

Agent/Agency Licensing Information Form

For an appointment with Delta Dental of Massachusetts, please provide the following information:

- Completed Agent/Agency Licensing Information Form.
- A signed agent/agency commission agreement/broker contract.
- Completed EFT Vendor Direct Payment Authorization Form on next page.
- EFT verification document attached (voided check or bank letter)
- Completed W-9 from the IRS: <https://www.irs.gov/forms-pubs/about-form-w-9>
- Copy of your Agent/Agency License.
- Please send required documents or questions to BrokerSupport@DeltaDentalMA.com

Section I – Agent/Agency information

1. Broker or Agency name:		
2. Correspondence address:		
3. City/Town:	4. State:	5. Zip code:
6. Agency license number:	7. Agency type:	8. Expiration date:
9. Licensing contact Name:		10. Agency contact phone:
11. Licensing email address:		
12. Type of business the agency sells (select one)		
<input type="checkbox"/> Individual Only <input type="checkbox"/> Group Only <input type="checkbox"/> Group and Individual		
13. Producer Name:	14. Producer License Number:	15. Producer Email Address:

Section II – Commissions information

16. Agent/Agency Tax ID:										
17. Agent/Agency Exchange User ID:										
18. Agency Commissions contact name:										
19. Payment remittance address:										
20. City/Town:				21. State:				22. Zip code:		
23. Commission statement email address:										

Electronic Funds Transfer (EFT) Vendor Direct Payment Authorization Form

For your convenience and benefit, Delta Dental of Massachusetts offers payees the opportunity to receive future payments electronically, rather than by check. Your payments will be deposited into the checking or savings account you specify below. In addition to having the money deposited electronically, you also will be notified of the deposit by email. The email will provide you with all the information that would normally be on your check stub. To receive payments electronically, you must print, complete this form, attach a voided check, and return both to the address below.

Instructions: Please complete both sections of this Authorization Form and attach a voided check or bank letter.

Authorization is: <input type="checkbox"/> New <input type="checkbox"/> Change	Vendor ID number: (To be completed by Producer Support)
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Section I – Vendor information

1. Vendor name/Agency name:		
2. Taxpayer ID number or social security number:		Enter numerical values without dashes
3. Vendor street address:		
4. Vendor city/town:	5. Vendor state:	6. Vendor zip code:
7. Contact person name:		8. Contact person phone:
9. Vendor email address for remittance notification:		
10. Vendor authorization:		
_____	_____	_____
Authorized signature	Print name/title	Date

Section II – Financial institution information

11. Bank name:		
12. Bank street address:		
13. Bank city/town:	Bank state:	Bank zip code:
14. Routing transit number:	15. Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
16. Bank account number:	17. Bank account name:	
18. FINANCIAL INSTITUTION CERTIFICATION: (required ONLY if directing funds into a savings account OR a voided check is not attached to this form): I certify that the account number and type of account is maintained in the name of the vendor named above. As a representative of the named financial institution, I certify that this financial institution is ACH capable and agrees to receive and deposit payments to the account shown.		
_____	_____	_____
Authorized signature	Print name/title	Date