

## Agent/Agency Data Request Form (ADR)

If you and/or your agency would like to be appointed to do business with Stryden, Inc. (Stryden), please complete this form, include a copy of your Virginia Health Insurance License, and return to the address or fax number below. A form must be completed for each agent who wishes to be appointed. If commission is being paid directly to the agency, then also complete the agency section below.

**Please note: you must hold a valid Virginia license to become appointed with Stryden.**

Agent's Name (as licensed)	Virginia License Number		
	National Producer Number		
	Social Security Number		
	Date of Birth		
Correspondence Address	City	State	Zip
Physical Address	City	State	Zip
Home Address	City	State	Zip

Individual email (no shared email addresses)

By providing my email address, I understand and authorize Delta Dental of Virginia (on behalf of Stryden, Inc.) to send all notices and communications to this address. Such notices include notice of non-renewal or cancellation, so it's important to update us if your email changes. Contact Marketing Administration at [mktgadmin@deltadentalva.com](mailto:mktgadmin@deltadentalva.com) regarding these types of changes.

Business phone (     )	Fax number (     )
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Do you currently have a group application pending? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, group name \_\_\_\_\_ Effective date \_\_\_\_\_

Commission payable to \_\_\_\_\_ Agent \_\_\_\_\_ Agency (if agency, complete below)

Agency Name (as licensed)	Tax ID
	Virginia License Number
	National Producer Number
Correspondence Address	Physical Address

INTERNAL USE ONLY	Verification from Virginia Bureau of Insurance (Roanoke Office)		
	Type of License	Effective Date	Date Verified
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.