



Agent of Record Assignment Delta Dental of Nebraska

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 _____

Please note that unless otherwise requested and approved by Delta Dental of Nebraska, the effective date of the agent of record change will be the first of the month following the date this form is signed by the group administrator (or other authorized group representative) and received by Delta Dental of Nebraska. All requests require final approval by Delta Dental of Nebraska.

SUBMIT TO:

Delta Dental of Nebraska

Attn: Commissions

500 Washington Ave S. #2060

Minneapolis, MN 55415

ddnebroker@deltadentalne.org