

AUTHORIZATION TO EMAIL COMMISSION STATEMENTS

I hereby authorize Delta Dental of Kentucky, Inc. to email monthly commission statements to:

Name: _____

Email Address: _____

Telephone: _____

Authorized Signature/Title: _____

Date: _____

Please contact me if you have any questions or need additional information.

Sincerely,

Judi Hutchinson
Agency Administrator
Phone: 502.736.4610
Toll-free: 800.423.2184 ext. 4610
Fax: 877.664.3607
Email: judi.hutchinson@deltadentalky.com