Name: _____

ID Number: ☐☐☐☐☐☐☐☐☐

(Agency Federal Tax ID Number or Agent SSN)

User Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

(Create your own. At least 6 numerical/alpha, no more than 15 characters)

Password: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

(Create your own. At least 6 numerical/alpha, no more than 15 characters)

Email Address: _____

Trust Level Access:
(Please indicate which trust level you are requesting for this individual)

- ❒ 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

Signature: _____

Fax this completed form to: Delta Dental of Kansas at 316-462-3329.
Please retain a copy of this form for your own records.