DELTA DENTAL

Broker Application for Online Resources

DELTA DENTAL OF OKLAHOMA

Agency Name:

Vendor Number:

Primary User

Access Type (Select One) ☐ Broker ☐ Agency

Full Name

Email Address **Phone Number**

Additional Users

Please complete the following information for up to five (5) additional users to provide and/or change Online Resources access.

Contact Name: First and last name of the contact to receive online access.
Email Address: A valid email address is required for each contact.
Access Type: Contact(s) will receive access to the specified group(s) and:
Broker: Access to his/her RFP submissions and group information.
Agency: Access to all RFP and group information, as well as commission statements.
Group Access: Contact(s) will receive access to the specified group(s). Please enter 'ALL' if a contact should have access to all Agency associated accounts.

Contact Name	Email Address (Required)	Access Type (Select One)		Group(s) Access
		Broker	Agency	

I , an authorized representative for , designated above as 'Primary User,' hereby authorize the contacts listed above in 'Additional Users' to utilize the Delta Dental of Oklahoma Online Resources service. I acknowledge that information regarding commissions may be posted on this website. I also acknowledge I/my agency will be responsible for notifying Delta Dental of Oklahoma in writing of any changes in contact or agency information. At any time, I may send written notification to Delta Dental of Oklahoma to exclude contacts or end utilization of the Delta Dental of Oklahoma Online Resources.

Signature: Date:

Please submit the completed form to Accounting@DeltaDentalOK.org.