DELTA DENTAL®

Broker Connection Access Authorization Form

Complete this form to request a login and password that will allow you access to Broker Connection via the Delta Dental website. Complete one form per firm or agent requesting access. To request access for additional agents, complete multiple forms. **Fax the completed form to 303.741.4233 or e-mail it to brokerconnect@ddpco.com.**

Broker/Consultant Requesting Authorization	
Firm Name:	**Agent Name:**
Address:	
Telephone:	**E-mail Address:**

❑ I am an authorized representative of the firm named above. I am requesting one login and password for my firm.

❑ I am an authorized representative of the firm named above. I am requesting an individual login and password for the following person (please complete a separate form for each person requesting access).

List the groups for which you are requesting Broker Connection access below. If necessary, attach an additional sheet.

Agent Name:	**E-mail Address:**
	Phone Number:

Keyword (choose one):

Last 4 digits of SSN _____ Pet name_____ Mother's Maiden Name_____

List the groups for which you are requesting Broker Connection access. Attach an additional sheet if necessary.

Group Name	Group Number

My signature below indicates that I am a broker who is currently appointed with Delta Dental of Colorado and that I am authorized to request access to the data of the groups listed above/on the attached sheet.

Printed name: _____ **Date:** _____

Signature: _____