

# Producer Appointment

Dominion Dental Services, Inc.

In order to sell a dental plan with a UPMC *Advantage* product, you must be appointed by Dominion Dental Services, Inc., within 30 days of the plan's effective date.

To prepare, please complete this form and return it to UPMC Health Plan at [producerrelations@upmc.edu](mailto:producerrelations@upmc.edu). We will coordinate the appointment process with Dominion.

Agency Name: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Sales License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Agency Tax ID: \_\_\_\_\_

National Producer Number: \_\_\_\_\_

I, \_\_\_\_\_, will sell the Dominion Dental Services, Inc., product with UPMC Health Plan.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

UPMC *Advantage*

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