



**AGENT/PRODUCER INFORMATION (THIS INFORMATION MUST BE ANSWERED COMPLETELY)**

_____	_____	_____
BROKER SIGNATURE	DATE	VENDOR NUMBER
BROKER-NAME	NAME OF AGENCY	TELEPHONE NUMBER
STREET	CITY	STATE      ZIP CODE
OTHERS (NAME, TITLE)		
SPECIAL INSTRUCTIONS		

**FOR INTERNAL GROUP DENTAL ENROLLMENT USE**

Coverage Code	c/o														
TOTAL APPLICATIONS SUBMITTED															
TRANSFER FROM GROUP # _____															
REFUSALS/WAIVERS LISTING ATTACHED (IF APPLICABLE)															
EMPLOYER CONTRIBUTION															
EFFECTIVE DATE															
FUTURE RATE RENEWAL DATE															
<table style="width:100%; margin-top: 20px;"> <tr> <td style="width:45%; text-align:center; vertical-align:bottom;">_____</td> <td style="width:15%; text-align:center; vertical-align:bottom;">_____</td> <td style="width:40%; text-align:center; vertical-align:bottom;">_____</td> </tr> <tr> <td align="center">SALES ASSOCIATE SIGNATURE</td> <td align="center">DATE</td> <td align="center">ITEM NUMBER</td> </tr> <tr> <td>APPROVED BY: _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td align="center">SALES ADMINISTRATION SIGNATURE</td> <td align="center">TITLE</td> <td align="center">DATE</td> </tr> </table>				_____	_____	_____	SALES ASSOCIATE SIGNATURE	DATE	ITEM NUMBER	APPROVED BY: _____	_____	_____	SALES ADMINISTRATION SIGNATURE	TITLE	DATE
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