Agent Commission & Portal Authorization Form

(Agents only)

Please complete all requested information and questions and submit along with your new group client's Master Application and Agreement form. This page is not part of the Delta Dental group contract.

SECTION 1 — AGENT AND GROUP CLIENT INFORMATION	
Business/ Group Client Name:	
Agent Name:	Agency Name:
Agent Arkansas License Number:	Agency Arkansas License Number:
What is the commission percentage? %	Commission split with another Agent or Agency: ☐ Yes ☐ No

SECTION 2 — COMMISSION SPLIT / ADDITIONAL AGENT INFORMATION	
If commissions are to be split with another agent/ agency, please complete this section.	
Agent Name:	Agency Name:
Agent Arkansas License Number:	Agency Arkansas License Number:
What is the commission percentage? %	

SECTION 3 — BROKER PORTAL ACCESS (Complete the section below for each Agent needing Broker portal access to this Group Client.)	
Agent Name:	Agent Email:
Already have established access? Please provide current Broker Portal Username:	
Agent Name:	Agent Email:
Already have established access? Please provide current Broker Portal Username:	
Agent Name:	Agent Email:
Already have established access? Please provide current Broker Portal Username:	
Agent Name:	Agent Email:
Already have established access? Please provide current Broker Portal Username:	

SECTION 4 — STANDARD OR NON-STANDARD COMMISSION SCHEDULE	
Is the commission for this new group client based on the standard commission schedule? ☐ Yes ☐ No	
If No, you will need to agree to the following statements by providing completing the information below under "Agent/Agency." If a non-standard commission applies to this group, this "For Agents Only" page will serve as an addendum to this Agent/Agency Agent Fee Agreement for this group only when signed by the appropriate representatives of the Agent/Agency and DDAR. Both the Agent/Agency and Delta Dental agree to the commission as stated in this addendum for this group client as signed below.	
AGENT/AGENCY REPRESENATIVE	DELTA DENTAL PLAN OF ARKANSAS, INC. (To be completed by Delta Dental)
Name:	Name:
	Title:
_____ Agent Signature _____ Date	_____ DDAR Signature _____ Date