



DeltaVision®



Agent/Agency Data Request Form (ADR)

Please complete this form if you and/or your agency would like to be appointed to do business with Delta Dental of Virginia and/or Stryden, Inc. The agency information section will need to be completed if commission will be paid directly to the agency. Email this form and a copy of your Virginia Health Insurance License to the email address below once complete.

Note: you must hold a valid Virginia license to become appointed with Delta Dental of Virginia.

Agent's name (as licensed)	Virginia License Number		
	National Producer Number		
	Social Security Number		
	Date of birth		
Correspondence address	City	State	Zip
Individual email (no shared email addresses)	Business phone		

By providing my email address, I understand and authorize Delta Dental of Virginia to send all notices and communications to this address. Such notices may include notice of nonrenewal or cancellation, so it's important to keep your email up to date. Contact Marketing Administration at mktgadmin@deltadentalva.com regarding changes to your email address.

Do you currently have a group application pending with Delta Dental of Virginia?

If yes, group name _____ Effective date _____

Complete the section below if commission will be payable to an agency.

Agency name (as licensed)	Tax ID		
	Virginia License Number		
	National Producer Number		
Correspondence address			

Please email completed form to: mktgadmin@deltadentalva.com.

DeltaVision® is underwritten by Stryden, Inc., an affiliate of Delta Dental of Virginia. Claims processing, claims service and provider network administration for DeltaVision are provided by VSP.