

MUST BE TYPED ON COMPANY LETTERHEAD

**Delta Dental of New Jersey, Inc.
Delta Dental Plaza
1639 Rt. 10
PO Box 222
Parsippany, NJ 07054**

ATTN: COMMISSION DEPARTMENT FOR NJ & CT

RE: GROUP POLICY #

Please assign _____ located at _____
as the agent/broker of record on our group dental policy.

In addition, to the agent or broker appointment, please assign _____ as the General Agency located at _____
of record effective immediately.

The Payee(s) for this group will be _____. (*Add: DBA name if applicable*) All commission checks should be remitted to the below address:

This appointment rescinds and supersedes all previous agent, broker or GA appointments and shall remain in force until cancelled in writing. (*Add if applicable*)

Signed by _____

Name

Title

Date