



## Delta Dental Colorado Producer of Record Change Request Form

This form is intended to serve as official documentation for Delta Dental of Colorado (DDCO) that the broker/agency listed in the form below under "Name of New Broker/Agency" has been appointed as the Broker/Agency of Record for the group listed below under "Group Name".

The group is authorizing Delta Dental of Colorado to release all employee benefits related records, information and materials requested by the new broker/agency, including but not limited to current and past: plan documents, rates, renewals, proposals, claims experience, other benefits/financial reports, health risk information, group administration data, employee and carrier communications, and all other information/data relevant to the evaluation and analysis of employee benefits under Delta Dental of Colorado plans.

Appointment to the new Broker/Agency rescinds and supersedes all previous agent appointments unless stated otherwise.

Newly appointed brokers/agencies will be compensated in the form of commission as of the first business day of the subsequent month following the effective date specified below. Such brokers/agencies will remain appointed as an agent for lines of coverage specified below.

Please populate all fields listed below and return to your DDCO Account Manager, or to [Group\\_Admin@ddpco.com](mailto:Group_Admin@ddpco.com).

Group Name:	Click or tap here to enter text.
Group Number(s):	Click or tap here to enter text.
Name of New Broker/Producer (required):	Click or tap here to enter text.
Name of New Agency (as applicable):	Click or tap here to enter text.
Broker/Producer/Agency Address:	Click or tap here to enter text.
City, State, Zip:	Click or tap here to enter text.
Policy Number (if multiple, please populate Book of Business addendum):	Click or tap here to enter text.
New Broker/Producer/Agency SSN/Agency TIN:	Click or tap here to enter text.
Effective Date for New Broker/Producer/Agency:	Click or tap here to enter text.

### REQUESTING GROUP ACKNOWLEDGMENT

Printed Name of Group Representative

Title of Group Representative

Signature of Group Representative

Date





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